

PATHWAYS EMPLOYEE ASSISTANCE PROGRAM (EAP)
PARTICIPANT STATEMENT OF UNDERSTANDING

You have chosen to receive Employee Assistance Program (EAP) services provided by Pathways EAP. These services are offered to employees and their family members and may include assessment, referral or brief counseling.

FEES

EAP services are provided at no direct cost to employees and family members. The employee's company has already paid for the service. However, if you need longer-term counseling or a specialized service, Pathways will assist you in locating a resource or service in the community. It will be your responsibility to pay for services provided by any resource outside the EAP. (Your benefit plan may cover some of the cost).

CONFIDENTIALITY

Under the Health Insurance Portability and Accountability Act of 1996 the privacy of your health information is protected by law. EAP services are strictly confidential within the limits of the law. We will maintain confidential records of your contact with the EAP and the services provided to you in order to provide continuity and coordination of your care. Like physicians, teachers and other counseling services, the EAP is considered a mandated reporter and must divulge confidential information under the following circumstances:

1. If we learn about child, elder or disabled adult abuse or neglect, we are required by law to report it to the proper authorities.
2. If an individual presents a threat of imminent and serious bodily harm to himself or others we will disclose information in order to prevent such harm.
3. If we are required to present records to comply with a court order, it is our legal responsibility to comply.
4. If we learn about emergency medical circumstances which require immediate medical attention, we must take appropriate action.
5. If the EAP has reason to believe that you are engaging in unsafe behavior that may constitute a threat to national security, we are required to report it to the proper authorities.

Information regarding your use of EAP services or responses to the attached survey will not be given to your employer or any other party without your permission.

I hereby acknowledge that I have read and understand this Statement or Understanding.

Name of Client

Signature of client

Date

Witness