Behavioral Health Addendum

Instructions: This Behavioral Health Addendum must be completed in its entirety for any Behavioral Health agreement.

Date Completed:	**Name:**

Do you provide services to the following populations? (Check all that apply)

☐ **Serious Mental Illness (SMI)** ☐ **Serious Emotional Disturbance (SED)**

☐ **Severe Persistent Mentally Ill (SPMI)**

Are you able to provide services to any of the following special needs populations? (Check all that apply)

☐ **Deaf/Hearing Impaired** ☐ **Blind/Vision Impaired**

☐ **Developmental Disability** ☐ **Physical Disability**

☐ **Other**

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Are the following areas in your office ADA Compliant? (Check all that apply)

☐ **Building** ☐ **Bathroom(s)** ☐ **Therapy Room(s)** ☐ **Parking** ☐ **Equipment**

Please select the types of services you offer. (Check all that apply)

Types of Services	
☐ Individual Therapy	☐ Intensive Outpatient
☐ Couples Therapy	☐ Psychological Testing
☐ Family Therapy	☐ Neuropsychological Testing
☐ Group Therapy	☐ Other (please specify):

Please select the types of disorders you treat and the modalities you practice. (Check all that apply)	
Treatment Modalities/Approaches	**Disorders/Issues**
☐ ABA (Applied Behavior Analysis)	☐ ADD/ADHD
☐ Biofeedback	☐ Adjustment Disorders
☐ Client Centered Therapy	☐ Anxiety Disorders
☐ Cognitive Behavioral Therapy	☐ Attachment Disorders
☐ Dialectical Behavioral Therapy	☐ Autism Spectrum
☐ EMDR	☐ Disruptive Behavior Disorders
☐ Family Systems	☐ Dissociative Disorders
☐ Gestalt	☐ Eating Disorders
☐ Hypnosis	☐ Impulse Disorders
☐ NLP	☐ Mood Disorders
☐ Outcomes Oriented Therapy	☐ Personality Disorders
☐ Play Therapy	☐ Physical Abuse
☐ Psychoanalytic	☐ PTSD
☐ Rationale Emotive Therapy	☐ Schizophrenia
☐ Solution Focused Therapy	☐ Sexual Abuse (Adults)
☐ Tobacco Cessation	☐ Sexual Abuse (Children)
☐ Trauma Focused – CBT	☐ Sexual Disorders
☐ Methadone/Suboxone Medication Services	☐ Substance Abuse/Dependence Disorders
☐ Other (please specify):	☐ Other (please specify):