DBHDS
Virginia Department of Behavioral Health and Developmental Services

DD Waivers Telemedicine Attestation

This attestation is to be reviewed and signed prior to the request and/or authorization of DD Waivers services that will be provided via telemedicine.

I hereby acknowledge that the provider(s) offering telemedicine to deliver services shared education and information with me (either verbal, electronic, or written) about the use of telemedicine service delivery. I agree to receiving telemedicine supports as documented in the Person Centered Individual Support Plan and provider' s Plan For Supports.

_____
Individual

_____ _____
Individual's Signature Date

_____
Substitute Decision Maker

_____ _____
Substitute Decision Maker's Signature Date

_____
Telemedicine Provider

_____ _____
Telemedicine Provider's Signature Date

_____
Support Coordinator

_____ _____
Support Coordinator's Signature Date