**Client name:**       **Date of Birth:**

**Provider name:**       **Date of Analysis:**

[ ]  An in-person mental health assessment has been performed by:

[ ]  A clinician-client relationship, formed in-person, already exists between the intended provider and client

[ ]  The mental health assessment was conducted via (telemental health medium):

**Planned client location:**

[ ]  At home address in (State):

[ ]  At other location:

[ ]  Therapist is licensed in the planned client location

[ ]  Therapist has obtained permission for temporary practice in planned location

**Intended uses of telemental health with this client:**

[ ]  Counseling and/or therapy sessions via videoconferencing

[ ]  Counseling and/or therapy sessions via telephone/audio-only connection

[ ]  Self-directed exercises and/or assessments via app(s) and/or websites

[ ]  Other:

[ ]  Currently Undetermined

**Risks of telemental health for this client:**

Due to Technology failure:

Due to distance from provider:

Due to client’s condition(s):

Due to client’s access and ability with needed technology:

For other reasons:

**Risk Mitigating Circumstances for this client:**

[ ]  A patient support person will be available during service delivery

[ ]  Client will be in a care facility during service delivery

[ ]  Other:

**Risk Exacerbating Circumstances for this client:**

[ ]  Client has a condition that makes it difficult for them to use telemental health services. E.g. symptoms of psychosis, dementia, high-risk suicidal ideation

[ ]  Client has low skill and/or comfort with digital technology

[ ]  Client has poor access to telecommunications infrastructure, e.g. broadband Internet and phone service

**Benefits of telemental health for this client:**

Due to access to care (e.g. rural location of client, provider specialization):

Due to locational flexibility (e.g. frequent travel):

Due to unique benefits of the medium:

Due to technology access and/or affinity:

For other reasons:

**Alternatives to telemental health for this client:**

[ ]  There are other providers in the client’s area

[ ]  There are providers in the client’s area whose specialty meets the client’s needs

[ ]  Other:

**Result of Analysis:**

[ ]  Client and clinician discussed appropriateness of telemental health at this time

[ ]  Risks Outweigh Benefits; Inappropriate

[ ]  Benefits Outweigh Risks: Appropriate

[ ]  No Clear Result; Will closely monitor going forward

**Client Identity and Age**

[ ]  Identity and age authenticated in a previous encounter

[ ]  Identity and age authenticated on-camera with a legal ID document

[ ]  Identity and age not formally authenticated

**Safety and Emergency Planning**

[ ]  Emailed password-protected Recovery & Safety Plan form to the client

[ ]  Discussed completed Recovery and Safety Plan form with client