

Private Practice Form	
Department: Human Resources	Author: Manager of Human Resources
Effective Date: 8/01/2022	Audience: All Center Staff <input type="checkbox"/> Clinical Staff <input checked="" type="checkbox"/> Admin Staff <input type="checkbox"/> Client Facing Staff <input type="checkbox"/> IS Staff <input type="checkbox"/> Clinical Leadership <input type="checkbox"/>
OBH Rule: N/A	
BHE Rule: N/A	
Revision History: 8/01/2022	

If you are a current clinical employee or a newly hired clinical employee that is either currently in Private Practice or planning on entering Private Practice, **please answer the following questions:**

Are you currently involved in private practice?	YES	
	NO	
If you answered "YES" please tell us the name of your Private Practice:		
Please provide the date your Private Practice commenced:		
Please provide the complete address of your Private Practice including city, state, and zip code:		
In what county is the Private Practice located?		
If you are not currently in Private Practice but intend to start working in Private Practice, please give an approximate date of when this will occur:		

Signature	
Print Name	
Date	