



Aurora Health Care*

Employee Assistance Program

Paperwork Instructions

Thank you for serving as an Affiliate of Aurora EAP. For each EAP Service Affiliates provide, we require our paperwork be completed according to the following standards, and sent back (by fax or mail) to Aurora EAP. The following forms are required for Affiliates to receive payment:

Statement of Understanding: This form must be read by the Client and signed by the Client and Affiliate. Clients should also be given a copy. Please review this form so that you may answer any basic questions Clients might have. Return this form to Aurora EAP after the initial EAP Consultation.

Data Entry Form: This form is our primary source of data for confidential reporting to our Employers. It is very important that Affiliates make sure all areas of the form are complete. Clients must complete the top portion of this form, and Affiliates must complete the bottom portion. Affiliates must check over the Client area for completeness. Return this form to Aurora EAP after the initial EAP Consultation.

EAP Case Closing Summary Form: This is the summary form for EAP services, therefore the Affiliate should complete this form after completing all EAP Services. Please complete all sections of the form. The one-week follow-up call area applies to EAP Consultations only. Once the EAP Consultation is complete, we request that the Affiliate follow-up with the Client to see if everything worked out with the referral. No follow-up call is necessary after Short-Term Problem Resolution. Return this form to Aurora EAP with the final Invoice.

Invoice: Please send this form after each EAP Service. Affiliates must fill in their information in the designated area and write in each approved EAP Service as it occurs. This is the only form that should be sent to us after each EAP Service (all other forms may be sent once).

****IMPORTANT****: No Shows/ Cancellations: If the Client does not show for their appointment, or cancels and does not wish to reschedule, please check the appropriate box on the Intake Information page and fax this back to Aurora EAP. Please note that these are not reimbursable.

Additional Forms (For use only when applicable)

Freedom of Choice Affidavit: This form is ONLY used if the Affiliate refers the Client to him/herself for mental health treatment outside of EAP Services (under health benefits or private pay). Aurora EAP strongly discourages this practice, however understands that this may occur occasionally in geographic areas with limited providers. Affiliates who self-refer must make sure they are covered by the Client's health benefits, and must offer the Client at least two (2) options outside of the Affiliate's office. Affiliates should explain this form to the Client, and both the Client and Affiliate should sign this form. Clients should be given a copy of this form. Return this form with your final Invoice.

Release of Information: This form is only needed in the event that Affiliates must release information about EAP Services to an outside party such as a treatment provider. This form is not necessary when Affiliates are sharing information with, or returning forms to Aurora EAP.

Notice of Privacy Practices (HIPAA): Please offer this form to all clients. If they are interested in receiving a copy of this 4-page document, you can download it from www.aurora.org/eapaffiliates in the "Helpful Forms" section or call the Network Coordinator so it can be faxed to your office.

If you have any questions about any of our forms or procedures, please contact Aurora EAP's Network Coordinator at 920-451-5175 or 888-389-3299.