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www.affiliatedeap.com

TTY: dial 7.1.1 for TRS then dial 800-769-9819

A STATEMENT OF UNDERSTANDING FOR OUR CLIENTS

We are pleased that you have decided to use your Employee Assistance Program. There are several things we want you to know before we begin discussing your reason for being here.

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 the confidentiality of your visit with us. 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 him or herself 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 Affiliated 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. Please ask your EAP counselor any questions you have about this document before you sign it.

EAP Client Signature _____ Date _____

EAP Counselor _____ Date _____