MYgroup
McLAUGHLIN YOUNG

5925 Carnegie Blvd, Suite 350
Charlotte, North Carolina 28209
Main 704.529.1428
Fax 704.529.5917

Provider Application

Date:

Currently accepting new clients? N/A

Name:

Cell:

Share with clients? N/A

Business Name:

Solo ◯ Group ◯

Billing address :

Check here if same as Primary Office: ☐

Primary Office:

Nearest Major City:

Secondary Office:

Nearest Major City:

Business Phone:

Able to receive text messages? N/A

Business Fax:

Business Email:

Business Website:

Can client initiate service on website? N/A

Can client schedule appointment on website? N/A

Is this practice qualified as a Historically Underutilized Business (HUB) or Minority and Women Owned Business Enterprise (MWBE)? N/A

Do you offer in-person therapy? N/A

Do you offer telephonic therapy (i.e., audio only)? N/A

Do you offer virtual therapy (i.e., telehealth? N/A

What is your HIPPAA-compliant platform:

Office Hours:

	In-Person	Virtual
Monday	☐	☐
Tuesday	☐	☐
Wednesday	☐	☐
Thursday	☐	☐
Friday	☐	☐
Saturday	☐	☐
Sunday	☐	☐

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Professional Licenses Held

License(s) held (include state, number, and expiration date):
send copies of license and liability for each state to: billing@mygroup.hush.com

Has your professional license ever been limited, revoked, or suspended? N/A

Have you ever been disciplined by any professional association, organization, or professional society? N/A

If yes to any of the two previous questions, please attach documentation of final resolution

Are you a Certified Employee Assistance Professional (CEAP)? N/A

Are you a Clinical Addictions Specialist or Substance Abuse Professional (SAP)? N/A

Other Certifications Held:

Are you interested in facilitating trainings? N/A

Are you trained in Critical Incident Response (CIRS aka CISD)? N/A

Are you interested in facilitating CIRS on-site? N/A

Are interested in facilitating CIRS virtually? N/A

Other:

Languages spoken:

Do you incorporate a faith-based perspective as an option in therapy? N/A

If yes, specify the religious organization or faith-based group (e.g., Christian, Jewish):

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Optional, Voluntary, and Not Required:
Often clients will ask for a provider who meets a specific preference within one of the following categories. If you would like to provide the following information, your response will be entered into our database so that you can be identified only if a client requests a provider who meets a specific category. Any responses you provide or your decision to not provide this information will not be the basis for denying your participation.

Gender Identity:

Pronouns:

- ☐ Hispanic
- ☐ Asian
- ☐ Native American
- ☐ Other:
- ☐ Caucasian
- ☐ African American
- ☐ Multiracial

Introduction/Bio (if you have any other qualities or attributes you would like clients to know about you):

Do you participate with any other EAP or Insurance Providers? Check all that apply:

- ☐ Aetna
- ☐ Blue Cross Blue Shield
- ☐ Carelon Behavioral Health
- ☐ Ceridian
- ☐ Cigna
- ☐ Coventry
- ☐ Humana
- ☐ Magellan
- ☐ Medcost
- ☐ Medicaid
- ☐ Medicare
- ☐ Tricare
- ☐ United Health Care
- ☐ Other:
- ☐ Other:

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Topics within your scope of Practice

Check any topics within your scope of practice (i.e., comfortable with and competent to discuss and provide initial assessment for clients with these presenting issues):

- ☐ Active-Duty Military
- ☐ ADD/ADHD
- ☐ Adolescent (12-18)
- ☐ Adoption
- ☐ Alcohol/Substance Use
- ☐ Anxiety
- ☐ Autism Spectrum Disorder
- ☐ Autism, high-functioning
- ☐ Bipolar Disorder
- ☐ Blind/Visually Impaired
- ☐ Body Image
- ☐ Borderline Personality Disorder
- ☐ Brainspotting
- ☐ Career
- ☐ Caregiving Concerns
- ☐ Child (3-12)
- ☐ Christian counseling
- ☐ Chronic Illness
- ☐ Chronic Pain
- ☐ Conflict/Anger Management
- ☐ Deaf/hearing Impaired
- ☐ Depression
- ☐ Dissociative Disorder
- ☐ Divorce/Separation
- ☐ Dreamwork
- ☐ Eating Disorders
- ☐ EMDR
- ☐ Family Issues/Dynamics
- ☐ Fear/Compulsion
- ☐ Financial Concerns
- ☐ First responders
- ☐ Gambling
- ☐ Gender Expression
- ☐ Grief/Loss
- ☐ Head Trauma/Traumatic Brain Injury
- ☐ Related issues
- ☐ Hypnotherapy
- ☐ Image
- ☐ Immigration/Cultural
- ☐ Issues
- ☐ IP Violence
- ☐ Legal Concerns
- ☐ LGBTQ-affirming
- ☐ Life Transitions
- ☐ Formal Supervisor Referral
- ☐ Couples/Marital
- ☐ Maternal Issues
- ☐ Meditation/Mindfulness
- ☐ Military/Veterans
- ☐ OCD
- ☐ Oppositional Defiant Disorder
- ☐ Parenting Concerns
- ☐ Personality Disorders
- ☐ Phobias
- ☐ Play Therapy
- ☐ Polyamory/Kink
- ☐ Postpartum Issues
- ☐ Premarital
- ☐ PTSD/Trauma/Stress
- ☐ Schizophrenia
- ☐ Self Harm/Self Injury
- ☐ Sexual Abuse
- ☐ Sexual/Porn Addiction
- ☐ Sexual Dysfunction
- ☐ Sexual Offending
- ☐ Spirituality
- ☐ Suicidal Ideation
- ☐ TF-CBT
- ☐ Trauma-Accident
- ☐ Trauma-Death
- ☐ Trauma-Suicide
- ☐ Trauma-Violence
- ☐ Veterinary Medicine
- ☐ Workplace Concerns
- ☐ Other:

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I authorize MYgroup to verify any and all information provided in this update for the purpose of determining my professional competence, character, ethical qualifications, and consideration for acceptance.

I also authorize any person or organization named in this application to release relevant information to MYgroup for the purposes stated above.

I hereby certify that the information contained in the foregoing update is true and complete to the best of my knowledge and belief.

Provider Signature: Date:

Send copies of license and liability for each state and each provider who holds credentials to: billing@mygroup.hush.com

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