Washington State Department of Health
Behavioral Health Agencies
P.O. Box 47877
Olympia, WA 98504-7877
360-236-4700

Revenue: 0597649550

Voluntary Certification Cancellation Request Form

Section I: Owner Information

☐ Association	☐ Limited Partnership	☐ Public Hospital District
☐ Corporation	☐ Municipality (City)	☐ Sole Proprietor
☐ Federal Government Agency	☐ Municipality (County)	☐ State Government Agency
☐ Limited Liability Company	☐ Non-Profit Corporation	☐ Tribal Government Agency
☐ Limited Liability Partnership	☐ Partnership	☐ Trust

Credential Number:

UBI #	Federal Tax ID (FEIN) #

Legal Owner/Operator Name

Mailing Address

City	State	Zip code

Name of Agency as advertised on signs or website

Physical Address

City	State	Zip code

Phone (enter 10 digit #)	Fax number

Mailing Address:

City:	State:	Zip Code:

Briefly describe the reason for this cancellation request

_____
_____
_____
_____
_____
_____
_____

Please indicate below what you are requesting cancellation for:

Entire Agency ☐ **Specific Branch** ☐ **Specific Service(s)** ☐

Please identify the services below for which the action is requested:	
Outpatient Mental Health Services	Check all that apply
Brief Intervention Treatment	☐
Case Management	☐
Day Support	☐
Family Therapy	☐
Group Therapy	☐
Individual Treatment	☐
Less Restrictive Alternative (LRA) Support	☐
Psychiatric Medication	☐
Services Provided in a Residential Treatment Facility	☐
Crisis Mental Health Services	Check all that apply
Crisis Emergency Involuntary Detention	☐
Crisis Outreach	☐
Crisis Peer Support	☐
Crisis Stabilization	☐
Crisis Telephone Support	☐
Recovery Support Services Requiring Program-Specific Certification	Check all that apply
Recovery Employment Support	☐
Recovery Medication Support	☐
Recovery Peer Support	☐
Recovery Support Applied Behavior Analysis (ABA)	☐
Recovery Support Wraparound Facilitation	☐
Substance Use Disorder Services	Check all that apply
Alcohol and Drug Information School	☐
Assessment Only	☐
Detoxification (Withdrawal Management)	☐
DUI Assessment	☐
Emergency Service Patrol	☐
Information and Crisis	☐
Intensive Inpatient	☐
Level I Outpatient	☐
Level II Intensive Outpatient	☐
Long-term Residential	☐
Recovery House	☐

Screening and Brief Intervention	☐
Youth Residential	☐
Youth Detoxification (Withdrawal Management)	☐
Problem and Pathological Gambling Services	Check all that apply
Problem and Pathological Gambling	☐
Opioid Treatment Program Services	Check all that apply
Opioid Treatment Program	☐

Effective date of cancellation of certification: (mm/dd/yyyy)

Disposition of patient records accumulated during your agency's period of certification

Please provide the following information if you are requesting the cancellation of certification for a branch or entire agency:

Name of Individual or Business Responsible as Patient Record Custodian	
Contact Phone Number	
Email	

Declarations

I declare the following:

That I have the authority to make this request on the behalf of the organizational governing body:

- That I am aware of the rights of individuals being served under my organizational care and have endeavored to ensure these rights were respected during the process of or cancellation of services.
- That I am aware of agency closure or cancellation of services requirements as they relate to individuals being served, and will ensure these requirements are met.
- That I am aware that a failure on my part or on the part of the agency administrator or any owner of five percent or more of the organizational assets at the effective date of the cancellation action to respect all patient rights may result in my (our) disqualification as future applicant(s) for certification to provide chemical dependency treatment services.
- The information contained in this request is true, accurate, and complete to the best of my knowledge.

Signature of administrator or other responsible party	Date
Type or Print Name	
Title	Email

Return this completed form to the address listed on page one.

RCW/WAC and Online Website Links

WAC Links

Behavioral Health Agency, Chapter 246-341 WAC

Online

Behavioral Health Agencies Web Page