



Telehealth Provider Attestation

Full Legal Name: _____

Agency/Organization: _____

Title/Degree: _____ Discipline: _____

Email: _____ Phone: _____

Please Check Box and Initial to Confirm Compliance

- Initial _____ Therapist has completed EI Colorado Telehealth training or has received a waiver from EI Colorado.
- Initial _____ Therapist is licensed in the state where client receives therapy, even if the client being seen is not in Colorado.
State licenses held by provider: _____
- Initial _____ Provider has been approved by Health First Colorado as a Medicaid Provider if claims will be submitted to Medicaid. Medicaid Provider ID#: _____
- Initial _____ The therapist will provide mutually agreed upon Telehealth services to children and families. Consideration of comfort with technology, internet connectivity, and Telehealth service delivery model will be discussed with clients based on the Family Technology Checklist for Telehealth.
- Initial _____ Provider will confirm that the required Consent and Disclosure have been signed by client/family and that these documents are on file with the CCB.
- Initial _____ Therapist will use consistent processes to make reasonable attempts to verify the identity of the client, which may include an initial in-person visit.
- Initial _____ Therapist will conduct each session in a secure area that is private and cannot be overheard or viewed by individuals that are not involved in the session.
- Initial _____ Each session will be conducted in an area where outside distractions can be eliminated.
- Initial _____ Lighting and acoustic conditions will be tested to ensure an optimal audio/visual environment.
- Initial _____ Only the therapist will be present during the session, unless otherwise agreed upon by the client.
- Initial _____ Therapist will use software that contains appropriate privacy and security standards. Software used must be approved by EI Colorado or the CCB representative prior to use. Software: _____
- Initial _____ Families will be assigned passwords/log ins that do not contain personally identifiable information, such as names, birthdates, etc.
- Initial _____ Bandwidth of 1.5 Mbps for upload and download will be used. www.bandwidthplace.com
- Initial _____ Internet connection will be inaccessible to public access or session must be secured with appropriate HIPAA-approved technologies (i.e. encryption).
- Initial _____ Therapist will establish alternative connections (e.g., telephone, e-mail) and clear paths for technical assistance with the client prior to the first Telehealth session.



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- Initial_____All personal identifiable health information that may be specific to another client will not be visible to the client participating in the session.
- Initial_____Any recordings made will be secured in a manner consistent with HIPAA practices and/or requirements.

ATTESTATION: I attest that I have read the information above, that I fully understand the requirements of being a telehealth provider and that I will comply fully with all of the requirements as described by Colorado Medicaid and Early Intervention Colorado. I understand that my signature denotes affirmation to the information provided above being accurate.

Signature of Telehealth Provider: _____

Date: _____