

## CONFIDENTIAL

Case Number:

Counsellor Name (please print):

## STATEMENT OF UNDERSTANDING

You have chosen to receive Employee Assistance Program (EAP) services that are provided through Optum Health Solutions (UK) Limited ('Optum'). EAP services offered to employees and their family members may include assessment, referral, or brief counselling.

### **Fees**

Your counselling sessions are funded by your employer / insurance provider. Any longer-term counselling or specialised service suggested by Optum would fall outside the scope of services offered by Optum and may incur costs to you. However, Optum will assist you in locating that resource or service in your community.

### **CONFIDENTIALITY**

Please be aware that your Counsellor will provide brief session notes to Optum as needed for co-ordination of EAP services and quality assurance. Information concerning your counselling will not be disclosed to anyone outside of the EAP except as follows: (1) if you consent in writing; (2) life or safety is seriously threatened, including yours or the safety of others; or (3) disclosure is required by law.

### **IF YOU HAVE BEEN REFERRED TO THE EAP FOR SUPPORT, i.e. by your Manager or Occupational Health:**

Please note that:

Information about your counselling will not be discussed with your Referrer unless you request such a disclosure and provide written consent.

I, (print name) \_\_\_\_\_

Understand this form and accept it as the terms of my participation in the programme.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent, guardian or legal representative (when required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counsellor

\_\_\_\_\_  
Date