



Affiliate Manual

Quality
Face to Face
Employee Assistance
Services

DOR
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TABLE OF CONTENTS

| Topics | Page |
|--|-------|
| • About DOR | 2 |
| • Overview | 3-5 |
| • Ethical Guidelines and Client Care | 6 |
| • Description of Direct Service Standards | 7-8 |
| • Confidentiality | 9 |
| • Quality Assurance | 10 |
| • EAP Assessment and Problem Resolution | 11-12 |
| • EAP Referrals to the Affiliate | 13 |
| • Formal Supervisory Referrals | 14-15 |
| • Drug Free Work Place/ Positive Drug-Screen Referrals | 16-18 |
| • Substance Abuse Professional - DOT | 19-20 |
| • Management Consultations | 21 |
| • Paperwork and Billing Information | 22-25 |
| • EAP Policy Statement | 26 |
| Appendix | 27 |
| Feedback Card | 28 |
| Freedom of Choice Affidavit | 29 |

ABOUT DOR

Delivering Organizational Results

Our Philosophy

Recognizing that personal problems can interfere with the achievement of individual and career potential, we at **DOR** seek to provide a confidential employee assistance program (EAP) that encourages all employees and their family members to exercise initiative and responsibility in assuring personal health and well-being.

Professional ethics, integrity, and sound employee assistance principles guide the efforts of **DOR** and our mission is to enhance individual employee's well being and the overall productivity of client companies.

Our History and Mission

DOR is a Minneapolis/St. Paul-based, freestanding, national provider of employee assistance programs, training, management consultation and organization development. A growing company with over 200 local and national client companies, **DOR** was founded in 1978 by current owner Janet Deming. The company is dedicated to providing the "best" employee assistance program and services in the United States. We define "best" as delivering the highest quality products and services consistent with maximum client responsiveness, integrity, growth, and profitability.

DOR is proud to be an innovator in the EAP field. President Janet Deming is a recognized national leader in the Employee Assistance field. She was one of the original founders of the Minnesota Chapter of the Employee Assistance Professional Association (EAPA) in 1979 and has continued to work for the profession on both a local and national level. This includes actively working on professional standards and professional ethics for the EAP field.

Chief Executive Officer, Karen Hagen, recently served as the International EAPA Regional Representative. She has been the MN EAPA Chapter President for two consecutive terms and is also active in the local, regional, national and international development of EAP as a profession.

Our staff, as well, contributes to the professional growth of the EAP field by committee involvement, presenting professional papers at various EAP conferences, and leadership roles in the Employee Assistance Professional Association.

OVERVIEW

Our Objectives

In designing and operating Employee Assistance Programs, **DOR** holds the following objectives for itself and its affiliates:

- To enhance the personal health and well-being of employees and their covered dependents by using a full-service approach to EAP.
- To encourage employees through educational materials to seek assistance early, before problems affect work performance.
- To ensure employees' appropriate assistance in a timely, confidential manner by providing 24-hour telephone access to program services, 7 days a week
- To provide access to in-person or phone consultations within 48 hours or same day access for emergencies.
- To maintain a network of competent, affordable and easily accessible local treatment and social service resources as a result of established standards of selection and evaluation.
- To assist managers, supervisors and labor representatives through comprehensive training and coaching.
- To support company efforts to contain the costs to employee health care benefits while maintaining quality care by providing specialized individual employee case management.

Our Services

DOR provides the following Employee Assistance Program services for its client companies and their employees:

Personal Consultation and Referral: 24-hour 7-day a week telephone access for problem assessment, crisis intervention, short term solutions-oriented consultation, and referral. An in-person, fifty-minute consultation is encouraged when appropriate. Appointments are available within 48 hours and same day for emergencies. We also provide, as requested by some client companies, fifty minute phone consultations when warranted.

Case Management: Regularly scheduled follow-up contacts with a referred employee or covered dependent, and his or her treatment provider, to monitor treatment progress, client satisfaction, and ongoing needs, if appropriate and with the client's prior approval.

Management Consultation: Unlimited telephone and/or scheduled in-person consultation and coaching available to managers/supervisors and labor representatives for assistance in addressing personal and/or performance difficulties of employees.

The following products are offered on a fee for service or contractual basis to our client companies. If we have a request for these services in your area, the coordinator of that service department will contract with you directly for the specific assignment.

Organizational Development: Helps organizations respond productively to the constant pressure of change in the workplace. Also provides consultation with managers and supervisors to assist in meeting the challenges of the modern workplace.

Training: On-site training, including employee orientations, manager/supervisor and labor representatives training, and specialized educational presentations on topics for employees, managers and supervisors.

Drug Free Workplace Compliance: Provide quality drug-free workplace assessments and follow up care to employees who violate company policy.

Our Affiliates

Over the years we have found that the quality of service for our clients is only as good as the quality of the relationship we have with our affiliate providers. When an affiliate teams with us, we want to support the skills and talents that the affiliate has to offer. We do this in a number of ways:

- Our paper work is simple, with a few, easy to understand forms to fill out. The less time spent on paper work means more time spent on quality care.
- We support the idea of cooperative autonomy. When we refer a case to an affiliate, that case is theirs and we encourage our affiliate counselors to manage all aspects of the case. The numbers of visits are stated up front and are managed as clinical needs dictate.
- Our clinical staff is always available to provide support and consultation to assist our providers in all aspects of case management.
- Our affiliates are reimbursed for all services rendered. As we all know, much of the work done by an EAP is outside of that fifty-minute visit. We want our clients to get the best care, and we believe that quality service happens when a counselor is compensated for that higher level of responsiveness. Our affiliate counselors are reimbursed on the quarter hour for:

- * Case management
- * Follow up
- * Phone calls
- * No shows or late cancellations (when another client cannot be scheduled)
- * Resource management

ETHICAL GUIDELINES AND CLIENT CARE

DOR has a strong resolve to uphold the ethics and standards set forth by the Employee Assistance Professional Association (EAPA). Our affiliates likewise must demonstrate a similar quality in their service delivery. We are equally committed to working as a partner with our affiliates to help provide the complete and ethical care of our clients through adhering to these standards.

HIGHLIGHT OF EAPA STANDARDS *

DEFINITION

An Employee Assistance Program is a work-site based program designed to assist in the identification and resolution of productivity problems associated with employees who are impaired by personal concerns including, but not limited to: health, marital, family, financial, alcohol, drug, legal, emotional, stress, or other personal concerns which may adversely affect employee job performance.

Core Activities of EAPs

- ♦ Expert consultation and training to appropriate persons in the identification and resolution of job-performance issues related to the employee's personal concerns.
- ♦ Confidential, appropriate and timely problem-assessment service
- ♦ Referral for appropriate diagnosis, treatment and assistance (see *EAP Assessment*, page 11).
- ♦ The formation of linkages between workplace and community resources that provide such services.
- ♦ Follow-up services for employees who use those services.

DESCRIPTION OF DIRECT SERVICE STANDARDS

Assessment and Referral:

* ** If you are interested in the unabridged version of the EAPA standards you can contact: Employee Assistance Professional Association, INC. 4601 North Fairfax Drive, Suite 1001 Arlington, VA 22203 703-522-6272

EAP professionals shall conduct an assessment to identify employee or family member problems, develop a plan of action and recommend or refer the individual(s) to appropriate resources for problem resolution.

Short Term Problem Resolution:

The EAP professional shall determine when it may be appropriate to provide short-term problem resolution service and when to make a referral to community resources. Long-term, ongoing treatment is not part of the EAP model.

Monitoring and Follow-up:

The EAP is in a unique position to monitor and review the progress of the referral and ensure quality treatment. By providing ongoing follow-up services, the EAP demonstrates a commitment to the well-being of the EAP clients, organizations, treatment providers and public safety.

Supervisor/Union Representative Consultation:

The EAP professional shall provide individual consultation to supervisors and union representative regarding the management and referral of employees with job performance and other problems to the EAP.

Linkages:

The EAP shall identify, utilize and evaluate health delivery systems and community resources which provide quality assistance at reasonable cost to employees, family members and the work organization.

**ADDITIONAL
DOR**

Standards Of Practice

Timeliness:

Clients should be offered an initial appointment within two business days of the client's initial contact. Phone calls from **DOR** personnel and clients should be returned that same business day.

We ask that the Affiliate inform us if they will be unable to provide service: i.e. vacations, emergencies, or health reasons. It is important that the affiliate have clear back up procedures.

Boundaries:

In addition to standard professional boundaries, the affiliate **under no circumstances** should fill out any disability paperwork, family leave paperwork, fitness- for-duty or return to work paperwork.

If a client requests a referral for a legal or financial consultation, please refer the client back to DOR rather than providing them with that information.

Self Referral:

Generally, an affiliate should not self refer for mental health services, unless a specific client lives in a community where access to mental health care is limited. If an exception to this policy is made, please call **DOR** so we can provide you with the Freedom of Choice affidavit which indicated the client was offered at least two other choices and is aware they are financially responsible for care received by provider.

Team Work:

We are committed to full partnership with our affiliate in providing client care. There are times when a **DOR** counselor may be in need of information or local community resources without referring the client directly to the affiliate. Any time spent providing this information can be billed to **DOR**.

Remember: Consultation about any direct service standard is always available by calling 1-800-367-3271.

CONFIDENTIALITY

Our affiliates must maintain the confidentiality of clients and must fully disclose to them the conditions which limit that confidentiality. In order to protect the client's right to privacy we have the client read a statement of understanding (see page 21) which explains the limits of confidentiality.

Exceptions may/must be made in the following circumstances:

1. A client can give permission to disclose through a signed *release of information* form. A release of information must be signed by the client in all supervisory referrals and drug test positive referral before any information can be shared with that supervisor.
2. All counselors are required to report suspected child abuse, child neglect or abuse of a vulnerable adult. These reports are made to the appropriate county or state agency.
3. If a client threatens suicide, a counselor must seek help for that person by reporting to family, police or other community resources. If a person threatens to physically harm another person, the counselor must report this to the intended victim and to the local authorities.
4. The privilege of confidentiality for minors (under 18) is held by the parents, guardian or parent with custody. Information from a session may be shared with the holder of the privilege. Emancipated minors are an exception. Information about an emancipated minor may be shared with parents/or guardian if to not to do so would endanger that minor.

Notification of DOR :

We ask that you notify **DOR** in the following cases:

- For consultation about reporting issues.
- In any reported cases or relevant critical situations.
- Whenever a client discusses any critical organizational concerns i.e.
 - * Sexual Harassment
 - * On-site critical incident
 - * Discrimination cases

Scheduling and Confidentiality:

In order to protect client confidentiality, we ask the affiliate to avoid back-to-back scheduling of clients from the same company.

When leaving messages for a client, do not give information that would identify you as an EAP affiliate unless you are authorized to do so by the client.

QUALITY ASSURANCE

At **DOR** we believe that providing the best service possible requires us to continuously review the continuum of care between ourselves and our affiliates. Below are the elements we review in the assurance of quality services.

1. The Counselor Forms which are returned to us by the affiliate are invaluable in aiding us in the review and evaluation of direct client service. We pay particular attention to:

- timeliness of the appointment
- use of the EAP assessment model (see page 11)
- use of problem solving focus and intervention
- handling of safety issues
- intervention skills
- appropriateness and timeliness of referrals
- types of referrals
- familiarity with community resources
- case management
- timeliness of follow up with the client

2. We review the client's level of satisfaction with any resource made by the affiliate. This information is gathered when the counselor does follow up with the client and should be recorded on the **Counselor Form** we provide (see page 22).

3. We review the **Client Feedback Card** (see Appendix).

4. We pay attention to administrative factors such as:

- responsiveness to **DOR** staff
- quality of paperwork
- timeliness of billing

5. Client satisfaction information may be gathered through direct client contact by our quality assurance manager. This information will be forwarded to you and we will be happy to discuss any compliments or concerns.

Remember: Most aspects of client care are reimbursable. This includes all case management, advocacy, research into appropriate resources, referrals and follow-up.

EAP ASSESSMENT AND PROBLEMS RESOLUTION

The major purpose of the EAP session is to assist the employee in improving productivity and employee health through the earliest possible intervention. The goal of an EAP assessment is to assist in identifying and clarifying their concerns and therefore **does not** include a DSM-4 diagnosis.

Essential EAP Assessment includes:

| | |
|--|---|
| <ul style="list-style-type: none"> • Client’s understanding of the EAP and your role • Presenting problem • Precipitating incident • Impact on family/relationships • Impact on work • Existing support systems • Mental health history | <ul style="list-style-type: none"> • Any previous history of treatment/ counseling • Alcohol or drug abuse • Significant physical problems/medications • Family history • Mental status • Lethality risks • Other contributing stresses (legal, financial, familial) |
|--|---|

Referral/Problem Resolution:

Any concerns that may require mental health assessment and care, chemical dependency treatment, and/or long-term care should be addressed through an appropriate referral, as soon as the issue is assessed. The EAP needs to keep in mind the following factors when making referrals:

- integration with insurance benefits and provider networks.
- clinical appropriateness
- financial considerations
- geographic considerations

Self Referral

As stated in the standards, generally an affiliate should not self refer for mental health services, unless that client lives in a community where access to mental health care is limited **or under special circumstances**. If an exception is made, it should be made clear and put in writing to the client when services have transferred from EAP to mental health services.

Short Term Visit Model:

Concerns that meet the “short-term indicator” criteria may be appropriate for use of the EAP model. If you assess that effective problem resolution will require more than the authorized visits, refer to an appropriate provider as soon as the assessment has been made. The EAP visit model is also appropriate for any in person follow-up, client check-in and other case management issues. The EAP assessment should help both the employee and the EAP in distinguishing the short and long term indicators.

| <u>SHORT-TERM INDICATORS</u> | <u>LONG-TERM INDICATORS</u> |
|---|---|
| 1. Presence of a strong external support system | 1. Lack of external support. 2. External locus of control--the client is |

| | |
|--|---|
| <ol style="list-style-type: none"> 2. Internal locus of control--the client is empowered to master the problem. 3. Duration of the problem is less than 2 years. 4. Negative previous therapeutic experience(s) (if any). 5. High motivation for treatment resolution. 6. Presentation problem compatible with short term intervention; as follows: | <ol style="list-style-type: none"> 3. looking for a change to come from outside sources. 4. Duration of the problem is greater than 2 years. 5. Previous positive therapeutic experience(s) (if any). 6. Questionable/low motivation for treatment resolution. 7. Presenting problem or cluster of problems indicating long term intervention; as follows: |
| <p><u>Situation Stressors/Changes</u></p> <ul style="list-style-type: none"> * Uncomplicated grief adjustment * Adjusting to relationship loss * Post-traumatic stress response * Stress management * Work/career-related issues * Balancing work/family issues * Coping with change * Situation anxiety/depression | <p><u>Chronic Life Stresses/Indicators of:</u></p> <ul style="list-style-type: none"> * Chronic anxiety or depression * Psychotic disturbances * Personality/character disorders * Suicidal/homicidal ideation * Gender identity/sexual preference * Addictions/abuse/shame-based problems * Intimacy issues related to lack of trust |
| <p><u>Relationship Enhancement:</u></p> <ul style="list-style-type: none"> * Division of responsibility * Communication issues * Negotiation impasses * Uncomplicated sexual dysfunction * Conjoint problem-solving * Impasses * Uncomplicated divorce/separation | <p><u>Relationship Dysfunction:</u></p> <ul style="list-style-type: none"> * Divorce/separation/extramarital relationships indicating therapy intervention * Physical, sexual, verbal or emotional abuse * Intimacy issues related to lack of trust |
| <p><u>Family-based adjustment:</u></p> <ul style="list-style-type: none"> * Blended family issues * Parenting education/limit setting * Structural/boundary issues * Uncomplicated adolescent adjustment | <p><u>Family Dysfunction:</u></p> <ul style="list-style-type: none"> * Chronic illness * Parenting concerns indicating therapy intervention * Complicated adolescent acting-out * Elder care adjustment issues |

EAP REFERRALS TO THE AFFILIATE

Referral Protocol

The employee calls DOR at 1-800-367-3271

The intake counselor will:
Gather demographic information
Assess the nature and urgency of the situation

If the situation is urgent:

If an in-person appointment is needed:

| | |
|---|---|
| <p>The intake counselor will:</p> <ul style="list-style-type: none"> * Respond to any urgent or crisis needs | <p>The intake counselor will:</p> <ul style="list-style-type: none"> * Explain the parameters of the EAP service. * Connect the client to the affiliate’s office. * Remind the client to call the 800# with any questions or concerns. |
|---|---|

DOR will fax or email the authorization form as well as any paperwork needed.

The authorization will include:

- Client name, company and phone numbers
- Number of authorized visits
- Any clinical concerns
- Review of clinical procedures for: (if appropriate)
 - Management consults
 - Drug Free Workplace
 - Formal Supervisory Referrals

PLEASE CALL OR EMAIL DOR WITH DATE AND TIME OF FIRST APPOINTMENT!!

Please attempt to schedule to client with an appointment within 72 hours. If scheduling proves difficult, please contact a DOR intake counselor to discuss the situation.

Formal Supervisory Referrals

1. The supervisor will make the initial contact with the intake counselor at **DOR**. If a supervisor contacts you directly, please refer him/her back to **DOR**
2. In some cases, the counselor will also suggest a coaching session for the supervisor to get support in working with this employee situation. This will be a separate referral to the local Employee Assistance affiliate.
3. The **DOR** intake coordinator will alert the affiliate that the employee will be calling to arrange an appointment because of a formal referral. The intake coordinator will review the clinical procedures and guidelines.
4. The Affiliate will receive documentation from the supervisor relevant to the referral. This documentation will explain:
 - The employee's work performance issues.
 - Any attempts at correction to date.
 - The consequence should performance not improve.
 - Number of visits available to employee for supervisory referral.
5. Clinical Procedures when the employee arrives:
 - Explain your role as the EAP counselor to the employee.
 - Screen for issues i.e.: chemical dependency, depression, family problems etc.
 - Screen for potential areas of strength.
 - Relate problems to job performance.
 - Discuss action steps and recommend referrals as needed.
 - Help the client to connect to those resources.
 - Have employee sign a ***DOR release of information for supervisor follow-up***
 - Call the supervisor at the end of the session to confirm the employee's attendance, and state only the information on the release. It is often helpful to do this while the client is still in the room.
 - Initiate case management and follow up as appropriate.

If you need to send any written information (other than the release of information) to the supervisor, please fax to **DOR** so that we can review it first.

Remember: Consultation with **DOR** is always available by calling 1-800-367-3271. As a **DOR** affiliate, you will be reimbursed for all documented case management.

DOR
1660 South Hwy 100, Suite 430
Minneapolis, Minnesota 55416

612-332-4805 * 800-367-3271 * Fax 612-342-2422

RELEASE OF INFORMATION FORM
SUPERVISORY REFERRAL

I hereby authorize **DOR** and its representatives to share the following information.

1) Confirm to employer dates of session attendance.

2) Please specify any additional information to be shared _____

with (company, agency, individual) _____

Address _____

I understand that such information will be confidential and used by professional persons interested in the welfare of the above named individual. I also agree that the photocopy of this release form has the same validity as the original. Material released by **DOR** is not to be re-released by the agency requesting such information.

Print Name

Signature of client, parent or guardian

Date

Valid Until _____

Signature of counselor

Drug- Free Workplace/ Positive Drug Screen Referrals (non DOT)

Drug- Free Workplace/Positive Drug Screen Referrals (non DOT)

Some companies require employees to participate in drug screening as a condition of their employment. This is especially true for federal agencies and their contracts. A Drug-Free Workplace policy is a written policy, including a clear statement of expectations for workplace behavior, prohibitions against reporting to work or working under the influence of illegal drugs or alcohol, prohibitions against the use or possession of illegal drugs in the workplace and the consequences of violating those expectations and prohibitions.

1. If an employee tests positive for drugs or alcohol, the supervisor and employee will make the initial contact with the intake coordinator at **DOR**. If a supervisor or employee calls you directly, please refer them to **DOR**.
2. You will receive documentation relevant to the referral including:
 - Authorization and **DOR** paperwork
 - Reason for drug test (i.e. due to probable cause).
 - The positive drug test report (if possible)
 - Number of sessions available
 - Client company Drug Free Workplace policies
3. Clinical Procedures:
 - Screen for issues of chemical dependency, abuse and use.
 - Recommend referral at the appropriate level of care, as needed.
 - Help the client to connect to those resources.
 - Have employee sign a **DOR release of information** for supervisor follow-up. You cannot call the supervisor if the release is not signed.
 - Call the supervisor to confirm the employee's attendance and to state your recommendations and follow up plans within 24 hours after the initial appointment.
 - Before sending a letter to the supervisor, fax a copy of your assessment and recommendation letter to the supervisor (see attached sample letter) to **DOR** for review within 72 hours after the initial appointment. We will review it and return the fax to you with any necessary changes.
 - Using your letterhead, mail your assessment and recommendation letter to the supervisor.
 - Initiate case management and follow up, as the client company policies require.

Please fax to us your letter of written recommendations. We will review this with you.
Our fax number is 612-342-2422

Remember : Consultation with DOR is always available by calling 1-800-367-3271.
As an affiliate you are always reimbursed for all case management.

DOR

1660 South Hwy 100, Suite 430
Minneapolis, Minnesota 55416

612-332-4805 * 800-367-3271 * Fax 612-342-2422

RELEASE OF INFORMATION FORM DRUG FREE WORKPLACE REFERRAL

I hereby authorize **DOR** to share the following information:

1. Confirm to employer dates of session attendance
2. Confirm to employer any anticipated follow-up or case management information
3. Please specify any additional information to be shared _____

with (company, agency, individual) _____

address _____

I understand that such information will be confidential and used by professional persons interested in the welfare of the above named individual. I also agree that the photocopy of this release form has the same validity as the original. Material released by **DOR** is not to be re-released by the agency requesting such information.

Print Name

Signature of client, parent or guardian

Date

Valid Until _____

Name of Counselor

**Sample Letter
for
Drug - Test Positive Assessments**

Dear _____
Employer Contact

This letter is to inform you that I have met with _____ on _____
Client date

The employee was referred as a result (e.g. self-disclosure of alcohol and cocaine use.)

I have recommended that the employee participate in a chemical health evaluation through (e.g. Minneapolis Chemical Health Services.) I will continue to follow up on the employee's progress. Feel free to call if you have any questions.

Sincerely,

EAP Counselor

Please fax to us your letter of written recommendations. We will review this with you. Our fax number is 612-342-2422

MANAGEMENT CONSULTATIONS

The purpose of a management consultation is to give the manager/ supervisor ideas and support to help guide an employee who is having difficulty meeting performance expectations. At times, managers will initiate this consultation on their own. At other times, when a manager is making a formal supervisory referral, the intake coordinator may suggest a management consultation. Often a manager/supervisor will be resistant to the idea of coming in for a consultation but eventually find this type of coaching to be invaluable. A management consultation may or may not result in a formal supervisory referral.

In short: It is the supervisor's job to give feedback to the employee and it is the EAP's job to assist in removing the obstacles that prevent good solid feedback.

1. A supervisor may be referred for a Management Consultation if the supervisor:
 - needs help handling the interpersonal aspects of a problem with the employee
 - needs coaching about the formal referral process or other management problems
2. In most cases, the supervisor will make the initial contact with the intake counselor at DOR
3. The intake counselor will consult with the supervisor and may suggest an in-person management consultation. The intake counselor will explain the process and refer the supervisor to you, our local Employee Assistance affiliate. Management Consultation sessions are in addition to personal EAP visits.
4. The **DOR** intake coordinator will alert the affiliate that the supervisor will be calling to arrange a Management Consultation appointment. The intake coordinator will review the clinical procedures and guidelines.
5. The Affiliate may receive documentation from the intake coordinator about the referral.
6. Consultation Procedures when the supervisor arrives:
 - explain to the supervisor your role as the EAP counselor.
 - screen for issues surrounding the nature of the problem.
 - assess both for supervisor strengths and areas for growth.
 - assess the employee's performance.
 - coach and problem solve about these areas.
 - focus on self care.
 - organizational problems may warrant a referral to an Organizational Development consultant.
 - suggest the feasibility of the supervisor referring the employee to the EAP for either a formal or informal referral.
 - Have the supervisor call **DOR** if this consultation results in an employee referral.

Remember: Consultation with **DOR** is always available by calling
1-800-367-3271.

PAPER WORK AND BILLING INFORMATION

DOR paperwork is fairly straightforward.

The **Client Form** is filled out by the client at the first visit. A form should be filled out by all persons attending the session.

CLIENT INFORMATION
DOR
 1660 South Hwy 100, Suite 430
 Minneapolis, MN 55416
 (612) 332-4805 * 1-800-367-3271

Date: _____

Last Name: _____ **First Name:** _____ **Middle Name:** _____ **Birthdate:** _____

_____ () _____ () _____

Address: _____ **Home Phone Number:** _____ **Work Phone Number:** _____

City: _____ **State:** _____ **Zip Code:** _____ **Social Security Number:** _____

Health Insurance Coverage: _____

Relationship To Covered Employee:

_____ Self
 _____ Spouse
 _____ Child
 _____ Parent
 _____ Significant Other
 _____ Other

May we call you at home: _____ Yes _____ No
May we call you at work: _____ Yes _____ No

May we send you information at home: _____ Yes _____ No
May we send you information at work: _____ Yes _____ No

Covered Employee's Last Name: _____ **Covered Employee's First Name:** _____

Covered Employee's Company/Organization: _____ **City:** _____ **State:** _____

Covered Employee's Occupation/Department: _____

Presenting Problems: (Check all that apply)

| | | | | |
|---|--|---|---|---|
| <p>Lifestyle:</p> <p>___ Financial ___ Legal ___ Personal ___ Relationship ___ Family ___ Housing ___ Emergency ___ Other</p> | <p>Work:</p> <p>___ Supervisory Consultation ___ Work Performance ___ Other Job Related ___ Career Assessment</p> <p>Physical:</p> <p>___ PMS ___ AIDS Related ___ Other Physical</p> | <p>Psychological:</p> <p>___ Eating Disorder ___ Depression ___ Anxiety ___ Other Psychological</p> | <p>Abuse:</p> <p>___ Physical ___ Sexual ___ Emotional ___ Domestic</p> | <p>Addiction:</p> <p>___ Chemical Dependency ___ Co-Dependency ___ Gambling ___ Sexual ___ Other Addiction</p> |
|---|--|---|---|---|

Is this a formal Supervisory Referral? ___ Yes ___ No

If Yes: Supervisors Name: _____ Phone Number: () _____

First **Last**

*** Paperwork shown in these sections are examples only and should not be copied or used as actual documents.

Have the clients read through the **Statement of Understanding** and sign. If they have any questions about this statement they can either contact the intake counselor at 1-800-367-3271 or the affiliate counselor can answer any client questions.

STATEMENT of UNDERSTANDING

DOR provides evaluation of personal problems, short term counseling, management consultation, referral and follow-up services. It is important that before you proceed with this process you understand the following limits.

Confidentiality

All contact with **DOR** is a private communication. Your appointment and the nature and content of your appointment can not be revealed to anyone, e.g., family members or employer. Exceptions must be made in the following circumstances.

1. A client can give permission to disclose through a signed *release of information* form. This form is your permission to release information to whomever you have designated. The release must be to a specific person or clinic, e.g., your supervisor or another therapist.
2. According to state law, all counselors are required to report suspected child abuse, child neglect or abuse of an adult who is not competent to conduct their own affairs. These reports are made to the appropriate county or state agency.
3. According to state law, if a client threatens suicide, the counselor must seek help for that person by reporting to family, police or other community resources. If a person threatens to physically harm another person, the counselor must report this to local authorities and to the intended victim.
4. The privilege of confidentiality for minors (under 18) is held by the parents, guardian or parent with custody. Information from a session may be shared with the holder of the privilege. Emancipated minors are an exception. Information about an emancipated minor may be shared with parents/or guardian if not to do so endangers that minor.

If you have concerns about what you can or can not discuss in a session speak with your Employee Assistance Counselor. You may first want to discuss this in general terms and than the counselor can help you decide how this may or may not apply to your specific situation.

Referrals

In some cases, a referral to another service or resource outside of the EAP may be offered to you. These referrals are suggestions: the decision to use or not to use these resources are at your discretion. The cost for these resources is outside of the EAP service and you will be responsible for any fees incurred.

I have read and understand the above statement. _____
Please sign

DOR
430 First Avenue North
Minneapolis, MN 55401
(612) 332-4805 * 1-800-367-3271
10/97

The **Counselor Form** is filled out by the counselor for **each** client contact. A client contact is defined as any work done on behalf of the client, i.e. appointments, phone conversations with client, calls to local resources, . Each page should document one unit of client contact. The record of contact hours on this form is the documentation needed when is comes time to complete the **Affiliate Invoice** form (See page 23).

**COUNSELOR FORM
DOR
1660 South Hwy 100, Suite 430
Minneapolis, MN 55416
(612) 332-4805 * 1-800-367-3271**

Clients Name: _____ **Client Company/Organization:** _____

Assessed Problems:

- | | | | | |
|--|---|--|------------------------------------|--|
| Lifestyle: | Work: | Psychological: | Abuse: | Addiction: |
| <input type="checkbox"/> Financial | <input type="checkbox"/> Supervisory Consultation | <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Physical | <input type="checkbox"/> Chemical Dependency |
| <input type="checkbox"/> Legal | <input type="checkbox"/> Work Performance | <input type="checkbox"/> Depression | <input type="checkbox"/> Sexual | <input type="checkbox"/> Co-Dependency |
| <input type="checkbox"/> Personal | <input type="checkbox"/> Career Assessment | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Emotional | <input type="checkbox"/> Gambling |
| <input type="checkbox"/> Relationship | <input type="checkbox"/> Other Job Related | <input type="checkbox"/> Other Psychological | <input type="checkbox"/> Domestic | <input type="checkbox"/> Sexual |
| <input type="checkbox"/> Family | | | | <input type="checkbox"/> Other Addiction |
| <input type="checkbox"/> Housing | Physical: | | | |
| <input type="checkbox"/> Emergency Service | <input type="checkbox"/> PMS | | | |
| <input type="checkbox"/> Other | <input type="checkbox"/> AIDS Related | | | |
| | <input type="checkbox"/> Other Physical | | | |

If Referral was given for this contact:

- | | | | | |
|---|---|---|---|---|
| <input type="checkbox"/> Individual Therapy | <input type="checkbox"/> Group Therapy | <input type="checkbox"/> Inpatient Treatment | <input type="checkbox"/> Community Services | <input type="checkbox"/> EAP |
| <input type="checkbox"/> Couples' Therapy | <input type="checkbox"/> Support Group | <input type="checkbox"/> Outpatient Treatment | <input type="checkbox"/> Legal Services | <input type="checkbox"/> HR Department |
| <input type="checkbox"/> Family Therapy | <input type="checkbox"/> Self Help Group | <input type="checkbox"/> Day Treatment | <input type="checkbox"/> Financial Counseling | <input type="checkbox"/> Union |
| <input type="checkbox"/> Physical Care | | | <input type="checkbox"/> Mediation | <input type="checkbox"/> Organization Development |
| <input type="checkbox"/> Police | <input type="checkbox"/> Other | | | |
| <input type="checkbox"/> Books | <input type="checkbox"/> None (No outside referral is required for this case) | | | |
| <input type="checkbox"/> Tapes | | | | |

Presenting Problem: _____

History/Relevant Data: _____

Action Plan and/or Resolution: _____

Name and Phone Number of Referral(s) if Given: _____

(Please record in .25 hours - i.e. 15 min = .25 hour, 30 min = .50 hour)

Date: _____ **Time:** _____
 Phone: _____
 Counselors Name: _____ In Person: _____
 No-Show: _____
 Case Mgmt: _____
 Are you closing this case? Yes No
 Is follow-up required for this client? Yes No If yes, how long from this contact? _____

The Affiliate Invoice: This is the form you use to get reimbursed for the work you've done. Each invoice should have accompanying copies of the client and counselor forms.

DOR
1660 South Hwy 100, Suite 430
Minneapolis, MN 55401
(612) 332-4805 * 1-800-367-3271
Fax: (612) 342-2422

Affiliate Invoice

Month of: _____ 19__

Affiliate Name and Address: _____ Tax I.D. Number: _____

| Phone | In-Person | Client Name | Company Name | Dates of Contact | | | No-Show | Fee Charged | Balance Due |
|-------|-----------|-------------|--------------|------------------|--|--|---------|-------------|-------------|
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ABOUT BILLING:

- Affiliates will be reimbursed for all work done on the client's behalf. (This does not include administrative work.) Same day "Late cancels" or "No Shows" which are not filled by other appointments are reimbursable. Please document. Unauthorized appointments will not be reimbursed and **DOR** clients should not be billed for any EAP services at anytime
- Reimbursable work must be documented on both the **Counselor Form** and on the **Affiliate Invoice**.
- The client case **does not** have to be closed to be invoiced. We request that Affiliates file the invoice within 30 days of seeing the client.
- Send **Affiliate Invoices** to Tod Deming, **DOR** 1660 South Hwy 100, Suite 430, Minneapolis, MN 55416

Remember: Consultation with **DOR** is always available by calling 1-800-367-3271.

EAP POLICY STATEMENT

The Company recognizes that family, marital, alcohol, drug, financial and emotional problems often can be resolved through professional, confidential assistance. It is therefore in the best interest of the employee and the company that these problems be recognized and addressed before job performance is affected.

A. Eligibility

The Company is providing these EAP services nationwide to all regular employees (full and part-time) and their immediate dependents.

B. Policy Elements

1. All personal information shared in the EAP process remains confidential and protected in the same manner as medical records. There are certain circumstances when information will be disclosed. These are:
 - a. If the client gives written consent to release information.
 - b. If the client threatens imminent harm to self, others, and/or child/elder abuse or neglect.
 - c. If, due to a job performance problem, the employee has been formally referred into the EAP by a supervisor. In this case, the employee will be asked to sign a release to give permission to the EAP counselor to let the referring supervisor know that the employee has contacted the EAP. Any further information is not disclosed without the employee's written consent. In such circumstances, the employee or family member is made aware of what information will be disclosed, to whom, and why.
2. The Company realizes that an employee's performance also may be affected when a family member is experiencing personal problems. For this reason, assistance is extended to members of an employee's immediate family.
3. Utilization of the EAP is voluntary. However, employees will be encouraged to seek assistance if personal problems are thought to be contributing to unsatisfactory job performance.
4. Standard personnel practices applicable to job performance will not be compromised by the employee's use of, or failure to use, the EAP.

Remember: Consultation with **DOR** is always available by calling 1-800-367-3271

Appendix

Feedback Cards

Each affiliate will be given a supply of *Feedback Cards*. At the initial intake session, give a feedback card to each person attending. Please remind your clients that this card is confidential and does not require postage. All they need to do is fill it out, tape it together and drop it in the mail.

| Employee Assistance Program Feedback Card | | | | | | |
|---|---|-------------------|----------------------|---|---|-------------------|
| We value your opinion and we want to know how we can serve you better. Please evaluate the service you received and deposit this postage paid card in any U.S. mailbox or leave it with our receptionist. Your input can help us keep our service to you at the top of our priorities. Thank you for your help. | | | | | | |
| | | Not Applicable | Strongly Disagree | | | Strongly Agree |
| | | | | | | |
| 1. | I was treated in a courteous manner by receptionist. | 0 | 1 | 2 | 3 | 4 5 |
| * 2. | I was scheduled an appointment in a timely manner. | 0 | 1 | 2 | 3 | 4 5 |
| * 3. | I trust that my confidentiality will be maintained by the program. | 0 | 1 | 2 | 3 | 4 5 |
| * 4. | I feel that my EAP counselor is providing me with helpful suggestions and strategies for dealing with my concern. | 0 | 1 | 2 | 3 | 4 5 |
| 5. | The counselor was prompt. | 0 | 1 | 2 | 3 | 4 5 |
| * 6. | I would recommend the EAP to a co-worker. | 0 | 1 | 2 | 3 | 4 5 |
| 7. | What suggestions or changes would you recommend to make the EAP better? _____ | | | | | |
| | Place of Employment: _____ Date: _____ | | | | | |
| | Office Location you visited: _____ | | | | | |
| | * Statistics gathered only from these items may be reported anonymously to your organization. | | | | | |
| | For further comments or concerns please call (612) 332-4805 or 1-800-367-3271 anytime. | | | | | |

Freedom of Choice Affidavit

Must be signed by any client continuing therapy with the assessing affiliate after EAP services are completed.

I, _____, verify that I have been offered a referral to at least two (2) other counseling resources as part of my EAP assessment. Instead, I have decided to seek ongoing assistance through my DOR Provider's private psychotherapy practice. My signature below also verifies my understanding that in electing to seek treatment with the counselor named below, I have entered into a direct payment relationship with that provider. Therefore, DOR will no longer pay or be responsible for the services provided by this counselor. I understand further that I am solely responsible for determining whether or not the services of this counselor are covered under my medical insurance plan.

Client Signature

Date

Clinician's 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.

Provider Name/Clinic

Phone Number

1. _____ () _____

2. _____ () _____