



## Data collection for SUD treatment facilities

Note: If your treatment organization 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

Secure Fax/Email (must be in a secure location – this is how referrals will be received)  
\_\_\_\_\_

Availability of peer support at your hospital/clinic? \_\_\_\_\_

Do you also offer any of the following? Methadone \_\_\_\_\_ Naltrexone \_\_\_\_\_

Any insurance type not accepted? \_\_\_\_\_

Do you accept those without insurance? \_\_\_\_\_

Do you have access to a facilitated enroller? \_\_\_\_\_

Do you offer telemedicine visits? \_\_\_\_\_

Do you offer treatment for any of the following?

- Alcohol Use
- Benzodiazepine Use
- Methamphetamine Use
- Cocaine Use
- HIV
- Hepatitis C

Do you offer mental health services? \_\_\_\_\_

If yes, which of the following do you offer?

Counseling     Psychiatry

Do you offer COVID testing? \_\_\_\_\_

Do you offer COVID vaccinations? \_\_\_\_\_

Below, please indicate how many patients per day of the week you anticipate your site being able to accept from the referral network

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Additional comments/concerns:

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The New York State Department of Health (NYSDOH) AIDS Institute has developed a web-based, public directory of experienced service practitioners across NYS. This voluntary directory allows the public in need of services to find nearby providers. We encourage providers that provide buprenorphine, HCV, HIV, PrEP and PEP, STI and Opioid Overdose Prevention Services to take 1-2 minutes to register.

Registration Link: <https://providerdirectory.aidsinstituteny.org/Register/RegisterCreate>