

Temporary Treatment Authorization for TERM Provider
Fax form to Optum TERM at 877-624-8376

- Cases identified by PSW as “Highly Vulnerable Child(ren) Case” cannot be covered by Provisional Providers or Interns
- The covering provider must be TERM approved for the relevant clinical specialties
- The covering provider must be available for consultation with the PSW or Court about the services they provided
- This is for temporary coverage only, and only if determined by the provider to be more clinically appropriate than a break in services. A maximum of 3 weekly sessions will be authorized no more than twice per year. If Provider of Record is expected to be out for longer than 3 weeks or will require coverage more than twice per year, please contact the Protective Services Worker (PSW) to determine a coverage plan.

Client Information

Client Name: _____

Case #: _____ **DOB:** _____

Type of Treatment

Group: Domestic Violence Victim Domestic Violence Offender Child Abuse
 Child Sexual Abuse NPP Child Sexual Abuse Offender

Therapy: Individual Conjoint

Provider Information

Provider of Record: _____
(Please Print & Include Licensure)

(Signature)

Provider Covering: _____
(Please Print & Include Licensure)

(Signature)

Supervisor Signature: _____

(If either providers above are Interns, signature of Supervising TERM Provider is required.)

Reason for Coverage: Illness Vacation Other: _____

Dates of Service to be covered: From _____ to _____

of sessions covered: _____

Name and contact # of PSW (please print): _____

Date PSW was notified by Provider of temporary coverage: _____