

Mazzitti & Sullivan EAP Services

LETTER OF UNDERSTANDING

This **Letter of Understanding** is between _____
(evaluator name – please print)

of _____ and Mazzitti & Sullivan EAP Services.
(agency name)

This document establishes:

- 1) Responsibilities of the evaluator
- 2) Reimbursement rate and procedures

This **Letter of Understanding** begins on the effective date of approval by both parties and is not limited by time. Either party may terminate this arrangement at any time, for any reason.

Nothing contained within this document should be construed to imply that any number of referrals will be made by Mazzitti & Sullivan EAP Services to the local evaluator. Mazzitti & Sullivan EAP Services reserves the right to determine whether any particular client will be referred to any particular evaluator.

Agency Director (or other authorized agency personnel) Date

Evaluator signature Date

Mazzitti & Sullivan EAP Services Representative Date

*Please return via fax or mail to Mazzitti & Sullivan EAP Services and retain a copy for your records. Each counselor who is willing to work with Mazzitti & Sullivan **must** complete a separate Letter of Understanding.*

COUNSELOR INFORMATION

Each counselor who wishes to participate in the EAP must fill out this form and return to the address below with a signed copy of the Letter of Understanding, a copy of your state-issued license, W-9 form, and liability information.

1) Full Name: _____

2) Degree (highest completed):

PhD Masters Bachelors Other _____

3) Discipline:

Psychologist Social Worker Minister
 Psychiatrist Addictions Counselor Marital/Family
 Other (please specify) _____

4) If you cannot attach a copy of your current state-issued license, please explain why:

5) Patient groups (check all that you personally are willing to counsel):

Individuals Couples Families
 Children/Teens/Adults (list age range) _____

6) Do you have any specialties?

Marital/Family Addictions Christian Counseling
 Parenting Children of Alcoholics ADD/ADHD
 Playtherapy Gay/Lesbian issues Hypnosis
 Men's issues Women's issues Stress/Anxiety/Grief
 Mood disorders Geriatrics (over 65) Spanish-speaking
 Other (please list): _____

7) If your agency has more than one location, where do you practice? List days and hours.

8) Are you CISD trained? Yes No

9) Are you a certified Substance Abuse Professional (SAP) qualified to provide assessments for CDL drivers accused of drug/alcohol related violations (not including DUI/DWI)? Yes No