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 III (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		
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):