



## Employee Assistance Program Statement of Understanding

- 1. Assessment & Recommendations:** Services from the EAP begin with an assessment provided by an EAP counselor, who is also a licensed behavioral health professional. The purpose of this assessment is to clarify what your issues and goals are and to find the best way to help you reach a resolution.
- 2. Brief EAP Counseling:** If it appears likely that your concern can be fully resolved within the number of sessions allowed by your employer's EAP contract, your counselor will, in most cases, recommend that you continue counseling through the EAP.
- 3. Referral:** Some problems cannot be resolved in brief EAP counseling. If your EAP counselor believes that your counseling needs will require more sessions than the number allowed by your employer, the counselor will provide you with referrals to providers covered by your health insurance plan and/or specialized community resources. **EAP does not provide any court-ordered counseling.**
- 4. Cost of EAP Counseling:** You are never charged for EAP counseling. If you are referred for counseling or treatment outside of EAP, you will be responsible for any costs incurred.
- 5. Non-Attendance:** If you need to cancel an appointment, The Solutions Group requires that you notify us at least 24 hours in advance. If you do not cancel 24 hours in advance, one session will be deducted from the number of sessions allowed by your employer's EAP contract. **Example:** If you have 6 available sessions, and do not attend a scheduled appointment with 24 hours advance cancellation notice, you will only have 5 available sessions.
- 6. Privacy:** The Solutions Group will not disclose anything about you, including your participation in the EAP, to anyone including your family or your employer. There are certain circumstances when law and/or professional ethics require a counselor to break confidentiality. Examples include: 1) if the counselor believes you are in danger of harming yourself or someone else; 2) a child or vulnerable adult is being abused or neglected; and/or 3) a judge orders a counselor to provide clinical records or testimony. Your counselor may ask you to sign a Release of Information (ROI) form, granting permission to communicate with someone, such as your doctor or other health care provider to coordinate your treatment needs.

If your supervisor, Human Resources or Employee Health Department has formally referred you to the EAP, it is standard that your compliance with attendance for EAP counseling is reported to the person who referred you. If you would like other information reported, you may specify on the ROI form. If you do not agree to sign the ROI form, only your compliance with attendance will be reported.

- 7. "Mandatory" Referrals:** Participation in the EAP is voluntary; however, your participation may be required by your employer's substance abuse policy, short-term disability policy, or policy regarding a "fitness for duty" evaluation. In these cases the role of the EAP counselor is to assess the problem and refer you for treatment. **Only your employer, not the EAP counselor, can make decisions about if and when you return to work.**
- 8. Parental Consent for Children:** Our policy requires at least one parent to accompany their minor child (under age 18) to the first appointment. The parent will review and sign this Statement of Understanding and provide a brief overview of concerns. When parents are divorced and share joint legal custody or have custody litigation in process, both parents must sign and submit a Parent Consent Form prior to scheduling the child's first appointment.

**I have read and understand this statement:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Printed name / DOB / Signature / Date

\_\_\_\_\_  
 Signature of Parent/Legal Guardian

\_\_\_\_\_  
 Signature of Spouse/Partner (Couple's counseling only)

Would you like a copy of this form? \_\_\_\_\_  
 Yes

\_\_\_\_\_ No Initials: \_\_\_\_\_