



EMPLOYEE ASSISTANCE PROGRAM

STATEMENT OF UNDERSTANDING

Purpose: The services of AllOne Health’s Employee Assistance Program (EAP) are made available to you by your employer to assist you and your family members with personal, family and job-related problems. Your EAP Counselor will help you in assessing your issue and in developing a plan of action to address the issue. The services offered to you may include short-term counseling and/or a referral to another provider with special expertise to properly assist you.

Cost: The services provided by AllOne Health are provided at no cost to you or to your eligible family members. These services are made available to you by your employer as a prepaid benefit. If a referral to another provider is recommended by your EAP Counselor, any costs associated with the referral are your financial responsibility. When a referral is indicated, every effort will be made to recommend a provider that is covered under the provisions of your medical insurance plan or that is affordable in the event that you do not have medical insurance.

Confidentiality: In accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), AllOne Health will follow the guidelines set forth in the NOTICE of PRIVACY PRACTICES. As indicated in the NOTICE of PRIVACY PRACTICES, AllOne Health will not share **any Protected Health Information** regarding your involvement with the EAP with anyone, including your employer and your family members, without your prior knowledge and explicit consent. The exceptions to this are by a court order, the specific instances identified in the NOTICE of PRIVACY PRACTICES, or the following situations that are mandated by both Federal and State law based on the professional judgment of your EAP Counselor:

- (1) Imminent threat of serious harm to self or others
- (2) Suspected child or elder abuse or neglect
- (3) A medical emergency
- (4) For holders of security clearances, who are deemed to be a hazard to self or others, or a threat to the security of their employer or to national security.

ASK YOUR COUNSELOR TO DISCUSS THESE CIRCUMSTANCES IF YOU HAVE ANY QUESTIONS ABOUT CONFIDENTIALITY. Quality Control Review of the EAP may be conducted by an independent auditor, but personal information will never be disclosed to your employer without your explicit consent. Your use of the EAP is voluntary.

I have read this information and understand its contents.

Name of Client (Please Print)

Witness

Client’s Signature

Date

Employee’s Employer

Parent’s Signature (For clients under 18 years of age, signature of parent or guardian indicates consent for treatment)

I have been provided with AllOne Health’s Notice of Privacy Practices

Client’s Signature

Date

