

Private Practice Form	
<b>Department:</b> Human Resources	<b>Author:</b> Manager of Human Resources
<b>Effective Date:</b> 8/01/2022	<b>Audience:</b> 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"/>
<b>OBH Rule:</b> N/A	
<b>BHE Rule:</b> N/A	
<b>Revision History:</b> 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 <b>county</b> 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	