

Employee Assistance Program
STATEMENT OF UNDERSTANDING

PROGRAM SERVICES:

The Employee Assistance Program (EAP) is provided by your employer without cost to you to assist in clarification of personal problems and development of an appropriate plan of action. When appropriate, the EAP will provide short-term problem resolution therapy if it can be accomplished within the Scope of EAP Services. A referral is necessary when clinical and ethical judgment indicates the issues cannot be resolved within EAP's Scope of Services regardless of the date you began your EAP treatment or there is a more appropriate or skilled provider required for problem resolution. Your EAP therapist will work with you to identify appropriate community resources or services for resolution of the problem(s) you discuss. The EAP will when appropriate, follow-up with you to ensure that your needs are being met. It is your responsibility to pay for services provided by any outside resources. Your health insurance may defray some of the cost of services provided by any outside resources. Consult your group insurance office if you have any questions regarding your insurance coverage.

Use of the program is always voluntary and EAP will never advise the organization of your EAP participation. Employees and family members can access EAP directly without first notifying anyone in the organization. If employee job performance, attendance, punctuality or dependability are unsatisfactory and the employee appears to be unable to correct such behavior, he/she may be referred to EAP. Should that be the case, the EAP will confidentially, and with your written permission, advise your supervisor that you have accepted the referral. Refusal to accept or utilize the EAP is not, in itself, a cause for disciplinary action. However, such refusal or failure to accept help may be taken into consideration in the evaluation of subsequent unsatisfactory performance or behavior in the corrective action process.

CONFIDENTIALITY:

The EAP will not reveal information that you disclose to EAP personnel to anyone outside the EAP except in the following circumstances:

- (1) you consent in writing;
- (2) the law requires disclosure (generally, the law does not require information to be released unless life or safety is seriously threatened);
- (3) the EAP discerns a threat to security of the company or to a third party; and/or
- (4) insurance verification/claims certification is required.

I have read this statement and understand its content.

_____ / ____ / ____
Printed Client Name Client Signature Date

A Parental /Legal Guardian signature is required if the client is a minor under the age of 18.

Minor Client Printed Name

_____ / ____ / ____
Parent / Legal Guardian Printed Name Parent / Legal Guardian Signature Date

For Office Use Only

Scanned to File: **R.T. B.R. B.G. A.P. C.F.**
 C.C. J.K. J.L. B.S. N.S. J.S. **Date: ____ / ____ / ____**