

Temporary Audit Quality Tool

Telehealth and Telephonic Services

Provider:	
Participant Name:	Reviewer:
1. Has the participant given informed consent to receive telehealth and/or telephonic services? YES / NO	Comments:
2. In addition to established minimum progress/contact note documentation requirements, do progress/contact notes specify if telehealth or telephonic service was provided, and if telehealth, which platform was used to conduct the session? YES / NO	Comments: