

GEORGIA DEPARTMENT OF BEHAVIORAL HEALTH & DEVELOPMENTAL DISABILITIES
TREATMENT PROVIDER INFORMATION UPDATE / CHANGE FORM

Section I - Registry Listing - PRINT OR TYPE exactly as you want to appear on the Registry Listing		
<input type="checkbox"/> New Provider <input type="checkbox"/> Existing Provider Date _____ <input type="checkbox"/> Existing Provider <input type="checkbox"/> Add New Listing <input type="checkbox"/> Change to Existing Listing Service ID: _____ <input type="checkbox"/> Delete Existing Listing _____	DHR USE ONLY MHMRSA REGION _____ Provider Type _____ TP _____	
Name of Facility/Practice/Business (where services are provided)		
Service Site Street Address:		
City:	County:	Zip Code:
Contact Person for appointments (if applicable):		
Telephone No(s) to make an appointment ()	()	
Sliding Scale: _____ Yes _____ No		
Other Languages: (List Languages)		
Comments to appear on Registry: (Limit to 100 spaces)		
ASAM level I: (Circle all that apply) I-ST (6-12 weeks) I-OP (4 – 12 months) I-D	(ASAM Level II.1 or above) (Circle all that apply) II.1 II.5 III.3 III.5 III.7 IV OMT	ORS License #:
Section II – Mailing address and Private Contact Information (for Internal DBHDD Use only) Will not appear on the Registry		
Owner/Operator/Director: First Name:	MI:	Last Name:
Credentials: (if applicable, limit list to three)		
Mailing Address:		
City:	State:	Zip Code:
Additional telephone # where we may reach you. Telephone No. ()	Fax No.	
Email Address:		
Section III The following information is for DHR Use Only and will not appear on the Registry		
Does your business share space with any other business? (Do not list other businesses in same shopping center or office complex) Yes <input type="checkbox"/> No <input type="checkbox"/>		
If so, list name of business or institution:		
Type of business conducted:		
Contact Person:	Telephone No. ()	
Location where DUI client files will be kept: <input type="checkbox"/> On Site <input type="checkbox"/> Other Location (Records may not be kept in a private residence.)		
If other location, Name of Facility where records are kept:		
Street Address:		
City:	County:	Zip Code:
Contact Person (for records):	Telephone No (for records):	

For changes/updates, list your Name, UserID, ServiceID and only the information to be changed.