ADAA Telemental Health Provider Form

Telemental health is a rapidly changing field. When practicing telemental health in your state it is important to contact your own attorney and state licensing board.

As a telemental health provider you are following your states guidelines, laws, ethics, and regulations that govern the delivery of telemental health services:

Signature ____________________________  Print Name ____________________________

Date ____________________________

As a telemental health provider, if required by your state, you are using a HIPAA Secure platform. ☐ Check here if not required

Signature ____________________________  Print Name ____________________________

Date ____________________________  State(s) Licensed ____________________________

Please list the top 5 disorders that you specialize in:

1. ____________________________
2. ____________________________
3. ____________________________
4. ____________________________
5. ____________________________

Anxiety and Depression Association of America (ADAA)
8701 Georgia Avenue | Suite 412 | Silver Spring, MD 20910
240-485-1001 | Fax: 240-485-1035 | info@adaa.org
www.adaa.org