

Statement of Understanding

FEES

Cameron and Associates, Inc. (CAI) is a private EAP/Managed Behavioral Health Care firm offering short-term counseling to employees and their eligible dependents. EAP counseling services are offered to eligible members at no cost. The EAP benefit has been prepaid by your employer, _____ and offers up to a maximum of _____ counseling sessions per primary problem. Clients are seen by appointment. However, only face-to-face sessions will be reimbursed. No-shows will not be reimbursed. Referrals to outpatient and in-patient counseling may be recommended to resolve problems that are not covered under the EAP. Any costs involved for these services outside of the EAP are the client's responsibility. There may be coverage for these outside services under your medical benefit plan.

PRIVACY/CONFIDENTIALITY

Information concerning the use of CAI services is not given to anyone outside of Cameron and Associates, Inc. (CAI) without your permission, unless it is required by law. Certain states require that CAI staff assume the responsibility for reporting to appropriate parties when a person is in danger to him or herself, to others, or when child or adult abuse/neglect is involved. If an employee or family member initiates a request for assistance, the contact will remain confidential, unless there is individual written permission.

MANDATORY SUPERVISOR REFERRAL

If a supervisor initiates the referral of an employee as the result of a performance discussion, or as a result of a positive drug screening, the supervisor will be notified, by CAI, whether or not the employee has kept appointments, is cooperative and is engaged in the therapy process.

VOLUNTARY PARTICIPATION

Use of CAI's services is voluntary. It is the client's decision to use, or not to use, the services available. In some cases, as noted above, your employer may require assessment and follow through with the recommendations made by staff as a condition of employment, or as a part of the company's substance abuse policy.

Acknowledgment of Privacy Policies

- I have received a copy of Cameron and Associates, Inc.'s Notice of Privacy Policies.

Patient Agreement For Communications

- I understand that as part of my Mental Health Care, CAI may need to contact me for the purpose of confirming an appointment or giving me additional information.
- I understand that CAI will use the minimum necessary information needed when they communicate with me. I understand that I can revoke or amend this agreement at any time. Any revocation or changes will not apply to communications already complete.
- I hereby authorize CAI to contact me in the following manner:

Please choose one:

Home: _____ Mobile: _____ Office: _____ Email: _____

ACKNOWLEDGEMENT

By signing the **EAP Treatment Plan & Discharge Form**, I understand and acknowledge its content beginning with sections I-II and sections IV-VI, which includes the "Statement of Understanding", "Acknowledgement of Receipt of Privacy Practices" and "Patient Agreement for Communication".

(Please print Employee/Member name)

(Employee/Member Signature)

(Parent/Guardian if under 16 years of age)

(Date)

PROVIDER INFORMATION/INSTRUCTIONS

Please submit this EAP Treatment Plan & Discharge Form along with a **HCFA 1500 Claim Form for billing. (CAI no longer accepts CAI invoices or personal invoices). Mail forms to:

CAMERON AND ASSOCIATES, INC., ATTN: CLAIMS DEPT., 6100 LAKE FORREST DR., SUITE 550, ATLANTA, GA 30328

**** Claims must include the authorization number. (Prior Authorization is required for all Services)**

Please give all clients the following forms**: *Satisfaction Survey Form* *Notice of Privacy Policies Brochure*

**** These forms are not required for submission of payment, but are required to be given to the member(s).**