

Application Addendum: Behavioral Health Provider Expertise

Provider Name

NPI

Clinic Name

Tax ID

Provider Gender Identity:

☐ Male ☐ Female ☐ Non-Binary ☐ Transgender ☐ Prefer Not to Disclose

Provider Race/Ethnicity:

☐ American Indian ☐ Asian ☐ Black or African American ☐ Hispanic or Latino
☐ Native Hawaiian or Pacific Islander ☐ White ☐ Two or More Races ☐ Prefer Not to Disclose

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

- | | |
|---|--|
| ☐ Adults | ☐ Racial or Ethnic Minorities |
| ☐ Children (ages 0-12) | ☐ Teenagers (ages 13-17) |
| ☐ Elder (65+) | ☐ Veterans |
| ☐ Immigrants and/or Refugees | ☐ Women |
| ☐ LGBTQ+ | ☐ _____ |
| ☐ 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?

- | | |
|--|---|
| ☐ Within 48 hours | ☐ 4 - 6 weeks |
| ☐ Within 2 weeks | ☐ Beyond 6 weeks |
| ☐ 2 - 4 weeks | |

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

- | | |
|---|--|
| ☐ Couples Counseling | ☐ Individual Counseling |
| ☐ Family Counseling | ☐ Psychiatric Medication Management |
| ☐ Group Counseling | |

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

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

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

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