



NEW YORK
MATTERS
Medication for Addiction Treatment & Electronic Referrals

Data Collection for Referral Sites

Note: If your referral site has multiple locations, please complete one form for each location

Facility Name _____

Address _____

Phone _____

Contact Name _____ Contact Title _____

Contact E-mail (company email preferred) _____

Estimated number of waived (X number) providers _____ MD/DO _____ PA/NP

Fax (must be in a secure location – for referring emergency departments, the fax near the ER secretary/nurse’s station is ideal) _____

Availability of peer support at your site? _____

Availability of naloxone at your site? _____

Additional comments/concerns:

