

HelpNet

OUTPATIENT PARTICIPANT STATEMENT OF UNDERSTANDING

HelpNet Employee Assistance Program offers in addition to EAP services, outpatient mental health treatment by Master's level counselors in social work, psychology, counseling, or other related fields.

Confidentiality is very important to us. You are protected by the Health Insurance and Portability Act (HIPAA), which requires us to keep your health information confidential. We follow all state and federal requirements. We maintain secure written and/or electronic records of your contact with us and we will not share this information with anyone outside of our EAP staff without your written permission, except under the following situations in which we are required to report by law to the proper agencies:

- Court order, or subpoena
- Client may cause serious harm to self or others
- Abuse or neglect of child, elderly or disabled adult, and/or
- Serious emergency medical issues requiring immediate medical care

Federal law states we cannot disclose any information that identifies the client as an alcohol or drug abuser or HIV/AIDS information, unless:

- The employee consents in writing
- The disclosure is allowed by a court order, or
- The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Medical/Clinical records are confidential clinical documentation by HelpNet Counselors. You have the right to request a copy of your medical record with signed written authorization. You must obtain documents from outside agencies from the original source. We will not release third party documents provided to HelpNet from outside agencies.

If you are here for family, couples, or any mode of therapy involving multiple individuals, all individuals who participated in counseling with you must sign a written release of authorization to release only the parts of the record relevant to the person on the release.

Minors of 14 years of age or older may request and receive mental health services without the consent or knowledge of their parent, guardian, or person in loco parentis unless the therapist determines it is necessary because of significant probability of harm to the minor or someone else, according to the Michigan Mental Health Code. State requirements allow services to be provided to a minor up to 12 sessions, or 4 months

No-shows and late cancellations, less than 24 hours of your appointment, could result in a \$25 fee. Due to a high demand of our services, we may not be able to guarantee future appointments for individuals who do this on more than one occasion. In that event, we will be happy to provide referral information for other appropriate resources in the community. If you need to cancel an appointment and it is after our regular office hours, you may call us at any of the numbers listed below and leave a message with our answering service.

Battle Creek
36 W. Manchester
Battle Creek, MI 49037
PH: 269.245.3900
PH: 800.969.6162

Kalamazoo
5400 Holiday Terrace, Suite 9
Kalamazoo, MI 49009
PH: 269.372.4500
PH: 800.523.0591

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HelpNet

Quality service is important to us. If, at any time, during your participation with the EAP you have concerns about your counseling services, you are encouraged to discuss the matter with your counselor. If you are unable to reach your counselor or have spoken directly to your counselor and still dissatisfied, you are encouraged to contact HelpNet's Manager of Business Operations at (269)245-3928.

I hereby acknowledge that I have read and understand this Statement of Understanding.

I received my Recipient Rights and Notice of Privacy Practices.

I consent to assessment and treatment for mental health and/or substance abuse. I am responsible to pay for all services I receive. I understand that I am responsible for any deductibles, coinsurance, or any amounts not paid and/or not covered by my insurance. I understand that I may incur additional fees for any unpaid services, which could result in collections and my credit rating may be affected.

I authorize HelpNet to furnish reasonably necessary information from my medical records for the purpose of treatment, payment, and operations to insurance companies (including Titles XVIII or XIX of the Social Security Act, programs administered by Michigan Blue Cross/Blue Shield, or any other third-party carrier), health plan, and claims processors.

I understand verification of benefits is not a guarantee of payment. I further understand that this consent can be revoked at any time except to the extent action has been taken and will expire after all my charges to HelpNet have been fully paid and audits or post payment reviews of the records by insurance companies and health plans have been completed.

If I received EAP counseling services by a HelpNet counselor in the role of an EAP provider, and am being referred to a HelpNet counselor as an independent mental health provider for additional counseling services, I understand that the provider has a financial interest in continuing treatment under my mental health benefit plan. State law requires the counselor to disclose any financial interest they have in a health care service. I understand that such services may be available from other providers in the community and that I have been given names and contact information of other providers, if available. I understand I have the right to see another counselor if I choose to and that this will not affect my treatment or care. Referral to the assigned HelpNet clinician will only occur when treatment is determined to be medically necessary and if the proposed treatment plan and counselor's expertise is appropriate to the presented problem.

I give HelpNet permission to follow-up with me regarding how I am doing, and my satisfaction with services.

Client Name (Print)	Client Signature	Date
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Parent/Guardian Name (Print)	Parent/Guardian Signature	Date
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Counselor Name (Print)	Counselor Signature	Date
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