



## FEI Behavioral Health EAP Affiliate Agreement

By signing and returning this document, I certify the following:

- I have reviewed the Affiliate Manual.
- I have provided true and correct information.
- I am licensed to provide mental health services independently in the state I have listed as the location of my clinic.
- I have a minimum of 1 year experience providing EAP services.
- My practice is in compliance with HIPAA.

I understand and will comply with all FEI requirements for designation as an EAP Affiliate.

Some of these requirements include:

- Offer of an appointment within 2 business days for routine appointments.
- Acceptance of all referrals made by FEI including, but not limited to:
  - Couples counseling.
  - Clients at least 5 years of age (**while I may not specialize in working with children, I will provide broad EAP assessment and referral, and I may choose to require the participation of a child's parent(s) in the session.**)
- Agreement not to provide any documentation to anyone other than FEI.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Signature:** \_\_\_\_\_

Affiliate Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Send signed agreement via mail, fax or email to:

FEI Behavioral Health  
648 N. Plankinton Ave., Suite 425  
Milwaukee, WI 53203  
Fax: 414-359-6519  
Email: [network@feinet.com](mailto:network@feinet.com)