Behavioral Health Provider Areas of Expertise Form

Please send this completed form, along with the New Group Request Form, to Vibra Health Plan at ProviderSupport@vibrahealthplan.com.

This information may be used in the referral of members.

Provider Information

Provider Name: ______________________________

Gender: ☐ Male ☐ Female

Languages:

Please list languages for which you are fluent, and are able to conduct treatment:

English (native speaker): ☐ Yes ☐ No

American sign language: ☐ Yes ☐ No

Native speaker of other language(s): ______________________________

Other(s) languages in which you can conduct treatment: ______________________________

Access to Care Guidelines

Level of Care	Access Guidelines
Emergency	Immediate
Nonlife threatening emergency	Within 6 hours
Urgent	Within 48 hours
Initial visit for routine care	Within 10 business days
Routine/follow up	Within 10 business days
After hours	24 hours, 7 days/week

I attest that I will fulfill these access guidelines Provider Initials: ______________________________

Clinical Scope of Practice Information

Please check area(s) within your scope of practice for which you have training and experience.

By checking the box(es) below, you are attesting that you have completed training in and have the clinical practice experience allowing you to provide treatment for each designated behavioral health area of expertise, and will continue ongoing practice and training in this area.

Behavioral Health Areas of Expertise:

- ☐ ADD/ADHD
- ☐ Alcohol/substance use disorders
- ☐ Anger/stress management
- ☐ Anxiety and panic disorders
- ☐ Autism and autism spectrum disorders
- ☐ Bariatric/weight loss surgery evaluation and counseling
- ☐ Bipolar/other mood disorders
- ☐ Chronic illness/chronic pain
- ☐ Conversion disorder
- ☐ Cultural/ethnic issues
- ☐ Depression
- ☐ Dialectical behavioral therapy
- ☐ Dissociative identify disorder
- ☐ Domestic violence and abuse
- ☐ Eating disorders
- ☐ End of life issues
- ☐ Gambling disorder
- ☐ Gender reassignment counseling
- ☐ Geriatric issues—dementia/cognitive impairment
- ☐ Grief/bereavement
- ☐ HIV/AIDs related issues
- ☐ Infertility/fertility counseling
- ☐ LGBTQ2 issues
- ☐ Obsessive compulsive disorders
- ☐ Pain management
- ☐ Personality disorders
- ☐ Phobias
- ☐ Pregnancy/menopause
- ☐ Relationship/separation/divorce issues
- ☐ Schizophrenic disorders
- ☐ Sexual disorders/dysfunctions/compulsions
- ☐ Sleep disorders
- ☐ Survivor counseling—rape and violent crime
- ☐ Trauma/post-traumatic stress

Type of Therapy:

- ☐ Child therapy
- ☐ Couples/relationship counseling
- ☐ Faith based counseling
- ☐ Family counseling
- ☐ Group therapy
- ☐ Individual counseling

Populations Served:

- ☐ Young children < 5
- ☐ Older children 6-12
- ☐ Adolescents
- ☐ Adults 18-64
- ☐ Seniors/geriatric > 65
- ☐ LGBTQ2
- ☐ Men’s issues
- ☐ Women’s issues

Services:

- ☐ Electroconvulsive therapy
- ☐ Medication management
- ☐ Neuro psych testing
- ☐ Psych testing

Modes of Therapy:

- ☐ Applied behavioral analysis
- ☐ Behavior modification
- ☐ Cognitive behavioral
- ☐ Trauma informed therapy

______________________________ Provider Signature

______________________________ Date