MERCY EMPLOYEE ASSISTANCE PROGRAM-*Audit Checklist*

Client Name _____ Auth #_____

Provider Name (print) _____

Total # of sessions _____   Date Closed_____

CLOSURE CODE:

□ Resolved	□ Terminated
□ Improved	□ Deceased
□ Unimproved	□ Did not follow recommendations
□ Declined help	□ Referred out/Transferred

Attach this checklist to the front of each closed file. Charts can be requested at any time for audit purposes. Paperwork should be arranged in the following order:

MERCY EAP

Audit Checklist
Statement of Understanding
HIPPA Notice of Privacy Practices
Demographic Data Sheet
CD, Medical, Psych, Risk, Legal Form
Intake Assessment Form
Documentation/Notes Form

If utilized:
Release of Information
Accounting of Disclosures
EAP Case Staffing
Waiver to Continue w/ EAP