

## **EAP Division**

### **Statement of Understanding**

Health Advocate Companies (known hereafter as the "EAP"), are private employee assistance programs contracted by your employer to provide assessment, evaluation, and referral services for a wide range of personal issues. In order for prompt, efficient, and effective services to be offered there are points of understanding you must read, understand and agree to prior to beginning EAP sessions:

**Duration of Services:** The EAP provides the individual assessment and evaluation services as well as "short term" counseling for problems we believe can be resolved through the EAP. There is no cost to you or your family when being seen through the EAP. When referrals to outside services are made, there may or may not be a cost, depending on the terms of your health insurance plan. For the sake of clarity, "outside services" means a recommendation that the individual continue counseling beyond the approved number of "sessions" offered by the employer. **If you plan to continue counseling with your affiliate beyond your authorized EAP sessions, please confirm in advance that they also take your insurance. It is the responsibility of the member to verify insurance coverage. If the EAP affiliate we refer you to does not take your insurance and you feel you will need more than your authorized EAP session(s) please contact Health Advocate for a new referral **prior** to meeting with the affiliate. If you continue with the affiliate after your authorized EAP sessions, and did not check beforehand about the insurance coverage, this will be your financial responsibility.**

**Cancellations:** When appointments are cancelled at the last minute, it prevents others from obtaining needed services. Please provide 24 hours' notice directly to the counselor when cancelling an appointment. **Appointments that are not cancelled with 24 hours' notice will count as a used session.**

**Confidentiality:** The EAP will not release any information concerning your problem area or your involvement with the EAP without your prior knowledge and written permission, except as required by law in cases where clients express the intention of harming themselves or others, a crime is committed upon the property or person of the EAP, to comply with mandatory reporting laws pertaining to child abuse/neglect or the abuse of an elderly or disabled person, or if court ordered.

**Quality Assurance:** The EAP is concerned with providing you with quality service. We may follow up with you after your experience with the EAP to ensure your satisfaction with the services rendered.

Additional questions or comments about your experience can be directed to us through our toll free number or via email.

**Acknowledgement of Understanding:** By signing the statement below, you acknowledge that you have read this form and understand its contents.

Name of Client: \_\_\_\_\_ Witness: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_