

Application Addendum: Behavioral Health Provider Expertise

*This addendum applies only to providers with a **Mental Health / Behavioral Health specialty***

<hr/> Provider Name	<hr/> NPI
<hr/> Clinic Name	<hr/> Tax ID
Provider Gender Identity: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Transgender <input type="checkbox"/> Prefer Not to Disclose	
Provider Race/Ethnicity: <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Two or More Races <input type="checkbox"/> Prefer Not to Disclose	

Which population do you specialize in providing services to? (Please mark all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Adults | <input type="checkbox"/> Racial or Ethnic Minorities |
| <input type="checkbox"/> Children (ages 0-12) | <input type="checkbox"/> Teenagers (ages 13-17) |
| <input type="checkbox"/> Elder (65+) | <input type="checkbox"/> Veterans |
| <input type="checkbox"/> Immigrants and/or Refugees | <input type="checkbox"/> Women |
| <input type="checkbox"/> LGBTQ+ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Men | |

Do you offer telehealth or virtual visit capabilities with both audio/visual components?

- Yes
- No

On average, how soon can a new patient get an appointment to see you?

- | | |
|--|---|
| <input type="checkbox"/> Within 48 hours | <input type="checkbox"/> 4 - 6 weeks |
| <input type="checkbox"/> Within 2 weeks | <input type="checkbox"/> Beyond 6 weeks |
| <input type="checkbox"/> 2 - 4 weeks | |

Do you provide any of the following? (Please mark all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Couples Counseling | <input type="checkbox"/> Individual Counseling |
| <input type="checkbox"/> Family Counseling | <input type="checkbox"/> Psychiatric Medication Management |
| <input type="checkbox"/> Group Counseling | |

Which therapeutic models, theories or practices are you trained to provide? (Please mark all that apply)

- Acceptance and Commitment Therapy (ACT)
- Attachment-based Therapy
- Cognitive Behavioral Therapy (CBT)
- Dialectical Behavioral Therapy (DBT)
- EMDR
- Mindfulness-Based (MBCT)
- Motivational Interviewing
- Psychodynamic
- Solution Focused Brief Therapy (SFBT)
- Trauma Focused Therapy

Which do you specialize in? (Please mark all that apply)

- ADHD
- Addiction
- Anger Management
- Anxiety
- Autism
- Bipolar Disorder
- Borderline Personality Disorder
- Chronic Illness
- Chronic Pain
- Alzheimer's
- Depression
- Divorce
- Domestic Abuse
- Dual Diagnosis
- Eating Disorders
- Grief
- Infertility
- Life Transitions
- Obsessive Compulsive Disorder
- Pregnancy, Prenatal or Postpartum
- Racial Identity
- Self Esteem
- Self-Harming
- Sex Therapy
- Spirituality
- Stress
- Substance Use
- Suicidal Ideation
- Testing and Evaluations
- Thought Disorders
- Trauma and PTSD
- Traumatic Brain Injury
- Weight loss