



NEW YORK
MATTERS
Medication for Addiction Treatment & Electronic Referrals

Data Collection for Peer Organizations

Please complete this data collection form if you intend on participating in the MATTERS network in the future. This does not commit you/your organization to participating, it simply allows for planning to continue. If your hospital/treatment organization has multiple locations, please complete one form for each location.

Facility Name _____

Address _____

Phone _____

Fax (must be in a secure location) _____

Contact Name _____ Contact Title _____

Contact E-mail (company email preferred) _____

Additional comments/concerns:
