

# Telemedicine Safety Plan

To receive Telemedicine services at our practice, all questions on this form must be answered. If you move, you are responsible for updating your address with our practice and filling out a new form. If you are in a different location from what is listed below or your phone number changes, it's your responsibility to inform your provider at your next appointment. For others to be present at your appointments, your provider must agree that it is clinically appropriate and there must be a signed release on file. If you break our practice policies or your conditions of informed consent, your session will be ended, and you will be charged a cancellation fee equal to the cost of your appointment. This form does not guarantee Telemedicine appointments as some patients do not meet criteria for Telemedicine.

**1. What address will you be located at during your Telemedicine session? (must be located in Maryland)**

Address 1: \_\_\_\_\_

**If meeting in multiple locations list a second option:**

Address 2: \_\_\_\_\_

**2. What is the best phone number to reach you if we lose connection?** \_\_\_\_\_

Yes  No

**3. Do you have a reliable connection to internet / Wi-Fi?**

**4. Do you have access to a private location to meet with your provider?**

Yes  No

Private is defined as the ability to meet via teleconference with video and audio without any other person including children in the room.

**5. Do you have any firearms or weapons in the home?**

Yes  No

**6. Is anyone typically present at your location when you are in session with your provider?**

Yes  No

**7. Do you feel unsafe in your home? Are there any safety concerns your provider should be aware of (including domestic violence, animals, building infrastructure, etc.)?**

Yes  No

**8. Emergency Contact (to be contacted in the event of a crisis):**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

*By signing this form, I agree to, and I understand the above information, and that my typed name below is equivalent to a written signature.*

\_\_\_\_\_  
**Client / Guardian Signature**

\_\_\_\_\_  
**Today's Date (MM/DD/YYYY)**



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