fei workforce resilience

Authorization of Disclosure of Protected Health Information
FEI Behavioral Health Employee Assistance Programs

*Must Be Signed By Client at Initial Session and returned to FEI

I, _____, *(first and last name of EAP client)* authorize both FEI Behavioral Health (FEI) Employee Assistance Program (EAP) and its Counseling Affiliate _____ *(name of affiliate)* as represented by _____ *(name of counselor)* to disclose to each other the following specific information:

- referral information and assessment findings
- treatment planning and recommendations
- attendance, compliance and progress
- any information required for service authorization, benefit coverage or for payment purposes
- any information required for administration of the EAP program or services

The purpose of this Authorization is to facilitate provision of services to client, to provide for verbal or written communication of information between parties involved, and to manage and pay for those services.

I understand that my EAP records are protected under the Federal and State Confidentiality Regulations and cannot be disclosed without my written consent, unless otherwise provided for in the regulations. I agree to release FEI Behavioral Health and its EAP Affiliates from liability that may result from furnishing this information as authorized in this disclosure. I further acknowledge that the nature of the information to be disclosed has been fully explained to me, and this consent is given of my own free will. I understand that I may revoke this consent at any time, except to the extent that FEI Behavioral Health has already taken action in reliance on it.

I may revoke this Authorization by sending a written revocation to: **Privacy Officer, FEI Behavioral Health, 648 N. Plankinton Ave., Suite 425, Milwaukee, WI 53203.** If not previously revoked, this consent will terminate one (1) year after the date I sign this form. I further understand that the information described above may be disclosed to and received by persons or organizations who are not subject to federal information privacy laws. These persons or organizations may further disclose the information and it may no longer be protected by federal information privacy laws.

I acknowledge that a copy of this Authorization has been provided to me and that a copy of this disclosure will be kept as part of the 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 information disclosed under this Authorization.

Signature of Client: _____ Date: _____

Signature of Witness: _____ Date: _____

Title of Witness: _____ EAP Affiliate Organization: _____

phone: 800.782.1948 opt.4
fax: 414.359.6717

648 N. Plankinton Ave., Suite 425
Milwaukee, WI 53203

email: network@feinet.com
website: www.feinet.com

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Statement of Understanding

FEI Behavioral Health Employee Assistance Programs

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EAP Eligibility, Services and Costs
Your Employee Assistance Program (EAP) is provided through FEI Behavioral Health and offers confidential service to all eligible employees and their covered family members to help address issues impacting quality of life, emotional well-being and productivity at work. Services are provided by the EAP at no cost to you, and can include assessment/consultation, brief counseling and referral to service providers and/or community resources outside the EAP should this be needed to help resolve your concerns. You are responsible for any costs associated with services beyond the EAP benefit. As these expenses may be covered in part or full under your medical plan, you should contact your plan prior to the onset of this care for specific information on coverage and benefit authorization.

Confidentiality
EAP services are strictly confidential. No information concerning your use of EAP will be disclosed to any party outside the EAP except in the following circumstances:

- you consent in writing
- you request that EAP speak with your health plan provider to assist in benefits verification for treatment recommended beyond EAP
- the law requires disclosure to appropriate parties, such as in a court subpoena, or when the life or safety of an individual is deemed at risk or seriously threatened.

Under the Health Insurance Portability and Accountability Act (HIPAA) of 1996 the privacy of your health information is protected by law. FEI Behavioral Health maintains a "Notice of Privacy Practices" that describes how your protected health information may be used and disclosed and how you can obtain. Call your toll free EAP number to receive a copy of this document.

Participation
Use of the EAP is voluntary and your employment will in no way be affected by your use of this program. However, participation in the EAP does not prevent your employer from taking actions regarding unacceptable work performance or behavior. If you were referred to the EAP by your company's management due to a work performance problem, the EAP will not advise them of your participation without your written consent, on a separate *Disclosure of Confidential Information* form.

Cancellation Policy
Should you need to cancel an EAP appointment you must notify your EAP Counselor at least 24 business hours prior to the scheduled appointment. Failure to do so may subject you to direct billing from the EAP Counselor or their organization. EAP reserves the right to terminate services when appointments are cancelled without appropriate notification.

I have read and understand the above information:

_____

Signature of Client (or parent/guardian) Date

_____

Signature of FEI Affiliate EAP Counselor Date

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