

Employee Assistance Program

Affiliate Manual

**New Directions Behavioral Health[®]
Employee Assistance Program
P.O. Box 6729
Leawood, KS 66206-0729
1-800-624-5544
www.ndbh.com**

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Preface

New Directions Behavioral Health takes pride in the collaborative relationships developed with Network Affiliates. Our Clients and your patients/Clients gain as a result of this collaboration. New Directions encourages Affiliates to give feedback about processes, policies, and programs.

Please consider this Employee Assistance Program Affiliate Manual (Manual) as a general guide to programs, policies and processes. Although the Manual undergoes annual review and revision for accuracy, information referenced in this Manual may change without prior notice. For that reason, New Directions does not warrant that this information is comprehensive or without error.

More recent organizing documents and processes may supersede any information contained in this Manual.

New Directions updates the Manual yearly. In the event of changes prior to the annual update, New Directions makes every effort to communicate with Affiliates through email, fax, and the website. The current version of the Manual is available on the New Directions website at www.ndbh.com.

Affiliates are encouraged to contact Network Operations (Provider Relations) at (816) 416-7480 or (866) 461-2821, press 1 then 7480 for explanation, clarification, or updates.

About New Directions

Since incorporation as a Limited Liability Company in 1995, New Directions Behavioral Health (New Directions) has become a leading regional managed behavioral health care organization (MBHO), with national accreditations and recognition from Blue and non-Blue organizations. The company began with 250,000 covered lives. In addition to MBHO services, New Directions provides Employee Assistance Program (EAP) and health coaching. Today we serve more than 3 million covered lives throughout the Midwest and nationwide.

New Directions was created to gain greater control over the management of behavioral health benefits and to improve savings of overall medical costs. New Directions has made this a major focus. The close relationship with Blue KC led to an unparalleled integration of behavioral health and medical services, one that exceeds that found in many Blue and non-Blue internal behavioral health divisions. Integration includes case finding, co-case management, and work flows that encompass case and disease management, joint access to technology and data, shared planning relative to pharmacy, quality improvement and network operations.

New Directions created a unique and effective population management paradigm based on a philosophy of proactive outreach to members. This has led to consistently high satisfaction rates from members, Affiliates and account surveys.

New Directions also has a national reputation for innovative services focused on patient safety. In addition to recognition and awards from URAC, NCQA, and the Blue Association, New Directions has received honors for its Paradigm for the Telephonic Assessment of Suicide Program for URAC in the category *Best Practices in Healthcare Consumer Empowerment Protection*.

The Utilization Management program earned accreditation from URAC in 1997 and was re-accredited in 2009. In 2010, New Directions was in process for the URAC Case Management accreditation. New Directions also has full accreditation from NCQA (National Committee on Quality Assurance) as an MBHO. Our clinical operations follow the standards set by these nationally recognized organizations, as well as state and federal regulations.

Both Affiliates and Members give New Directions high marks, with the most recent survey **reflecting above 90% satisfaction rate**. Our reputation for quality and service involves a philosophy of collaboration with the behavioral and medical Affiliates caring for our Members.

Website

New Directions provides detailed and easy to use information about many programs and services at www.ndbh.com. Updates occur frequently to provide current information about behavioral health care and services.

The Website includes the following:

A description of our Quality Improvement activities, results of Member Satisfaction Surveys, reports of access and appointment availability, and results and information about our Case Management Programs are reported in the Health Plan Member Section. These materials are also available in print upon request.

Privacy Policy and Privacy Practices

Please refer to the detailed Privacy Policy and Privacy Practices explanation on the Website. These explain how personal information data and protected health information are collected and may be used and disclosed to third parties. For example, New Directions will only disclose to third parties personal information in aggregate form or if it is publicly available. Security measures have been implemented to prevent the unauthorized release or access to personal information. **The confidentiality of any communication transmitted to/from NEW DIRECTIONS via the Website or e-mail cannot be guaranteed.**

When a visitor performs a search on www.ndbh.com, New Directions may record information identifying the visitor or linking the visitor to the search performed. New Directions may also record limited information for every search request and use that information only to solve technical problems with the service and to calculate overall usage statistics.

Fraud and Abuse

New Directions Policy

New Directions is committed to preventing, identifying, investigating, and reporting fraud and abuse. Through its Compliance Program and Policies, education is provided on what constitutes fraud and abuse, monitors and audits are in place to identify potentially fraudulent and abusive practices, and billing irregularities and other suspicious practices are reported to the appropriate entity or governmental agency. New Directions expects its Affiliates and Facilities to comply with all applicable State and Federal laws that are designed to prevent fraud and abuse.

Definitions

“Fraud” means a deception or misrepresentation made by an entity or person that results in an unauthorized benefit or payment; or fraudulent insurance act which is any oral or written statement submitted for payment or other benefit pursuant to an insurance policy when the person knows the statement contains materially false information or a material fact is concealed.

“Abuse” means practices that are inconsistent with sound fiscal, business, or health care practices and result in an unnecessary cost to a health care benefit program, or in reimbursement for services that aren’t medically necessary or that fail to meet professionally recognized standards for health care.

Examples of fraud and abuse include:

- Billing for services or procedures that haven’t been provided
- Submitting false information about services performed
- Up-coding services provided to increase reimbursement
- Making a false statement or misrepresenting a material fact in any application for any benefit or payment
- Presenting a claim for a physician’s service when the individual who furnished the service wasn’t a licensed physician
- Failure to return an overpayment within 60 days after the date on which the overpayment was identified or the date any corresponding cost report is due, whichever is later
- Providing or ordering medically unnecessary services or tests

Compliance Program

The creation of a compliance program is encouraged to proactively prevent the submission of incorrect claims and combat fraudulent conduct. Internal controls efficiently monitor adherence to applicable laws and plan requirements. The OIG has developed compliance program guidance for individual and small group health care practices (Federal Register, Vol. 65, p. 59434, Oct. 5, 2000 – <http://www.gpoaccess.gov/fr/retrieve.html>). Affiliates may also obtain other compliance program guidance’s on the OIG web site at <http://www.hhs.gov/oig>.

Reporting

New Directions maintains a Compliance Phone mail Reporting Line (816-416-7641) where suspected fraud or abuse can be anonymously reported. Also, the New Directions Compliance Officer can be reached at 816-994-1412 if you have any questions about fraud or abuse or want to discuss suspected activities.

New Directions will not retaliate against any person who reports suspected fraud or abuse to it, the Federal or State government, or any other regulatory agency.

NEW DIRECTIONS BEHAVIORAL HEALTH THE AFFILIATE'S ROLE

Affiliates provide an important component of New Directions Behavioral Employee Assistance Program.

Your Role

You provide assessment, short term counseling (where available and appropriate), referral and follow-up. Short term counseling sessions can range from 1 session to 6 sessions, depending on the Client's EAP benefit package.

Employee Health Plan Benefits

If the EAP benefit is exhausted and the Client requests counseling accessing his/her insurance benefit, you may self-refer, unless the Client requests a referral to someone else. If making a referral, please pay attention to the Client's available insurance benefits, Preferred Provider Organizations (PPO's), and Health Maintenance Organizations (HMO's).

Potential Conflicts of Interest

It is important that you maintain a neutral position with regard to potential adversarial situations between employee and employer. These include grievances, disability claims, harassment, wrongful termination, etc. If you are contacted by an attorney regarding a Client you are seeing or have seen for New Directions, please contact us ***prior*** to providing any information. If accusations of sexual harassment are made by a Client, **please notify** New Directions immediately. The EAP strives to help all parties utilize the employer's internal systems to resolve these difficulties.

You are a valued member of the **New Directions team**. With your assistance, our Clients receive quality services. Your efforts are greatly appreciated.

Information Changes

To avoid a delay in reimbursement of submitted claims, you must notify New Directions of changes of demographic or practice information:

- Name Change
- Primary practice location
- Billing address location
- Phone/Fax/E-mail changes
- Tax Identification Number (TIN) (must submit W-9 if TIN has changed)
- National Affiliate Identifier (NPI)

Changes must be submitted in writing to the address or fax below .Changes requested by phone will not be accepted.

	Fax to:	Provider Relations 816-237-2371
or	Mail to:	Provider Relations PO Box 6729 Leawood, KS 66206-0729

Affiliate Address ChangeForm

To update your demographic information, please complete this Form:

Name: _____

I am no longer seeing Clients at the following location(s):

Primary:

Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ FAX: _____

Secondary:

Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ FAX: _____
E-Mail: _____

Current:

Billing Location:

Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ FAX: _____

I am currently seeing Clients at the following location(s):

Primary:

Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ FAX: _____
E-Mail: _____

Secondary:

Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ FAX: _____
E-Mail: _____

Tax ID Number (TIN): _____ Please submit current W-9. Form can be found at www.ndbh.com. Or, call Provider Relations at 866-461-2821 (ext 8130)

Fax to: Provider Relations
816-237-2371

or **Mail to:** Provider Relations
PO Box 6729
Leawood, KS 66206-0729

HIPAA Information

NOTICE OF PRIVACY PRACTICES

Effective April 14, 2003

Updated December 2009

THIS NOTICE DESCRIBES HOW YOUR HEALTH CARE RECORDS MAY BE USED AND SHARED BY NEW DIRECTIONS, AND WHAT YOUR RIGHTS ARE FOR YOUR HEALTH CARE RECORDS. PLEASE READ CAREFULLY!

SUMMARY

This “Notice of Privacy Practices” describes how New Directions may use and share your health care records as you tell us or as the law allows or requires. A Federal law, the HIPAA Privacy Rule, requires New Directions to give you this Privacy Notice to read.

Your health care records are called “protected health information,” which includes any information that relates to your health services and identifies you personally, such as your name, social security number, or address.

New Directions has certain legal requirements it must comply with to protect your health information. It must follow what this Notice says. You have the right to know about the legal duties and privacy practices required of New Directions.

You have certain rights to obtain and control your protected health information, which are described below. You also have the right to file a complaint if you believe your privacy rights have been violated. You may contact our Privacy Officer if you would like further information about your privacy rights or the complaint process: Amanda Brown, 816-994-1412 or abrown@ndbh.com.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

New Directions may be required or is permitted by law to share or use your protected health information without your authorization in the following situations:

- Treatment – The provision, coordination, or management of your health care and related services. Example: Disclose your health information to a hospital or doctor; call you with a reminder of your appointment; leave a message related to your treatment; follow-up after hospitalization.
- Payment – Determine if you’re eligible for coverage of healthcare services; paying for your health care; claims management; reviews for medical necessity; and activities needed to obtain payment for your health services. Example: Obtaining approval for a hospital admission may require disclosure of certain protected health information to a physician reviewer or health plan.
- Health Care Operations – The functions and activities required for New Directions to function as a health plan and health care Affiliate. Examples: for the management of

New Directions; developing or evaluating services; for accreditation and licensing activities

- Business Associates with whom New Directions contracts to perform services for New Directions
- Public Health Activities
- Health Oversight Agencies, including the Federal Department of Health and Human Services, for activities authorized by law such as audits, inspections, and investigations
- Law Enforcement, including the police, FBI Officers, and others who enforce laws
- Avoid a serious threat to the health or safety of an individual

If your health information includes alcohol or drug abuse treatment information, there are special Federal laws that may limit when and how this information can be used or disclosed.

INTERNAL PROTECTION OF PROTECTED HEALTH INFORMATION

New Directions protects your protected health information in many ways, as described in detail in our Policies which are available upon request. All employees, contracted persons, and others who may have access to protected health information sign an Agreement to maintain the confidentiality and security of the information. It also requires them to only access such information when it is needed for their job or another legal purpose.

Protected health information is most often stored in our computer. There are many requirements for safeguarding the information from someone who shouldn't have access to it, such as requiring special passwords that are regularly changed.

Protected health information is not sent in emails unless it is encrypted.

YOUR HEALTH INFORMATION RIGHTS

The law provides you with these rights related to your protected health information:

Inspect and Copy Protected Health Information

You may request to review and/or receive a copy of your protected health information created by New Directions in your "designated health information records." This includes: medical records (except for fitness of duty evaluations, FMLA reviews, second opinion evaluations, and raw test data); health information from third parties; billing records; enrollment, payment, claims adjudication, and appeal records; OPTAMUM and EAP Expert notes; and any other information used to make decisions about your health care. An Authorization Form is located on the website (www.ndbh.com) which must be completed and mailed or faxed to the Privacy Officer.

Restricting Protected Health Information

You may request that certain protected health information about you not be used or shared for treatment, payment, or health care operational purposes. However, New Directions is not legally required to agree to what restriction you're requesting.

Changing Protected Health Information

If you think that New Directions has protected health information about you that is incomplete or wrong, you may request that it be changed. If New Directions disagrees with your request, you will be notified in writing of the reason your request is being denied. Sometimes you can appeal that decision.

Accounting of Disclosures

All sharing of your information by New Directions after April 14, 2003 that isn't for treatment, payment, or health care operations or isn't made with your written permission must be recorded by New Directions. If you want a list of these disclosures, you may request them.

Alternative Means of Communication

If you want to receive communications from New Directions in a different manner or at a different location because of a potential danger to you, you may notify New Directions of this.

Disclosures to Plan Sponsors or Employers

New Directions complies with all applicable Federal and State laws to protect health information of employees and their eligible dependents and will only be disclosed to plan sponsors or employers as follows:

1. An individual's status as a participant in a group health plan;
2. Summary health information only for the purpose of obtaining premium bids from health plans or modifying, amending, or terminating the group health plan. "Summary health information" is not individually identifiable and reflects the claims history, claims expenses, and types of claims experienced by the covered individuals;
3. Protected health information if the plan documents of the group health plan have been reviewed to verify that they comply with all HIPAA requirements.

Paper Copy of This Notice

If you would like a paper copy of this "Notice of Privacy Practices" you may print it from our website at (www.ndbh.com) or request a copy be mailed to you.

TO USE ANY OF YOUR RIGHTS, OR DISCUSS THEM FURTHER, you may contact the New Directions Behavioral Health Privacy Officer at P.O. Box 6729, Leawood, KS 66206-0729 or 816-994-1412, or abrown@ndbh.com.

COMPLAINTS

If you believe that New Directions may have violated any of your privacy rights, you may call, write or email a letter of complaint to the New Directions Privacy Officer at the above address, or the U.S. Department of Health and Human Services for Civil Rights (www.hhs.gov/ocr/hipaa/).

YOU WILL NOT BE RETALIATED AGAINST OR PENALIZED FOR FILING A COMPLAINT.

CHANGES TO THIS NOTICE

New Directions may change its privacy practices and this Notice. The Notice posted on the Website for New Directions will always be the most current Notice (www.ndbh.com). If there are any significant changes in the Notice, you will be notified of them.

NEW DIRECTIONS BEHAVIORAL HEALTH CLIENT ACCESS PROCESS

FACE TO FACE REFERRALS:

1. Call is received by New Directions Customer Service.
2. Staff member determines the caller's need and offers assistance.
3. New Directions gathers demographic information to include name, city/state, phone number and the name of employer.
4. New Directions will give the Client up to three (3) Affiliate names and phone numbers. The Client will be instructed to contact Affiliate to schedule appointment.
5. After the appointment is scheduled, the Affiliate will contact New Directions with Client's name and date of appointment. At that time, authorization information and billing form will be sent to the Affiliate via fax or mail

Please remember to contact New Directions Customer Service (800-624-5544) immediately after scheduling appointment and ask that an authorization be sent. Failure to get an authorization may result in denial of payment.

6. Affiliate will be advised of the session benefit when authorization is sent. If additional sessions are requested, the Affiliate must submit the Additional Session Request Form via fax or mail to New Directions. New Directions fax number and mailing address are indicated on the authorization paperwork.

Note: Please do not e-mail requests for payment or additional sessions. All requests must be faxed or mailed in order to maintain confidentiality.

7. The number of sessions available varies by company. An authorization (file) number and the session benefit will be indicated on the Authorization of Services form that will be faxed or mailed. A referral for ongoing counseling and/or treatment should be made early in the process if the Client presents with problems that require more extensive counseling/therapy.

California Affiliates Only: To comply with the California Knox-Keene law, New Directions will only authorize a total of three (3) sessions per Client no matter what the EAP benefit is.

NEW DIRECTIONS BEHAVIORAL HEALTH CLIENT ACCESS PROCESS

TELEPHONIC EAP REFERRALS

At the time of the initial call to New Directions Customer Service, Clients are screened to see if appropriate for telephonic sessions. Calls are screened to verify that the Client's situation is not critical. The following are inappropriate for telephonic services: a) Severe depression; b) Psychosis; c) Mania; d) Risk of violence perpetrated by the Client; e) Suicidal or homicidal ideation/intent on the part of the Client; f) Substance Abuse; d) Formal Management Referrals/DOT; g) Marital, family and group interventions; h) When the primary consultation is with a minor; i) When the Client is unwilling to cooperate with the process.

The first authorization for a telephonic session allows for a one (1) hour assessment. Subsequent sessions are authorized for ½ hour. The Affiliate is paid only for the time authorized, even if a session runs over. The reimbursement rate for telephonic sessions is the standard hourly rate for the assessment and ½ of that amount for ½ hour sessions.

If the Client decides after the first telephonic session to see a clinician face-to-face, the Client must contact New Directions Customer Service. Clients in your area may ask for a referral to you. A new authorization will be sent for face-to-face sessions. The telephonic session counts toward the Client's total session benefit.

Affiliate will be advised of the session benefit when the authorization is sent. If additional sessions are requested, the Affiliate must submit via fax or mail the Additional Session Request Form to New Directions. New Directions fax number and mailing address are indicated on the authorization paperwork.

Note: Please do not e-mail requests for payment or additional sessions. All requests must be faxed or mailed to maintain confidentiality.

The number of sessions available varies by company. An authorization number will be on the Authorization of Services form that will be faxed or mailed. A referral for ongoing counseling and/or treatment should be made early in the process if the Client presents with problems that require more extensive counseling/therapy.

California Affiliates Only: To comply with the California Knox-Keene law, New Directions will only authorize a total of three (3) sessions per Client no matter what the EAP benefit is.

Once a telephone referral is made, the Affiliate is required to call the Client to schedule the session. Affiliate must also call the Client at the scheduled appointment time.

Statement of Rights and Responsibilities for Members and Clients

Members/Clients have the right to:

1. Receive information about New Directions, its services, its Network Providers and Affiliates, and their rights and responsibilities.
2. Be treated with respect and receive recognition of their dignity and right to privacy.
3. Participate with Network Providers and Affiliates in decisions about their health care.
4. Receive a candid discussion of appropriate or medically necessary treatment options for their health conditions, regardless of cost or benefit coverage.
5. Voice complaints or appeals about New Directions or the care it provides, either verbally or in writing, and obtain prompt resolution.
6. Make recommendations regarding this Statement of Rights and Responsibilities for Members and Clients.

NEW DIRECTIONS BEHAVIORAL HEALTH REFERRAL GUIDELINES

New Directions recommends the least intrusive intervention necessary for resolving a problem.

Treatments should:

1. Be brief;
2. Support and build on existing strengths;
3. Foster independence;
4. Encourage use of a variety of community resources such as AA and other self-help groups.

If the Client requires long-term therapy, or wants to continue counseling beyond the EAP benefit, you may self-refer the Client. However, it is very important the Client also be offered a referral to another Affiliate within the Client's applicable insurance network.

You are responsible for finding appropriate, quality services for Clients in need of referrals beyond the EAP benefit. You are also responsible for assisting Clients with insurance benefit questions.

For outpatient referrals of Clients, you should consider the Client's clinical needs, geography, financial resources and personal preferences. It is your responsibility to refer Clients to resources covered by the Client's and within the insurance's Provider Network when available and appropriate. If you need assistance, please call New Directions Customer Service 800-624-5544.

For cases you plan to refer, please call the Affiliate to determine availability and willingness to accept the case. If there is no Network Provider available, choose a provider in the community following the guidelines above. Help determine whether the Client can afford the Affiliate or if the Affiliate will "slide" their scale.

Many companies offer several insurance plans and make changes frequently. It is strongly recommended that Affiliates confirm benefits directly. Also, encourage the Client to confirm eligibility and coverage with the insurance carrier again just before the first visit.

NEW DIRECTIONS BEHAVIORAL HEALTH SUPERVISORY REFERRALS

The majority of New Directions Clients access services on a voluntary basis. Occasionally, the employer will mandate that an employee have EAP sessions as part of a corrective or disciplinary action.

A supervisory or mandatory referral may mean that the employee is at risk for termination without an EAP assessment and follow through on recommendations. When New Directions refers one of these cases to you, you will be given specific instructions on how to handle the case.

As a reminder - please note that all communication to the employer regarding these cases must come from New Directions.

On the following page you will find the Supervisory/Mandatory Referral Guidelines. Feel free to use this as an additional resource.

NEW DIRECTIONS BEHAVIORAL HEALTH®
Employee Assistance Program
SUPERVISORY/MANDATORY REFERRAL GUIDELINES

#

Please follow these procedures for a supervisory/mandatory referral from New Directions:

1. New Directions will refer the employee to you with demographics, the job performance issue, the substance(s) found in a positive (+) drug screen, and specific details regarding the referral.
2. Whenever an appointment for the assessment/evaluation is not scheduled at the time of the referral, either the employee will be asked to contact you, or you may be asked to contact the employee to schedule the appointment.
3. Prior to meeting with the employee, please contact the assigned **Care Manager** at **800-624-5544** for further discussion of the case.
4. During the first session, please have the employee sign the two authorizations for release of information and the Client Confidentiality Form. The signatures must be witnessed. Please fax the authorizations back to the assigned **Care Manager** at **816-237-2363**.
5. After the first session, contact the assigned **Care Manager** at **800-624-5544** to review your findings and recommendations, and to collaborate regarding the development of a treatment plan.
6. During the next session, discuss the recommendations with the employee. Have the employee sign the EAP Agreement, and fax a copy to the assigned **Care Manager** at **816-237-2363**. Advise the employee the Agreement can be revised if necessary. Please note: the assigned **Care Manager** *will communicate with the employer regarding the recommendations and the employee's compliance.*
7. When a treatment referral has been arranged, please follow up with the treatment Affiliate and the employee for progress reports at regular agreed upon intervals. Update the assigned **Care Manager** with this information as soon as possible.
8. EAP sessions associated with management referrals are to be billed to New Directions EAP, P.O. Box 6729, Leawood, KS 66206-0729. Or, the reimbursement request can be faxed to 816-237-2363. **The employee is not to be billed.**
9. Whenever the employee becomes non-compliant with treatment recommendations, treatment requirements, or fails to attend scheduled appointments, notify the assigned **Care Manager** immediately.

Care Coordination
(800) 624-5544

NEW DIRECTIONS Behavioral Health®
Employee Assistance Program
CLIENT CONFIDENTIALITY FORM

Your employer provides an Employee Assistance Program (EAP) as an employee benefit. The EAP recognizes the importance of confidentiality, and takes several steps to keep your involvement in the program confidential to the extent as legally as possible. Please read the following guidelines so that you understand when information exchanged between you and an Employee Assistance Professional will be kept confidential and when information can be released.

- Employee Assistance Program personnel will prepare and obtain a signed authorization form from you prior to the release of your confidential information, except as described below.
- Under certain circumstances Employee Assistance Program personnel may be required by law to release information, including but not limited to:
 1. Medical emergencies;
 2. Court-ordered releases; and
 3. Clients who represent a danger to themselves or others.
- Employee Assistance Program personnel will not reveal any information about you to anyone, including your employer, without your knowledge and authorization unless required by State or Federal law.

I have read and understand the above information.

Date Executed: _____

Signature of Client

Signature of Witness

NEW DIRECTIONS BEHAVIORAL HEALTH[®]
Employee Assistance Program
Formal Management Referral (FMR)
Authorization for Release of Confidential Client Information
With Clinician & New Directions

I, _____, hereby authorize New Directions EAP,
P.O. Box 6729, Leawood, KS 66206-0729, to receive/disclose information from/to:

Information may include the following:

- _____ EAP recommendations made
- _____ EAP attendance record
- _____ Compliance with recommendations
- _____ Information concerning performance on the job
- _____ Treatment summary
- _____ All relevant clinical information
- _____ Other (Explain) _____

The purpose of the disclosure authorized herein is to:

- _____ Provide information regarding employee progress
- _____ Coordinate the continuity of care
- _____ Other (Explain) _____

I understand that I may revoke this consent at the closing of this case file or at 1 year from today's date, whichever comes first.

Date Executed: _____

Signature of Client

Witness

A photocopy of this authorization is as valid as the original.

PROHIBITION OF REDISCLOSURE: This information has been disclosed to you from records whose confidentiality is protected by federal law. Federal Regulations (42CFR Part 2) prohibits you from making any further disclosure of this information except with the specific written consent of the person to whom it pertains, A general authorization for the release of medical or other information, if held by another party, is not sufficient for this purpose. Federal Regulations state that any person who violates any provision of this law shall be fined not more than \$500 in the case of a first offense, and not more than \$5,000 in the case of each subsequent offense. Drug Abuse Office and Treatment Act of 1972 (21 USC 1175), Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (42 USC 4582).

NEW DIRECTIONS BEHAVIORAL HEALTH[®]
Employee Assistance Program
Formal Management Referral (FMR)
Authorization for Release of Confidential Client Information
With Employer & NEW DIRECTIONS

I, _____ hereby authorize New Directions EAP, P.O. Box 6729, Leawood, KS 66206-0729, to receive/disclose information from/to:

Information may include the following:

- _____ EAP recommendations made
- _____ EAP attendance record
- _____ Compliance with recommendations
- _____ Information concerning performance on the job
- _____ Treatment summary
- _____ Other (Explain) _____

The purpose of the disclosure authorized herein is to:

- _____ Provide information regarding employee progress
- _____ Coordinate the continuity of care
- _____ Other (Explain) _____

I understand that I may revoke this consent at the closing of this case file or at 1 year from today's date, whichever comes first.

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Signature of Client

Witness

A photocopy of this authorization is as valid as the original.

PROHIBITION OF REDISCLOSURE: This information has been disclosed to you from records whose confidentiality is protected by federal law. Federal Regulations (42CFR Part 2) prohibits you from making any further disclosure of this information except with the specific written consent of the person to whom it pertains. A general authorization for the release of medical or other information, if held by another party, is not sufficient for this purpose. Federal Regulations state that any person who violates any provision of this law shall be fined not more than \$500 in the case of a first offense, and not more than \$5,000 in the case of each subsequent offense. Drug Abuse Office and Treatment Act of 1972 (21 USC 1175), Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (42 USC 4582).

NEW DIRECTIONS BEHAVIORAL HEALTH[®]
EAP AGREEMENT

Note to Clinician: Please fill in blanks and circle choices prior to obtaining Client signature.

After having been referred by my employer for an evaluation and after having discussed this with my counselor I,
_____, agree to comply with the following plan:

1. I will participate in:

(Specify program name, e.g. IOP, In-Pt, Out-pt, AA, NA, psychiatric evaluation, etc)

With:

(Specify facility name; treatment Affiliate, etc)

Completion will occur by:

(Insert start date or completion date as appropriate)

2. I agree to contact my clinician as specified by him/her:

(Specify frequency such as weekly, etc.)
(Client needs to maintain contact with clinician)

3. I understand that my attendance and compliance with the recommended treatment plan will be reported to my employer.

4. I will attend all scheduled appointments with my (SAP; EAP) counselor.

The following applies to substance abuse referrals only:

5. I understand I am to attend and demonstrate compliance with the recommended plan prior to my returning to work. Compliance will be determined by (SAP; EAP).

6. I will submit to a return to work (drug; alcohol or both) test.

7. I will remain drug and/or alcohol free (if applicable and appropriate).

8. Follow up sessions will be coordinated on a case by case basis until the employer is satisfied. *(Employer needs to be informed as to the number of tests and duration).*

Client Name

Client DOB

Date

Clinician Name

Credentials

Date

NEW DIRECTIONS BEHAVIORAL HEALTH PROTOCOL FOR THREATS OF VIOLENCE IN THE WORKPLACE

If a Client is referred for making a threat directed at the workplace, gather as much data as possible including:

1. Exact words used in threat, name of potential victim and Client's relationship to potential victim.
2. Details about circumstances surrounding threat.
3. Previous history of suicide attempts or violent episode, with as much detail as possible regarding any history.
4. Determine if alcohol or drugs are involved.

Contact New Directions (800-624-5544).

Warn potential victim(s) if appropriate

If decision is made to warn:

- a. Contact New Directions; and
- b. Advise potential victim of threat.

Call police, if appropriate.

Hospitalize Client, if appropriate.

Keep New Directions informed of all developments.

NEW DIRECTIONS BEHAVIORAL HEALTH AUTHORIZATION OF SERVICE

After the Client has been seen, please submit the Authorization of Service Billing Form. Please submit the Billing Form by fax or mail as soon as possible after each session. **Due to privacy regulations, please do not e-mail requests for payment.**

Billing must be submitted within 90 days of session(s). Failing to bill within 90 days may result in denial of payment. All claims must be filed on the New Directions Authorization of Service Billing Form. New Directions will not accept any other form of reimbursement request. It is not necessary to submit a separate invoice with the Billing Form.

New Directions EAP Guidelines

EAP Do's and Don'ts

Serving our EAP Clients means knowing some “basics” about how the EAP process operates. The following reviews how we can work together to increase Client and company satisfaction.

DO:

- Contact New Directions with questions regarding Client referrals, authorizations, billing procedures or additional sessions at (800) 624-5544.
- Respond to referral phone calls within 24 hours, even if you cannot accept a referral. It is our policy to have Clients in contact with an Affiliate within 24 hours to schedule an appointment.
- Contact New Directions immediately with issues concerning your Client's workplace, such as safety, hostile work environment, sexual harassment, leave of absence, disability forms/questions and legal documents.
- Contact New Directions if the Client is in a court referred program.
- Contact New Directions if a Client indicates he/she has been referred by the employer because of sexual harassment issues.
- Contact New Directions before completing any legal documents or preparing reports for a legal system, such as requests from judges, court advocates or attorneys. If you receive subpoenas and court orders, you may also want to contact your attorney for advice.

DON'T:

- Fill out forms for Client without first contacting New Directions to discuss the Client's request. This includes requests for personal leave, short term disability forms, and family medical leave forms.
- Contact the Client's employer or related organization (e.g. union). New Directions will handle those types of communications, or authorize on a case by case basis.
- Do not send letters requested by a Client to the employer without first talking with New Directions.
- Make disparaging remarks or “innocent” remarks that could be interpreted as negative comments about the employer. If you have concerns about a workplace environment, call and discuss with New Directions. **Do NOT initiate contact with the employer.**
- Encourage a Client to file a lawsuit against his/her company. Refer Client to another resource for further assistance in a legal matter and call New Directions to discuss.
- Inform an employer, verbally or in writing, that a Client is “fit for duty.” This requires a fitness for duty evaluation. Contact New Directions.