



DIRECTIONS FOR CONCERN CLINICAL FORMS

CONCERN expects providers to maintain a complete record of the services they provide to all CONCERN: EAP clients. (Clinical Intake, signed CONCERN Statement of Understanding, visit notes, and Case Summary.)

The chart below lists our clinical forms:

Client Data Sheet 2 pages	Client completes both pages at first visit	Fax to Concern after Intake (one or two visits)
Statement of Understanding	Client signs page.	Client and Provider retain copies
Problem Opening Form (page1)	Provider completes after one or two visits.	Fax to Concern after Intake (one or two visits)
Problem Opening Form (page2)	Provider completes top section for any client with any substance <u>use</u> and lower half for any client in situations of risk. (see list on form)	Fax to Concern after Intake (one or two visits)
Problem Closing Form	Provider completes after last visit and completing follow-up on any referrals that were not confirmed during the appointments.	Fax to Concern the follow-up on referrals is completed. Note dates of service.
Problem Closing Addendum - 2 pages	Provider completes for cases that include Substance Use problems, Supervisor and Mandatory referrals, and situations of High Risk.	Fax to Concern after follow-up on referrals is completed

You will be paid for the first one or two sessions after the Opening paperwork is received. You will be paid for the additional visits after the Closing paperwork is received. All paperwork must be received within 60 days of the last session or payment may be declined.

Forms can be faxed to 650-966-9291 (preferred) or mailed to CONCERN: EAP; 1503 Grant Road, Suite 120; Mountain View, CA 94040.

The Statement of Understanding is an important form to retain. It informs the client of their EAP benefit and limits your liability as well as our own. The Statement of Understanding includes the required information that a Notice of our Privacy Practices is available from CONCERN.

We ask that you give our clients a Satisfaction Survey* by the third visit, or as you deem appropriate. This feedback is an important part of our quality assurance and our employer contract retention. Please contact us if you need additional Satisfaction Surveys.

We expect our providers to perform a complete intake and retain a client record. You can use your own paperwork, but we make available the Clinical Intake and Case Summary Form as examples. In our audit process high-volume providers may be asked to mail us the complete record of some of our clients.

* The Client Satisfaction Survey is printed on heavy stock so it can be mailed to us. Please call the provider request line at 1-888-805-0090, option 2, and request that we mail this to you directly. The version available for download requires you return it in an envelope and provide postage.