

New Provider Support Program Email Template

BHC being referred

Name:

Professional Designation/License (ex: AMFT):

Phone Number:

Email Address:

Does this BHC have a Clinical Supervisor (Yes or No):

Name/License of Clinical Supervisor:

Email of Clinical Supervisor:

How can this BHC benefit from the New Provider Support Program (type YES or NO next to the question)

1. Learn how to correctly complete assessment documents?
2. Guidance on how to complete progress notes for services provided?
3. Overview/ suggested corrections of completed assessment documents?
4. On call help with documentation (as the assigned team member's schedule permits)?
5. Other:

What population does this BHC Serve?

Does this BHC work on a care team with Medical Providers like an MD or RN?

Has this BHC completed the EHR Training?

Has this BHC completed the New Provider Training (Documentation/Care Plan Training)?

Has this BHC been assigned a Caseload?

Referring Service Chief

Phone Number:

Email Address:

Would you like to be CC'd on the communication with this BHC in EHR and on Outlook?