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# **Affiliate Manual**

*Empathia, Inc.*

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# Empathia Mission Statement

Empathia's mission is to substantively enhance the well-being, safety and productivity of the organizations, employees and family members we serve.

In doing so, we are committed to being the highest quality provider of workplace behavioral solutions.

We seek to collaborate with organizations and persons that recognize the direct relationship between optimizing their workplace culture and growing a profitable and productive enterprise.

We believe in and tangibly support the power of healthy, respectful and productive relationships to nurture the success of organizations and the well-being of individuals.

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# About Empathia, Inc.

Empathia, Inc. (formerly NEAS, Inc.) has over 29 years of experience in providing high quality, customer-focused EAP, work/life and management consultation services. We began in 1982 as an internal EAP for a regional medical center. By 1985, we were providing services nationally for a division of a Fortune 500 company. Today, we are a significant national and global provider of EAP, work/life services, well-being and management consultation. Empathia maintains a Knox-Keene license, certified employee assistance professionals and substance abuse professionals.

In 2004, Empathia launched the LifeMatters brand to promote our services. Our LifeMatters EAP and work/life services provide resources to help increase employee productivity and morale while also decreasing absenteeism and turnover. Our LifeMatters management consultation services are specifically designed to assist managers and Human Resource personnel with workplace challenges, including consultation on employee work performance issues, trauma response assistance, mandatory referrals, fitness for duty case management and more.

On October 1, 2006, Empathia assumed ownership of Robert T. Dorris & Associates, now Empathia Pacific, Inc., located in greater Los Angeles. It is a stand-alone entity, operating as a wholly owned subsidiary of Empathia with a Knox-Keene license.

WellMatters, our wellness product, was launched in 2007. It provides cafeteria-style pricing with a menu of service options centered on individual and workplace health and wellness.

In 2008, Empathia added two new products to its service line – Black Swan Solutions and CarePartners. Black Swan Solutions provides coordinated call center, data collection and on-site support following a major disaster or tragedy affecting an organization, the workforce and/or the public, addressing a gap in many disaster preparedness plans. CarePartners provides single point access to information on all of an employer's available benefits, as well as advocacy for members with benefit issues or problems and ongoing coaching for individuals who wish to engage in positive behavior change.

In 2010, Empathia formally changed its name from NEAS, Inc. to Empathia, Inc. Empathia has Greek origins and refers to a deeper level of understanding. We recognize the power of knowledge and caring human interactions to positively influence individuals and organizations. We believe our new name conveys a feeling, a sense for who we are and how we conduct ourselves on behalf of the employers, employees and families that we serve.

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# LifeMatters<sup>®</sup> Services

With the majority of our clients, we use our service brand LifeMatters to refer to our EAP and work/life programs. In addition to counseling services, LifeMatters includes\*:

## **Legal consultation**

- Free 30-minute initial telephonic or in-person consultation with attorneys on personal legal concerns. Discount of 25 % on attorney's hourly rate if the client needs continued representation.
- Will kits; simple wills at no or low cost
- Online legal templates and forms
- 6-page document review
- Phone call or letter prepared by attorney to resolve simple disputes

## **Identity theft program**

- Identity theft guidebook
- Identity theft counseling with a consumer credit counselor
- Articles and tip sheets

## **Financial consultation**

- Unlimited financial consultation with certified financial representatives
- Debt consolidation, credit report reviews, budgeting, financial planning
- Online educational materials and financial calculators

## **Child care**

- Online self-searches for local providers and community resources including day care centers/homes and summer camps
- Educational information on parenting and family issues
- Online self-searches for schools, colleges and universities
- Educational information on evaluating schools, preparing for college, applying for financial aid, etc.

## **Elder care**

- Online self-searches for local providers and community resources including adult day care, assisted living, home health care, nursing homes, hospice, etc.
- Educational information on caring for an elderly parent and other dependent care and family issues
- Guidance and self-help tools for evaluating elder care providers and centers

## **Other**

- Tobacco cessation program
- Online self-assessment program
- Topical libraries, calculators and self-tests
- Health information library, database and videos

*\*Please note, some client organizations may have enhanced services. For a description of the services available to a specific client, please contact a LifeMatters counselor.*

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# Points to Remember

## **It's free**

All services provided directly by LifeMatters\* are free. When a client is referred to community or treatment resources, every effort is made to find a provider that is covered by the employee's health insurance plan. Clients who lack health insurance coverage should be referred to agencies that "slide" their fees based on ability to pay.

## **It's voluntary**

The decision to utilize LifeMatters rests with the employee and/or family member. Roughly 65 % of callers self-refer to the program. The remainder are reminded of the program by concerned family members, co-workers and supervisors.

## **It's confidential**

All information about program users is strictly confidential, except in the following legally-mandated circumstances:

- Probable or imminent risk of *suicide*
- Probable or imminent risk of *homicide or grave bodily harm* to another person
- Possible *abuse or neglect of a child or vulnerable adult*
- Probable *threat to national security*

Names and other identifying information about program users will not be shared with anyone without prior consent from the user in question. Employers do not have access to client records.

*\*Please note that clients will be most familiar with the brand name for our EAP services, LifeMatters, rather than our company name, Empathia.*

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# Affiliate Qualifications and Role

## **Qualifications, experience and knowledge base**

Empathia requires the following (exceptions may be considered on a case-by-case basis):

- Minimum of a master's degree
- Five years post-graduate experience working in a counseling-related field
- Current state licensure as an independent practitioner
- 25 % of practice involving EAP work
- Knowledge and approval of community resources and providers
- Submission of Empathia application to Field Operations is required prior to rendering services to clients (unless prior permission is granted by Empathia)

## **Knowledge of EAP technology, including:**

- The importance of a *thorough assessment* including mental health, substance abuse, financial, legal, dependent care and workplace issues.
- The need to *coordinate with insurance companies* and their networks when a referral beyond the LifeMatters program is indicated.
- *Awareness of organizational structure* and the role of human resources, union stewards, benefits and medical department personnel.
- The *need to remain neutral* and refer clients back to the employer when they have issues that relate to the workplace.
- *View of the client as a customer* that is part of a larger organization. The client's experience with the LifeMatters service may impact the business relationship between Empathia and the employer.

## **Role of the affiliate**

The affiliate role is critical to the success of Empathia. Affiliates:

- Create a *local presence* for LifeMatters
- Possess and utilize *knowledge of the community and local resources* to better serve clients
- Provide *rapid response* in times of crisis

## **Benefits to Empathia affiliates**

- Immediate *24/7 phone access* to LifeMatters counselors on a dedicated provider line – *877-844-8693*. This will reduce phone-tag and wasted time when requesting consultation and/or information
- *Simplified paperwork*
- *Rapid reimbursement*

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# Affiliate Responsibilities

## **Face-to-face assessment, counseling and referral**

Most clients access the LifeMatters service by calling our toll-free number. These calls are answered by our professional staff 24/7. During this initial contact, counselors will:

- Review available services
- Explain confidentiality and client rights under HIPAA
- Conduct a comprehensive assessment
- Offer support and guidance
- Recommend options for addressing issues, which may include a referral for additional face-to-face assessment and/or counseling with an affiliate provider
- Offer follow-up

When making a referral to an affiliate, the LifeMatters professional will provide:

- A client name and case number
- The presenting issue
- Preliminary impressions and recommendations
- Insurance information (if available)
- Number of LifeMatters sessions available in the client's plan (a hard copy of the authorization will be forwarded by fax or mail)

*Empathia does not cover psychological testing.* If you decide to recommend this service, Empathia requests that you assist the client with finding a provider who is covered under his or her insurance plan.

## **Scheduling of appointments**

The client will contact you to schedule an appointment. Empathia requests providers return calls to LifeMatters and clients within 24 business hours and offer an appointment to take place within three business days.

Providers may bill Empathia 50% for late cancellations and no-shows. Billed missed sessions will count against the total number of authorized sessions, unless otherwise approved by Empathia.



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## **Special situations**

Empathia requests that providers contact LifeMatters in the following situations:

- The client threatens harm to self or others.
- Reportable situations of child/elder abuse or neglect.
- Serious client grievances or complaints against his/her employer.
- Client requests for the completion of FMLA or short-term disability employer paperwork. Empathia may permit affiliates to assist employees with FMLA or short-term disability leave requests, but only after consultation with a LifeMatters counselor.
- Client request for records. If the request is related to action against an employer, it is necessary to first consult with Empathia. In all other situations, affiliates should act in accordance with their state laws.
- If the affiliate will be unavailable to accept referrals or unable to offer an appointment within three business days.
- If the affiliate needs approval of additional sessions or of short-term therapy.

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# Paperwork Requirements

Empathia requests prompt submission of clinical paperwork in order to provide accurate and timely utilization data to client companies. Empathia makes every effort to keep documentation to a minimum.

To **avoid fee reductions** as outlined on the Clinical/Reimbursement Form, **paperwork must be completed and returned to Empathia within 90 days of each date of service.** Empathia will reimburse within 32 days of the receipt of all required paperwork.

**Incomplete and/or illegible paperwork** (including paperwork that is sent with insurance billing forms instead of the Empathia Clinical/Reimbursement form) **will be sent back to you.** This could delay payment or result in a fee reduction as described on the Clinical/Reimbursement Form.

*Sessions provided without prior Empathia authorization will not be reimbursed.* You may not bill a client or his or her insurance company for sessions that you provide without proper authorization.

**Affiliates are required to maintain their own client records** in accordance with the laws of the state in which they practice.

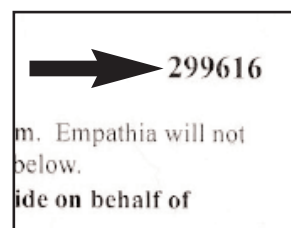
Empathia affiliate paperwork samples are included in the Attachments section.

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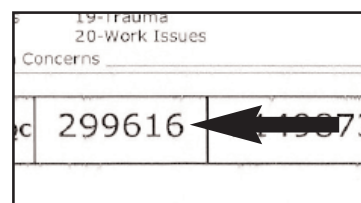
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# Paperwork Instructions

1. **Provider Services Authorization:** This serves as verification of the type and amount of services authorized by Empathia. Each time additional services for a client are authorized, a new Provider Services Authorization will be sent to you. Please note the Service Specific Code in the upper right corner of the Provider Services Authorization Form (*see image at right*). When additional sessions are authorized for a client, a new Service Specific Code will be assigned to the additional sessions.



2. **Clinical/Reimbursement Form:** This form will be sent along with the Authorization for Disclosure of Protected Health Information with every new client authorization. When billing for services, please confirm that the Service Specific Code in the lower left corner of the Clinical/Reimbursement Form (*see image at right*) matches the Service Specific Code on the Services Authorization. **Completed forms may be faxed or mailed to the Empathia Document Center** (fax number and address are located at the bottom of the form).



3. **Authorization for Disclosure of Protected Health Information:** This form will be sent along with the Clinical/Reimbursement Form with every new referral and allows for communication between providers and Empathia. Please have each client sign a separate form (make copies as needed) during the initial session. **Forms may be faxed or mailed to the Empathia Document Center along with the Clinical/Reimbursement Form.**
4. **Statement of Understanding:** **Must be signed and witnessed during every client's first EAP session.** This form outlines EAP services and explains the client's responsibility for payment of services recommended beyond the EAP. Please retain this signed form for your records.
5. **Freedom of Choice Affidavit:** The client **must** sign this form whenever you have offered yourself or another member of your group as a treatment provider through the client's insurance/self-pay. The form verifies that the client has been offered at least two other resources outside of your practice (or any individual, group, or treatment facility where you have a financial interest) and within his or her insurance plan, but has elected to stay with you, independent of Empathia. Please retain this signed form for your records.
6. **Notice of Privacy Practices (NPP):** Describes how clients' mental health information may be used and disclosed and how they can get access to this information. While Empathia no longer supplies copies of the NPP, we request that you continue to provide our clients with your clinic's version of this form.
7. **DO NOT** offer the client any legal or financial referrals. Clients in need of these services should be referred back to Empathia immediately as these services are provided free to most Empathia clients. **DO NOT** contact the client's company in writing or by phone without permission from Empathia. This includes writing a letter for the client or filling out paperwork (e.g., FMLA) for the client.

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# Brief Therapy Models

Many Empathia client companies purchase short-term counseling as an addition to the standard 3-session model. Short-term counseling offers clients the opportunity to utilize additional sessions covered by the LifeMatters program to conclusively resolve a presenting issue.

Short-term counseling is not meant to be a substitute for ongoing therapy or a supplement to a client's insurance-covered benefit.

When LifeMatters refers a client, you will be informed if short-term counseling is available through Empathia. If so, the counselor will authorize one assessment session to determine if short-term counseling is clinically appropriate. The affiliate must then call LifeMatters to consult and request authorization for brief therapy.

In some cases, the LifeMatters clinician may determine from the client's phone assessment that the issues are most likely brief appropriate. In these situations, the LifeMatters counselor will immediately authorize brief treatment.

LifeMatters short-term counseling guidelines are included in the Attachments.

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# Referral Guidelines

When a client presents with concerns that cannot be resolved using LifeMatters services, affiliates are responsible for facilitating a referral for further treatment. The goal of the referral process is to match the client with the most appropriate resource(s) available while taking into account the client's insurance and financial situation.

**Steps to facilitate a referral** include:

1. Contact the client's insurance to obtain benefit information and names of covered providers.
2. Consider the client's location, time, and financial constraints.
3. Consider the client's gender preference (if applicable).
4. Match the client with a therapist who specializes in addressing the presenting problem(s).
5. It is suggested that the affiliate contact the new provider and share relevant clinical information with proper client authorization.
6. Contact the client two weeks after the referral is made to determine the client's satisfaction with the new provider.

In addition:

- Provide clients with as many referrals as necessary, including referrals to support groups and recommended reading materials.
- Refer clients needing financial, legal, and/or dependent care consultation back to LifeMatters.
- Emphasize that the client may assume financial responsibilities (deductibles, co-pays, etc.) as outlined in his or her insurance plan description.
- Encourage clients to contact their insurance for benefit information and to complete any necessary pre-authorization.
- Inform a LifeMatters counselor whenever a client is referred for inpatient treatment.

Empathia allows affiliates to self-refer as long as the client is given two other referral options outside of their practice or any program where there is a financial interest. Alternate referrals must be to insurance-covered, in-network providers. You and the client should both sign the Freedom of Choice Affidavit to acknowledge that alternate options were offered.

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# Employer Referrals

Over 15 % of the employees accessing LifeMatters are referred by a company representative for a variety of reasons, including:

- Personal or family problems
- Deteriorating job performance
- Suspected alcohol or drug abuse
- Positive results on a drug and/or alcohol test
- Policy violations
- Threatening or harassing statements and/or behaviors
- Fitness for duty concerns

When an employer is concerned enough to make a referral, it is important that both the LifeMatters counselor and the affiliate provider focus on how the presenting issue(s) affects the health, safety and productivity of the individual and the workplace.

## **Empathia's Role**

LifeMatters consultation specialists interface with managers, supervisors, HR and medical personnel to:

- Assess the employee and workplace situation
- Determine what has been done to address the concern
- Develop a plan of action which may include a referral to LifeMatters
- Assess progress in meeting workplace goals while monitoring and providing treatment compliance updates to the referring manager (with proper client authorization)

LifeMatters performance specialists or counselors:

- Conduct a telephone assessment with the referred employee
- Refer the employee to an affiliate provider
- Provide clinical and workplace information to the affiliate provider for use in completing the assessment process.
- Consult with the affiliate provider in developing a treatment plan that addresses both clinical and workplace concerns
- Monitor compliance with the EAP assessment and outpatient treatment recommendations while providing phone support and encouragement to the employee

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# Affiliate Provider Role During Employer Referrals

When receiving a management referral from LifeMatters, **please respond to LifeMatters and the employee as quickly as possible**. We suggest you **schedule two appointments within five business days**. Please contact LifeMatters with the appointment dates and times.

## **During the first appointment:**

- Explain your role.
- Conduct an assessment that focuses on both individual and workplace health, safety, and productivity (completion of a SASSI may be requested if substance abuse is suspected).
- Obtain signed provider authorization(s). You may also be asked to obtain a signed employer authorization.
- Inform the employee that you will be consulting with the LifeMatters performance specialist or counselor to determine ongoing treatment recommendations (if any).

## **After the first appointment:**

- Fax the signed authorization form(s) to Empathia at **262-523-0175**.
- Contact the intake counselor or any LifeMatters counselor to discuss treatment recommendations.
- Schedule a second appointment.

## **During the second appointment:**

- Conduct additional/collateral assessment information as necessary.
- If ongoing treatment is recommended, assist the employee by providing an appropriate referral and instruct him or her to schedule an initial appointment with the new provider in a timely manner.
- If short-term counseling is recommended, schedule the next appointment and call LifeMatters for a short-term counseling authorization.
- If there are no additional recommendations, schedule a follow-up meeting 2-4 weeks out to discuss the employee's progress in meeting the employer's expectations and/or assess the employee's situation.

## **If a referral for ongoing treatment is recommended:**

- Whenever possible, contact the new treatment program (with appropriate authorization) to share details of your assessment and inform them that LifeMatters will be contacting them to monitor compliance.
- Contact Empathia with the name and contact information of the treatment provider; in some situations, Empathia will request that the treatment recommendations be put in writing.

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# Return to Work (RTW) Conferences

When treatment has required an extended absence from work, such as inpatient treatment, LifeMatters may ask an affiliate to participate in a return-to-work conference between the employee and the employer.

**The RTW conference involves:**

- Facilitation by a LifeMatters consultant
- A LifeMatters affiliate
- The employee
- The manager
- The treatment professional (if available)
- A Human Resources representative
- A union representative (if applicable)

**The goals of the RTW conference are to:**

- Clarify the manager's performance expectations.
- Allay any confusion and apprehension the employee may be feeling about the return to work.
- Provide the employer with appropriate direction on how to support and encourage the returning employee.

A complete guide to facilitating a RTW conference is available upon request from any LifeMatters consultant.



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# Trauma Response Services

In 2002, Empathia developed a range of services to support employees and employers following a workplace trauma and/or stressful event. In consultation with company representatives, the LifeMatters Trauma Response Team evaluates employee functionality and recommends one or more of the following interventions:

- On-site **triage and consultation** with Human Resources or other company representatives to determine employee functionality and appropriate intervention
- Individual and/or group **education** on common reactions, coping strategies and resources for additional assistance
- Individual and/or group **debriefing sessions** to process feelings and reactions related to an incident

If you agree to assist with delivering on-site services following a traumatic event, a LifeMatters counselor will share relevant company information as well as the recommended intervention(s). A guide describing the various interventions will be faxed to you along with related paperwork and a reimbursement form. Empathia will reimburse you at agreed-upon hourly on-site and travel rates.

Empathia does not typically reimburse for meals, tolls or parking costs.

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# Training Services

Empathia utilizes affiliates who have expertise in training to deliver a variety of training packages. Empathia offers two levels of training programs – the LifeMatters Brown Bag Series and the Workplace Series.

The **Brown Bag Series** covers a variety of personal growth and lifestyle issues. Some of the more popular topics include:

- Personal Resilience
- Interpersonal Communication
- Juggling Work & Family
- Managing Multiple Priorities

The **Workplace Series** is designed to assist *all employees* with overcoming challenges in the workplace, as well as encourage professional development. Common topics include:

- Adapting to Workplace Change
- Conflict Management
- Customer Service
- Drug and Alcohol Education
- Respect in a Diverse Workplace
- Sexual Harassment

The Workplace Series also has a range of topics that provide useful information to *managers, supervisors and HR staff* on an abundance of workplace challenges. Seminars last approximately one to two hours each. Some popular topics:

- Fundamental Management Skills
- Drug Free Workplace
- Managing Workplace Change
- Sexual Harassment
- Preventing Violence
- Dealing with Difficult Personalities
- Team Building

The **Empathia training department** will:

- Provide PowerPoint slides (or overheads) and a trainer's guide
- Arrange the schedule with and request equipment from the client company
- Prepare and send participant handouts and evaluation forms to the training location

Empathia will reimburse at pre-established training and travel rates after the participant evaluations and the affiliate reimbursement form are returned.

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# Attachments

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# Criteria for Short-Term (Brief) Treatment

Determination of the use of Short-Term treatment is primarily dependent upon providing a comprehensive assessment with the client(s). The goal of the assessment is to examine all the treatment criteria before making any decision about what form of treatment will best meet the client's needs. It is important to note that the client's presenting problem is only one of the criteria used in determining appropriate treatment intervention. The use of brief treatment is to be determined with strong consideration given as to what the client desires to address. The following criteria are not rigid boundaries but guidelines to provide structure to the assessment process.

## **Brief Appropriate**

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### **Diagnostic considerations**

- Adjustment reaction
  - Coping with change
  - Life change/transition
  - Career related concerns
  - Divorce/separation (if at end of the decision-making process)
- PTSD (mild, acute)
- Sexual dysfunctions (if provider/clinic is specialized) that are situational and/or short-term in duration
- Mild-moderate depressive symptoms
- Stress management
  - Clients experiencing emotional discomfort in their lives
  - Clients needing help in developing coping skills
  - Clients needing to be emotionally stabilized (brief not used as a bridge to long-term treatment)
- Clients with long-standing relationship problems but are seeking relief from current crises/stressors
- A.D.D./A.D.H.D. (if already diagnosed by Ph.D. and/or M-Team)
- Unresolved family of origin problems (mild to moderate severity, acute), parent training, behavioral issues
- Uncomplicated grief/loss

### **Psychosocial considerations**

- Parenting problems (generally when police/court are not involved)
- Blended family relationship/boundary problems

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- Marital counseling/relationship issues
    - Communication problems
    - Intimacy concerns
    - Setting/maintaining boundaries
    - Extra-marital relationships (if at the decision-making point or end of either relationship)
    - When couples jointly desire to divorce/reconcile
    - Division of responsibility
    - Negotiation impasses
    - Conjoint problem-solving
  - Balancing work/family
  - Uncomplicated anger management

### Other considerations

- Clients with either a strong or an accessible support base
- Internal locus of control (client is empowered to master the problem)
- High motivation for problem resolution through treatment
- Client has had positive previous treatment experience(s)
- Specific and attainable goals within the range of sessions (brief not used as a bridge for long-term treatment)
- As a 'holistic health' tool
- If client is under low-dose medication and/or being stabilized by medication
- Informal supervisory referrals (can be brief, dependent upon presenting problem/treatment goals)
- Brief is not to be used as a bridge for long-term treatment

### Referral/Long-Term Appropriate

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#### Diagnostic considerations

- Axis II disorders
  - Substance abuse problems
    - Actively using/abusing chemicals
    - Chem/dep recovery clients presenting with relapse
  - Chronically mentally ill
  - Clients with psychotic disturbances or symptoms
  - When hospitalization is required
  - Life-threatening presenting problems
  - Most eating disorder clients
  - Mental health issues stemming from prominent/long-term medical problems
  - Chronic anxiety/depression
  - Suicidal/homicidal ideation
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### **Psychosocial considerations**

- Abuse cases
- Anger management (moderate to high severity, chronic)
- Long-standing marital/relationship problems (particularly if there has been past treatment)
- Complicated family/family of origin problems
- When there is a court order involved
  - DUI
  - Criminal cases
  - Abuse
  - Delinquency
  - Child custody cases
  - Problematic divorce involving children
- Gender identity concerns
- Sexual preference decision-making
- Parenting concerns indicating child therapy intervention
- Complicated divorce/separation problems and decision-making
- Chronic illness (mental health and/or medical)

### **Other considerations**

- Lack of external support or exhibits no ability to access support network
- External locus of control (client looking for change to come from outside sources)
- Questionable/low motivation for problem resolution through treatment
- Most formal supervisory referral cases
- When client presents with “brief” but desires specific therapist not part of general EAP resource network

# EMPATHIA PROVIDER SERVICES AUTHORIZATION

340583

Thank you for accepting our referral. Please carefully review the service limits and guidelines specified on this form. Empathia will not reimburse for services that have not been authorized in advance or that exceed the session or time limits specified below.

**Clients are not to be charged, either directly or indirectly through his or her insurance for services you provide on behalf of Empathia.**

Failure to provide appropriately completed Empathia documentation and reimbursement form in a timely manner may result in a fee reduction or denial. Required forms are available for download at [www.empathia.com](http://www.empathia.com) in the "Affiliates/Providers" area or by calling 1-877-844-8693, 24/7.

**EMPATHIA**  
**N17 W24100 RIVERWOOD DR., #300**  
**WAUKESHA, WI 53188**

Client's Name & Address

**SAMPLE SAMPLE**  
**Wauwatosa, WI 53213**

**Empathia case number** 1140212 **Empathia Client Company Code** TEST

Prior to the first session, please review the Empathia Assessment Summary detailing the client's presenting issue and preliminary goals. Based on our telephone assessment, we are authorizing:

X **Further assessment to determine the best course of treatment.** Up to 3 one-hour session(s)\* at a rate of \$1.00 per hour to complete the assessment. Please contact Empathia after the assessment session(s) if additional EAP sessions need to be authorized.

         **Short-term counseling using EAP sessions.** Up to          one-hour sessions\* at a rate of          per hour. If it's your assessment that resolution of the client's issue will require more sessions than provided by his/her benefit, please complete all EAP sessions authorized, if clinically appropriate, before making a referral for treatment covered by the client's insurance.

         **Case Management** not to exceed          hour(s) at a rate of          per hour. Please bill in quarter hour increments for case monitoring, letter writing, and follow-up services.

\*A "session" is defined as a one-hour face-to-face interview. For example, an authorization for "2 sessions" limits problem assessment to 2 hours. If as a result of your interview with the client(s), you feel this authorization needs to be changed, call an EAP Counselor (available 24 hours) at 1-877-844-8693.

\*\*\*\*\* **IMPORTANT INFORMATION** \*\*\*\*\*

- If the client does not call for an appointment or schedules a first appointment but does not follow through, please contact Empathia within a week at 877-844-8693.
- EAP assessment is not to include psychological testing.
- Please do not contact (verbally or in writing) anyone from the client's company. If you feel that contact with the company is necessary, contact Empathia first. If anyone from the client's company contacts you, please direct them back to Empathia at 800-634-6433.
- Please refer clients in need of legal, financial, or work-life assistance back to Empathia at 800-634-6433.
- If a client needs a referral for inpatient hospitalization, please provide an update to Empathia as soon as possible at 877-844 8693.

**If you need assistance, don't hesitate to contact a Empathia representative at 1-877-844-8693.**

Sara Laskowski

Name of EAP Counselor Making Refe ral

6/27/11

Date Referral Made

6/27/11

Authorization Date





15190

**EMPATHIA CLINICAL/REIMBURSEMENT FORM****\*\* Use this form ONLY for the client indicated below \*\*****AUTHORIZATION INFORMATION**

**Case Number** 1140212  
**Client Name** SAMPLE SAMPLE  
**Company Code** TEST

**Practitioner Name** Alyson Kaiser  
**Sessions Authorized** 3  
**Rate per Session** \$1  
**Authorization Date** 6/27/2011

**PAYMENT INFORMATION** To add/change payment information, please **check here** and make changes below.**Provider/Clinic Tax ID or SSN (Required)** \_\_\_\_\_**Billing Address** N17 W24100 Riverwood Dr., #300, Waukesha, WI 53188**Make Check Payable To** \_\_\_\_\_**DATES OF SERVICE**

Activity (1-7)	Date of Service	Session Hours	GAF Score
<input type="checkbox"/>	/ /	.	/
<input type="checkbox"/>	/ /	.	/
<input type="checkbox"/>	/ /	.	/

**Activity Codes:** 1-Assessment, 2-Brief Therapy, 3-Training, 4-Trauma Response, 5-Travel, 6-No Show, 7-Case Management (Note: Case Management must be pre-authorized)

**TIMELINESS OF APPOINTMENT**

Was first appointment within 3-5 days of referral?  Yes  No  
 When "No", provide an explanation below:

- Client scheduling request  
 Client delayed calling provider after referral from EAP  
 Client delayed responding to calls from provider  
 Other \_\_\_\_\_

**ADDITIONAL CLIENTS IN SESSION (not client listed above)**

	First Name	Last Name	Rel.
2)	/ /	/ /	/
3)	/ /	/ /	/
4)	/ /	/ /	/

Rel. Codes: 1=Employee, 2=Spouse/Domestic Partner, 3=Dependent

**PRESENTING CONCERNS**

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Primary Concern Code (01-20)</b> | <input type="checkbox"/> <b>Secondary Concern Code (01-20)</b> |
| 01-Abuse or Neglect  | 11-Financial (refer back to Empathia)                          |
| 02-Addictive Behaviors                                       | 12-Legal (refer back to Empathia)                              |
| 03-Adolescent Issues   | 13-Medical Condition   |
| 04-Anger Management  | 14-Post Traumatic Stress Consideration                         |
| 05-Anxious Mood  | 15-Psychotic episode(s)  |
| 06-Bereavement   | 16-Relationship Issues   |
| 07-Childrens Issues  | 17-Spiritual Issues  |
| 08-Depressed Mood  | 18-Stress  |
| 09-Eating Disorders  | 19-Trauma  |
| 10-Family Issues   | 20-Work Issues   |
| Other Mental Health Concerns _____                           |  |

**CLINICAL OUTCOMES**Were Clinical Goals Met?  Yes  No**CASE STATUS**

- No additional service/follow-up  
 Ongoing EAP Assessment  
 EAP Brief therapy - Call Empathia for prior approval  
 Follow-up planned  
 Referral needed (See Referral Type)  
 Client terminated EAP services prior to completion

**REFERRAL TYPE**

**Referral Code (01-20)** *Provider must assist client with any referral resource coordination*

**List of Codes**

- |   |                                     |
|---|-------------------------------------|
| 01-Self-referral (fill out Freedom of Choice Affidavit) | 11-Medication check/evaluation      |
| 02-Educational Program                                  | 12-Outpatient AODA                  |
| 03-Financial Svcs-refer back to Empathia                | 13-Outpatient mental health         |
| 04-Inpatient AODA                                       | 14-Partial hospital AODA            |
| 05-Inpatient mental health                              | 15-Partial hospital mental health   |
| 06-Residential AODA                                     | 16-Psychological Evaluation/testing |
| 07-Residential mental health                            | 17-Support Group                    |
| 08-Intensive outpatient AODA                            | 18-Written materials                |
| 09-Intensive outpatient mental health                   | 19-None                             |
| 10-Legal service - refer back to Empathia               | 20-Other _____                      |

**FEES AND SIGNATURE**

By submission of this request for reimbursement, the undersigned ("Provider") warrants and represents that (s)he has performed the services identified above on the dates and for the times specified, and agrees to maintain clinical notes for those services. Provider agrees that timeliness of submission of this form and associated service documentation required by Empathia is essential to the performance of services by Provider, and so consents to the fee reductions specified below for late submission:

Number of days received after each service date	Fee Reduction	Net Fee
Between 61 and 90	25%	75%
Between 90 and 180	50%	50%
After 180 days	100%	0%

Provider agrees that (s)he shall not seek reimbursement for the above service(s) from any payor other than Empathia, including the client and/or any insurer.

Signature of Provider or Representative \_\_\_\_\_

Date \_\_\_\_\_

Printed Name of Provider or Representative \_\_\_\_\_

**Questions?** Please call (877) 844-8693

Please return this page by **mail** or **fax** to:

**Empathia Documents Center**  
**PO Box 526**  
**Alameda, CA 94501**  
**Fax (262) 364-2369**

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# Empathia, Inc. Authorization for Disclosure of Protected Health Information By Both EAP and Provider

I, \_\_\_\_\_, voluntarily authorize both Empathia, Inc. ("the EAP") and the following service provider (the "Provider"):

Name of Client

Clinic and Provider Name(s)

to use, disclose and release to each other and exchange the following individually identifiable protected health information:

- (1) Assessment and treatment data;
- (2) Any information required or useful to have services authorized, obtain benefit coverage or obtain payment for services to or for me;
- (3) Any information required or useful for planning, providing or monitoring services for me;
- (4) Any information required or useful for administration of the EAP program and services;

- The purpose of this Authorization is to facilitate provision of services to me and to provide for communication of information between parties involved in services to me, and management and payment for those services. I understand that information to be released or disclosed under this Authorization may be confidential in nature, and may include clinical impressions and clinical conclusions of providers.

- This Authorization becomes effective on the date I sign it, and will continue in effect for twelve (12) months from that date unless I revoke it in writing before that time. I understand I can revoke this Authorization at any time, but information released before revocation cannot be retrieved. I may revoke this Authorization by sending a written revocation to: Privacy Officer, Empathia, Inc. N17 W24100 Riverwood Drive, Suite 300 Waukesha, WI 53188.

- I acknowledge the potential for redisclosure if my information is, pursuant to this Authorization, disclosed to a person or entity that is not covered by federal health information privacy laws. I understand that my information will not be redisclosed if it is disclosed to a person or entity covered by those federal laws.

- I acknowledge that a copy of this Authorization has been provided or offered to me, and that a copy will be kept in EAP records. I understand that I have a right, upon written request, to inspect and receive a copy of my protected health information, including any disclosed under this Authorization.

- I understand that the EAP will not limit treatment under, payment for, enrollment in and eligibility for EAP benefits based on my agreement or refusal to sign this Authorization.

- I agree that a photocopy or facsimile copy of this Authorization is as valid as the original.

- I release the EAP from any liability for disclosure of protected health information while this Authorization is effective.

→ **Signed:** \_\_\_\_\_

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

→ **Witness:** \_\_\_\_\_

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

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**Please return this page by mail or fax to:**

**Empathia Documents Center  
PO Box 526  
Alameda, CA 94501  
Fax (262) 364-2369**

# Statement of Understanding

*Must be Signed by Every Client at Initial Session*

Empathia, Inc. is a private consulting firm that provides professional evaluation of personal concerns, short-term counseling and coaching, referral to community resources, work/life services and follow up, all at no cost to employees, their spouses, dependents and other household members. Those accessing these services (called **LifeMatters®**) will be treated with dignity and respect, regardless of race, creed, religion, disability, sexual or affectional orientation. Voluntary use of LifeMatters will not jeopardize your employment or job status. If dissatisfied with the LifeMatters services you receive, please file a grievance by speaking with your LifeMatters counselor or accessing the “Grievance Form” at [www.mylifematters.com](http://www.mylifematters.com).

## **CONFIDENTIALITY AND YOUR PRIVACY RIGHTS**

As a LifeMatters client, you have a right to privacy and to review, request, and/or provide an addendum to information in your record. LifeMatters services are strictly confidential within the limits of the law. LifeMatters counselors are required to report suspected abuse or neglect of a child, elderly person, or vulnerable adult to a designated social service agency, and to act to prevent imminent threats of suicide or grave physical harm. *No information will be released to persons, agencies or organizations outside of Empathia, Inc. without your written consent, except by court order or as required or allowed by law.*

The privacy of your health information is also protected under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Empathia, Inc. maintains a “Notice of Privacy Practices” which describes how your protected health information may be used and disclosed and how you can obtain this information. To receive this document, call Empathia at 1-800-634-6433, or download it at [www.mylifematters.com](http://www.mylifematters.com).

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

## **COST FOR SERVICES BEYOND THE LIFEMATTERS PROGRAM**

In some cases, a referral for on-going counseling may be recommended. If you choose to continue seeing a LifeMatters affiliated counselor, be advised that this individual may not be an in-network provider under your insurance plan. Though your health insurance plan may provide benefit coverage for ongoing counseling, you are responsible for determining benefit eligibility, as well as what services and costs are covered. Any costs for services beyond those provided by LifeMatters are your responsibility. LifeMatters counselors will make every effort to assist you with locating a provider that meets your treatment needs and insurance requirements. Often, a benefits representative from your employer is available to answer insurance related questions.

Your signature below indicates that you have read and understand this form:

➔ \_\_\_\_\_  
Name of Client

\_\_\_\_\_  
Client Signature

➔ \_\_\_\_\_  
Clinician Signature

\_\_\_\_\_  
Date

***Please retain for your records.***

# Freedom of Choice Affidavit

*Must be Signed by Any Client Continuing Therapy with  
Assessing Provider After EAP Services are Completed*

I, \_\_\_\_\_, verify that I have been offered a referral to at least two (2) additional counseling resources as part of my EAP provider's assessment recommendations. Instead, I have decided to seek ongoing assistance through my EAP provider's private psychotherapy or clinic practice. My signature below also verifies my understanding that in electing to seek treatment with the psychotherapist below, or the clinic they are associated with, I have entered into a direct payment relationship with that provider. Therefore, Empathia, Inc. will no longer pay or be responsible for the services provided by this provider. ***I understand that I am solely responsible for determining if the services of this provider are covered under my medical insurance plan.***

---

Client Signature

Date

---

Clinician Signature/Witness

Date

**PROVIDER:** Please list the two alternate treatment provider options below. These providers must be outside of your practice and not affiliated with any individual, group, or treatment facility in which you have a financial interest. These providers should be covered through the client's insurance plan.

Provider Name/Clinic

Phone Number

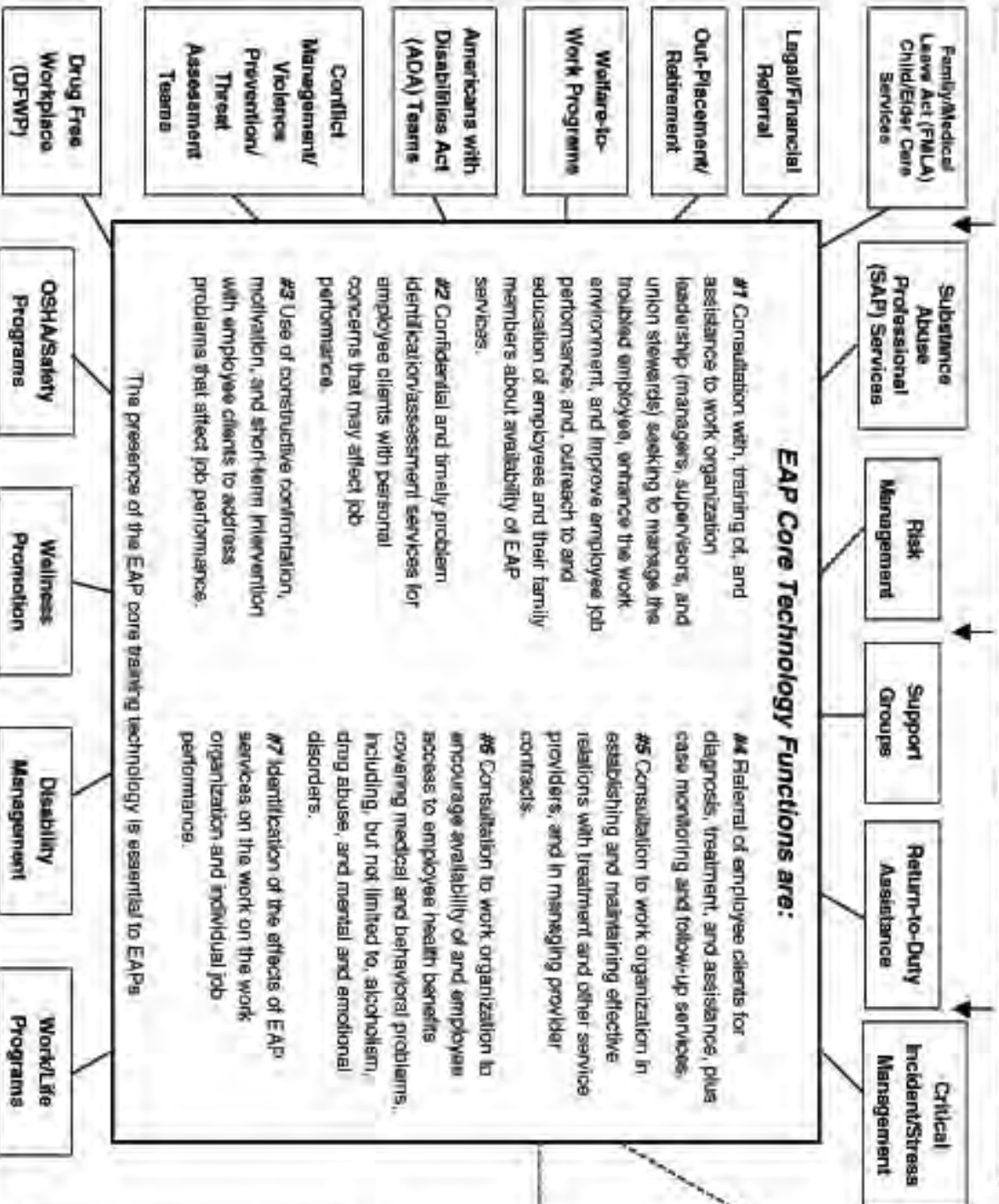
1. \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

2. \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

***Please retain for your records.***

## How Employee Assistance Program (EAP) Functions/Services and Health Care (HC)/Managed Care (MC) Law(s) Relate

BELOW are EAP core technology functions and EAP-related services that should not be covered by HC/MC laws(s)



EAPs that provide the services in the dotted boxes BELOW may be covered by HC/MC laws(s)

**Health Care Services\***

- Clinical Evaluations
- Clinical Diagnosis
- Psychological Counseling
- Chemical Dependency
- Mental Health Treatment
- EAP personnel providing above listed services can expect to be subject to clinical licensure laws

**Managed Care Services\***

**Manager:**

- Provider Networks
- HC Systems
- Gatekeeper

\* EAPs that are contracted with third parties may be covered! EAPs that are part of HC/MC/MCOs can expect to be covered!

**NOTES:**

1. There is an EAP as part of an ER/ACD plan or in providing clinical treatment. No services are not paid for by private individual-based health insurance, some organizations pay for EAP services either in-house or by contract with external EAP providers.

2. EAPs are designed to address workplace productivity issues. EAP services, unless otherwise designated, should not be considered employee health or welfare benefits.

HCMC/Laws: ERISA-Employee Retirement Insurance Security Act (1974); COBRA-Consolidated Omnibus Budget Reconciliation Act (1985) [post-job access to group health insurance rates]; HIPAA-Health Insurance Portability and Accountability Act (1996); WFLA-Mental Health Parity Act (1993); HWC/MCO-Health Maintenance/Medicaid Care Organization Laws

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See references for EA definitions.