

M A T R I X

Dear Provider,

Matrix Integrated Psychological Services is a leading Employee Assistance Program (EAP) company based in Columbus, Ohio. Our mission is to provide comprehensive mental health support to employees, enhancing their well-being and productivity all over the nation. By joining our panel, you will have the opportunity to work with a team dedicated to making a positive impact on individuals and organizations alike. We are committed to building a diverse and talented network of mental health provider professionals. If you are passionate about helping individuals navigate their personal and professional challenges, we would love for you to complete the application and return it at your earliest convenience.

Matrix EAP is set up to be high-quality, short-term talk therapy for our clients. Following the completion of the allotted EAP sessions, the client may continue to attend additional sessions under insurance or a self-pay rate set by you. There is minimal paperwork needed for our clients and we encourage you to use your typical practices while seeing our clients. We at Matrix have made an effort to keep these tasks to an absolute minimum and take all responsibility for reporting to the client companies and all program marketing.

As you complete this enrollment packet, please feel free to send any questions to Networkstaff@matrixpsych.com. If you are hoping to have more than one clinician added to our panel, you will need to fill out a packet for each, as every packet is only for one clinician. This packet may seem excessive; however, we have worked hard to make it as straightforward and practical as possible. We strive to make sure all clients are properly matched with a therapist who can appropriately match their needs. Our provider paperwork is also available for your review under the "For Providers" choice on our website, Matrixpsych.com. We thank you in advance for the help you will provide our clients.

Cordially,
Network Staff
Matrix Integrated Psychological Services
Networkstaff@matrixpsych.com

National Headquarters:

Matrix Integrated Psychological Services

2 Easton Oval, Suite 450 Columbus, OH 43219

P: 614-475-9500 || T: 800-886-1171 || F: 614-475-9821

Matrix EAP Provider Enrollment Packet

Specialties/Type of Practice:

**Select all that apply*

- | | | |
|---|--|--|
| <input type="checkbox"/> Academic Anxiety | <input type="checkbox"/> Faith Based | <input type="checkbox"/> Personality Disorders |
| <input type="checkbox"/> ACOD | <input type="checkbox"/> Family Therapy | <input type="checkbox"/> Phobias |
| <input type="checkbox"/> Addictions | <input type="checkbox"/> Gender Identity | <input type="checkbox"/> Physical Abuse |
| <input type="checkbox"/> Adoption | <input type="checkbox"/> Generational Trauma | <input type="checkbox"/> Pregnancy, Prenatal, Postpartum |
| <input type="checkbox"/> ADHD/ADD | <input type="checkbox"/> Geriatric Issues | <input type="checkbox"/> PTSD |
| <input type="checkbox"/> Alcohol Abuse | <input type="checkbox"/> Grief/loss | <input type="checkbox"/> Racial Identity/Minority Concerns |
| <input type="checkbox"/> Alzheimer's/Dementia | <input type="checkbox"/> Hoarding | <input type="checkbox"/> Relationship struggles (individual) |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Infertility | <input type="checkbox"/> Self-Esteem |
| <input type="checkbox"/> Anger Management | <input type="checkbox"/> Intellectual Disabilities | <input type="checkbox"/> Sexual Abuse |
| <input type="checkbox"/> Assimilation | <input type="checkbox"/> Learning Disabilities | <input type="checkbox"/> Sexual Disorders |
| <input type="checkbox"/> Autism | <input type="checkbox"/> LGBTQ+ Issues | <input type="checkbox"/> Sexual orientation |
| <input type="checkbox"/> Bipolar Disorder | <input type="checkbox"/> Life Coach | <input type="checkbox"/> Sleep Disorders |
| <input type="checkbox"/> Body Dysmorphia | <input type="checkbox"/> Life Transitions | <input type="checkbox"/> Stress Management |
| <input type="checkbox"/> Bullying | <input type="checkbox"/> Loneliness | <input type="checkbox"/> Spirituality |
| <input type="checkbox"/> Career Issues | <input type="checkbox"/> Marital/Couples | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Child Abuse | <input type="checkbox"/> Men's Issues | <input type="checkbox"/> Suicidal Bereavement |
| <input type="checkbox"/> Chronic/Terminal Illness | <input type="checkbox"/> Mood Disorders | <input type="checkbox"/> Suicidal Ideation |
| <input type="checkbox"/> Cutting | <input type="checkbox"/> Multi-Cultural Issues | <input type="checkbox"/> TBI |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Obesity | <input type="checkbox"/> Trichotillomania |
| <input type="checkbox"/> Divorce | <input type="checkbox"/> OCD | <input type="checkbox"/> Trauma |
| <input type="checkbox"/> Domestic Abuse | <input type="checkbox"/> Panic Attacks | <input type="checkbox"/> Rape |
| <input type="checkbox"/> Eating Disorders | <input type="checkbox"/> Parenting Skills | <input type="checkbox"/> Women's Issues |
| <input type="checkbox"/> EMDR | <input type="checkbox"/> Perfectionism | <input type="checkbox"/> Work Issues |

Age of Clients Seen: _____

Circle all that apply: In-Person Virtual Telephonic

Is your business wheelchair accessible? YES NO

Have you had training in Cultural Diversity? YES NO

Specific Specialties: _____

Areas or Types of clients your prefer not to see:

Other Issues Seen Not On List:

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What arrangements do you and your office have for 24-Hour, 7-Day Coverage for emergencies? (*i.e.* – if a current client needs to get in touch with you or another provider during an emergency, do you have an answering service ex. Answering machine that is checked on a regular basis? Or a 24-Hour cell phone/pager?):

Please list any additional languages of fluency:

Would you be comfortable seeing clients who have been mandated to attend counseling sessions by their employer? This entails communicating with the client's HR on their attendance to sessions and performance/attitude within the sessions. A signed release would be in place authorizing communication with the company.

Circle one: YES NO

Hours of Operation:

M_____ T_____ W_____ Th_____ F_____ Sa_____ Su_____

Matrix EAP Provider Enrollment Packet

Medical Malpractice/liability

Please attach a copy of your malpractice insurance certificate

/

Exp. Date

Malpractice amount per Occurrence /per year

1. Have you ever been or are you currently a party to charges of malpractice, or are you aware of any incident or existing circumstances that might reasonably lead to such a claim?
_____ **YES** _____ **NO**
2. Has your license to practice ever been denied, restricted, limited, suspended, or revoked, or have you been reprimanded by a licensing agency? _____ **YES** _____ **NO**
3. Have any complaints been filed against you? _____ **YES** _____ **NO**
4. Are you now being treated for alcoholism or drug addiction? _____ **YES** _____ **NO**
5. Have you ever been charged with a felony or misdemeanor, other than a simple traffic violation?
_____ **YES** _____ **NO**
6. Have you ever been or are you now under investigation by a regulatory agency (e.g. Medicare, state health department)? _____ **YES** _____ **NO**
7. Have you ever been accused of sexual misconduct or any professional impropriety?
_____ **YES** _____ **NO**
8. Do you know of any reason why you or any of your employees cannot comply with the legal, ethical, or professional standards set by law, regulation, a peer review committee, or an applicable code of ethics in any jurisdiction where you provide services?
_____ **YES** _____ **NO**

IF YOU ANSWERED YES TO ANY OF THE ABOVE, PLEASE ATTACH EXPLANATION.

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From time to time Matrix is asked to send a psychologist to an employer's site for counseling regarding issues such as difficult terminations, death of a co-worker, etc. Would you like to be contacted for such referrals?
_____ YES _____ NO

If yes, please briefly describe your experience in this area:

By Signing below, I hereby certify that all statements made in the above Enrollment Packet are true.

Signature: _____

Print
Name: _____ Date: _____

Witness
Signature: _____

Print
Name: _____ Date: _____

*** Please attach copies of your Curriculum Vitae, Certificate of Insurance, Professional License and Diploma ****
Please Fax, Mail, or Email your completed application to:

Matrix Psychological Services 22 Easton Oval, Suite 450
Columbus, OH 43219
Networkstaff@matrixpsych.com