

Staying Balanced with EAP

Employee Assistance Program Tracking Tool

Thank you for investing in your well-being by using the Employee Assistance Program (EAP) to meet with a professional.

Date: _____

AHSN or spouse member number: _____

_____ was seen in the offices of
(Employee/spouse name)

(Provider name)

Provider signature: _____

Returning this tracking tool to N Good Health is **voluntary**. All personal information obtained during EAP sessions is strictly confidential, in keeping with HIPAA regulations. No personal information will be released to any individual.

Email the completed tracking tool to ngoodhealth@nortonhealthcare.org.

