Provider Profile Table

Agency Name:

	Name	Address	Email	Telephone Number
Executive Director/CEO:				
Chief Financial Officer:				
Chief Operations Officer:				
UIDAA Duiyaay Officay				
HIPAA Privacy Officer:				
Compliance Officer:				
Disaster Response Lead:				
Data Security Officer:				
		Main Site Name and	d Branch Site Name	

Main Site Name						
Street Address (enter below)	Zip Code	Main Phone #	Main Fax #	TDY	Hours of Operation	Website

On-Site Management (Please include names & titles)

Main Contact:Phone #:Email Address:Back-Up:Phone #:Email Address:Back-Up:Phone #:Email Address:

Branch Site Name						
#1 - Street Address (enter below)	Zip Code	Main Phone #	Main Fax #	TDY	Hours of Operation	Website
<u>On-Site Management (Please include r</u>	names & titles)					
Main Contact:		Pho	ne #:	Email Address:		
Back-Up:		Pho	ne #:	Email Address:		
Back-Up:		Pho	ne #:	Email Address:		
Branch Site Name						
#2 - Street Address (enter below)	Zip Code	Main Phone #	Main Fax #	TDY	Hours of Operation	Website
<u>On-Site Management (Please include r</u>	names & titles)					
Main Contact:			ne #:	Email Address:		
Back-Up:			ne #:	Email Address:		
Back-Up:		Pho	ne #:	Email Address:		
Branch Site Name						
#3 - Street Address (enter below)	Zip Code	Main Phone #	Main Fax #	TDY	Hours of Operation	Website
0 60 14	0 .:)					
On-Site Management (Please include r	names & titles)	D.I.		- "A		
Main Contact:			ne #:	Email Address:		
Back-Up:			ne #:	Email Address:		
Back-Up:		Pno	ne #:	Email Address:		
Branch Site Name				TOV		
#4 - Street Address (enter below)	Zip Code	Main Phone #	Main Fax #	TDY	Hours of Operation	Website
On Site Management /Discussing the						
On-Site Management (Please include r	iaines & titles)	DI ₂ -	no #1	Empli Address		
Main Contact:			ne #:	Email Address:		
Back-Up:			ne #:	Email Address:		
Back-Up:		Pho	ne #:	Email Address:		

Branch Site Name						
#5 - Street Address (enter below)	Zip Code	Main Phone #	Main Fax #	TDY	Hours of Operation	Website

On-Site Management (Please include names & titles)

Main Contact:Phone #:Email Address:Back-Up:Phone #:Email Address:

Back-Up: Phone #: Email Address:

License/Certification

Enclose a current copy of the Contractor's DBHR Certification for each site, and DOH License, if applicable.

Agency Name:

Please list the Division of Behavioral Health and Recover	ery (DBHR) Certification # for each site:
Main Facility: DBHR Certification #: Certified for:	Expiration Date:
Branch: DBHR Certification #: Certified for:	Expiration Date:
Branch: DBHR Certification #: Certified for:	Expiration Date:
Department of Health (DOH) License (if applicable): License # Expiration Date:	
Drug Enforcement Administration (DEA)/Federal Drug A Methadone License #: Expiration Date:	Administration (FDA) (if applicable)

Closure Dates

Agency:

Common Contractor Holiday Closure Dates				
Holiday	2017 Observed	Closed yes/no		
New Year's Day	January 1			
MLK Jr Birthday	January 16			
President's Day	February 20			
Memorial Day	May 29			
Independence Day	July 4			
Labor Day	September 4			
Veterans Day	November 11			
Thanksgiving Day	November 23			
Day After Thanksgiving	November 24			
Christmas Eve	December 24			
Christmas Day	December 25			
New Year's Eve	December 31			

Other Contractor Closure Dates (if any)			
Event	2017 Date		