

A STATEMENT OF UNDERSTANDING

We are pleased that you have decided to use your Employee Assistance Program (EAP). There are several things we want you to know before we begin discussing your reason for requesting services.

Life issues or problems are sometimes difficult to discuss. That is why confidentiality has to be as important for us as it is for you. We take every precaution to protect confidentiality. Each visit will be documented in your confidential record. However, we do not discuss your situation outside our offices or send records to anyone unless you give us written permission. There are four exceptions to that rule:

1. If we learn about child abuse or neglect, or abuse, neglect or exploitation of incapacitated adults, we are required by law to report it to the proper authorities.
2. If, in our judgment, an EAP client is dangerous to themselves or others, we will disclose information to help protect a person from harm.
3. If we are required to present records or testimony to act in accordance with a court order it may be our legal responsibility to comply.
4. If your employer has required you to consult with and follow the recommendations of EAP, we will advise your employer whether you have done so. We will not disclose any further information without your written consent.

We want to provide a safe and comfortable place for you to discuss your concerns. We will listen, help you with an assessment and then develop a plan of action. The plan of action may include a referral to an appropriate source of help. For example, while EAP does not offer long-term outpatient counseling, court mandated counseling, or expert court testimony, should you need these services we can refer you to someone who does.

There is no cost to you for any services provided by Work Force EAP. The Employee Assistance Program, however, does not cover the costs of any referral services you may need. While we attempt to maintain up-to-date information on your health plan so we can refer to covered providers, it is your responsibility to verify your insurance coverage and to follow the procedures outlined in your policy. If you must cancel or postpone an appointment, we expect you to give us 24 hours' notice.

We may offer in-person or telehealth counseling visits, which may include telephone or tele-video, to an employee or a member of the employee's household located in the same residence. The benefits of telehealth include having services in your own home at a time that works for you. However, the person receiving EAP must be physically located within the state of Maine during the telehealth visit. The risks of telehealth include potential exposure of personal information during telehealth visits, technical problems, or the limitations of audio and visual information not being as adequate as in-person for assessing and providing counseling.

You have the right to verify the identity of your provider. You have the right to stop or refuse services at any time, or to request reasonable modifications to the services. By signing below, you acknowledge understanding and agreement to the terms above.

Client Printed Name _____

Client Signature _____

Parent/Guardian Signature, if minor _____

Counselor _____

Date _____

Date _____

Date _____