



**KEPRO Affiliate EAP Clinician
Telemental Health Services Attestation**

I, _____ attest to the completion of and continued adherence to the following (Please check each of the boxes below):
(First and Last Name)

- KEPRO Policy EAPTELE.001 – Telemental Health: Standard Operating Procedures
- KEPRO Policy EAPTELE.002– Telemental Health: Licensure, Credentialing and Scope of Practice
- KEPRO Policy EAPTELE.003 – Telemental Health: Tele mental Health: Confidentiality and Informed Consent
- KEPRO Policy EAPTELE.004 – Standard Operating Procedures
- KEPRO Telemental Health Office Setting and Service Delivery Guidelines.
- Viewed the recommended ZOOM Telemental Health Orientation Videos (*Applicable only to Affiliates using the KEPRO ZOOM platform*).

I further understand that ZOOM is the preferred telemental health preferred platform for KEPRO.

- I attest that I will use the ZOOM platform for all telemental health EAP sessions; or
- I am electing to use _____ to provide telemental health EAP sessions. I attest that this platform is fully compliant with all HIPAA requirements.
- I understand that my telemental health platform may be subject to periodic audits by KEPRO.

Clinicians Signature

Date

Practice Address

Please submit the completed form via fax to 866-480-8341 or via email to EAPProviders@KEPRO.com