Temporary Audit Quality Tool Telehealth and Telephonic Services During the MD State of Emergency due to COVID-19

Provider:	
Participant Name:	Reviewer:
1. Has the participant given informed consent to receive telehealth and/or telephonic services?	Comments:
YES / NO	
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?	Comments:
YES / NO	