



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

Would you prefer to receive referrals via secure fax or email? (MUST be in a secure location)

Fax _____

OR

Email _____

**If you would like to receive referrals by email, please list your HCS user ID below. If you DO NOT have an existing HCS account, make a new one [here](#). Your account must also be approved by your organization's HCS coordinator.

HCS User ID _____

** Using your HCS ID please attempt to log in [here](#). Click "login with HCS" (It will not allow you to login but an attempt is needed).

Availability of peer support at your hospital/clinic?

YES NO

Do you also offer any of the following?

- Sublocade
- Methadone
- Naltrexone

Do you have a Syringe Exchange Program?

YES NO

Any insurance type not accepted? If yes, list below.

YES NO

Do you accept those without insurance?

YES NO

Do you have access to a facilitated enroller (individual on-site to assist with insurance enrollment)?

YES NO

Do you offer telemedicine visits?

YES NO

Do you offer treatment for any of the following?

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

Do you offer adolescent MAT?

YES NO

Do you offer mental health services?

YES NO

If yes, which of the following do you offer?

Counseling Psychiatry

Do you offer COVID testing?

YES NO

Do you offer COVID vaccinations?

YES NO

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:

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>