

STATEMENT OF UNDERSTANDING AND CONSENT TO PARTICIPATE LifeMatters® Employee Assistance Program by Empathia

Welcome to the LifeMatters Employee Assistance Program by Empathia, hereafter referred to as “LifeMatters.” Please take a few minutes to read these guidelines and ask your EAP provider to clarify anything you do not understand.

WHO WE ARE:

The services offered by LifeMatters are provided by the staff of Empathia Pacific, Inc. and its parent company, Empathia, Inc. and a contracted network of providers and their staff, hereafter referred to as the “Empathia organization.”

VOLUNTARY PARTICIPATION:

The decision to receive services from LifeMatters is strictly voluntary even though family members, supervisors, co-workers, human resources/personnel, medical staff and/or other health care professionals sometimes refer clients/enrollees to the program.

OUR SERVICES:

All services provided by LifeMatters are at no cost to you or your eligible family members. Members accessing our services will be treated with dignity and respect, regardless of race, creed, religion, disability, and sexual or affectional orientation. The LifeMatters contract with your employer allows a specific number of sessions; however, the number of sessions necessary to assist you is a clinical decision that will be made by your EAP provider. In order to retain your full eligibility for LifeMatters sessions, cancellations of appointments must be made 24 hours in advance.

The services offered by LifeMatters include problem assessment, short-term counseling, coaching, referral and follow-up. Formal medical diagnoses or on-going treatment services are not provided. LifeMatters services may include referral to independent resources for on-going assistance. LifeMatters receives no financial incentive for making on-going treatment referrals. If a referral is made, LifeMatters will usually provide two or three resource options; the final choice will be your responsibility. This referral will be made in consideration of our assessment of your needs. LifeMatters receives no reimbursement from any referral source. If a referral for on-going treatment services is required, your EAP provider will discuss your insurance benefits and ability to pay with you. However, you are responsible for final verification of insurance coverage and any co-payments or charges not covered by your insurance.

If you are dissatisfied with LifeMatters services you receive, please file a grievance by calling the EAP or accessing the ‘Grievance Form’ at mylifematters.com.

COMPLIANCE WITH ORGANIZATIONAL STANDARDS:

If you are an employee of the organization that is contracted with Empathia for LifeMatters services, you will not receive any special privileges or exceptions to work rules or performance standards by participating in LifeMatters services.

Participation in LifeMatters does not prevent management from following your employer's disciplinary policies and procedures regarding unacceptable employee work performance or behavior, nor does it prevent you from following your employer's personnel policies and procedures.

CONFIDENTIALITY/ACCESS TO PRIVILEGED INFORMATION:

Confidential communications include bills, explanation of benefits, claims, information regarding a session, or other communications containing medical information, including information relating to mental or behavioral health, sexual and reproductive health, sexually transmitted infections, substance use disorder, gender affirming care, and intimate partner violence. LifeMatters will communicate confidential information to you by contacting you at the mailing address, email address, or telephone number on file, unless otherwise directed by you. If you would like to receive confidential communications from LifeMatters in a specific form and format and/or designate an alternative mailing address, email address, or telephone number, you may submit a request for confidential communications. You can make this request by contacting the Clinical Director via email at rhauser@empathia.com or by mail at:

Empathia Pacific, Inc.
c/o Clinical Director
5234 Chesebro Road, Suite 201
Agoura Hills, CA 91301

LifeMatters will acknowledge receipt of your confidential communications request and implement confidential communications requests within 7 calendar days of receipt of an electronic transmission or telephonic request or within 14 calendar days of receipt by first-class mail.

All case records and information about clinical services provided to you by LifeMatters will be maintained in accordance with state and federal law and, for enrollees in California covered by the Knox-Keene Health Care Service Plan Act of 1975, the provisions of §1364.5 of the Knox-Keene Act of 1975, as amended, and California Assembly Bill 715, as amended. For purposes such as record maintenance and quality assurance, all case records are the property of Empathia and, as such, are fully protected by confidentiality laws. The LifeMatters Notice of Privacy Practices provides a description of our treatment, payment and health care operations, the uses and disclosures we may make of your protected health information, and other important matters about your protected health information. You may request a paper copy of the Notice of Privacy Practices at any time by calling LifeMatters, or find it on our website at mylifematters.com.

Specific information obtained from your case record will not be released to any party without your written consent, except as outlined in the Notice of Privacy Practices and under the following conditions:

- If the Empathia organization is under court order or subpoena compelling disclosure;

- If the Empathia organization believes that the disclosure is necessary to avoid a serious threat to your health or safety, or the health and safety of the public or another person;
- If the Empathia organization has reason to believe that a child or dependent adult or elder has been subject to abuse or neglect;
- As otherwise required by law or review by state regulatory agencies.

If you are or have been processed for a government security clearance, LifeMatters recommends that you familiarize yourself with the disclosure agreements of the Department of Investigative Services (DIS) or your employer’s security policy. If you inform LifeMatters that you have a government security clearance and LifeMatters has reason to believe that you are engaging in unsafe behaviors that may constitute a threat to national security, LifeMatters may be required to notify your employer’s designated security representative.

I HAVE READ THIS FORM AND UNDERSTAND ITS CONTENTS. ANY AREAS OF CONCERN HAVE BEEN DISCUSSED WITH MY EAP PROVIDER. I AGREE TO PARTICIPATE IN THE LIFEMATTERS PROGRAM.

Client/Enrollee Name (Printed): _____

Client/Enrollee Signature: _____ Date: _____

EAP Provider’s Signature: _____ Date: _____