

# Tennessee Sex Offender Treatment Board

## Request for Temporary Suspension of In-Person Sex Offender Treatment

**\*\*Please type or print legibly. Forms that are not clear will not be accepted\*\***

All use of telehealth services in lieu of in-person sex offender treatment shall be temporary and cannot exceed ninety (90) days per request. Telehealth group size is limited to no less than four (4) and no more than (6) clients per telehealth group.

Provider Name: \_\_\_\_\_

Location of area for use of temporary telehealth services: \_\_\_\_\_

Proposed Telehealth Program: \_\_\_\_\_

Provider License Number: \_\_\_\_\_ Provider Phone: \_\_\_\_\_

Please describe the current need for telehealth services. Include all barriers to conducting in-person sex offender treatment and proposed date to resume in-person services:

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Please describe all actions taken to resolve the barriers in providing in-person sex offender treatment as well as how you will continue to work to lift said barriers in order to resume in-person treatment:

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Please describe how you will provide in-person sex offender treatment services to all clients who are unable/cannot access internet services. Please provide a detailed continuity of care for services.

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Please provide the name of your telehealth program and how you will ensure confidentiality among the participants while providing telehealth services. Please note how you will address clients who are not sufficiently engaged and/or motivated to pay attention.

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Provider Signature

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Date