

**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:** \_\_\_\_\_