Franciscan HEALTH EMPLOYEE ASSISTANCE PROGRAM

STATEMENT OF UNDERSTANDING

PROGRAM SERVICES:

The Employee Assistance Program ("EAP") is provided by your employer without cost to you to assist in clarification of personal problems. The EAP may also identify appropriate resources or services in the community for resolution of the problems you discuss with the EAP personnel. It is your responsibility to pay for services provided by any outside resources. Your health insurance may defray some of the cost of services provided by any outside resources. Consult your group insurance office if you have any questions regarding your insurance coverage.

VOLUNTARY PARTICIPATION:

Use of the EAP is voluntary. In the event that you have been referred by HR for EAP services, refusal to accept or utilize the EAP is not, in itself, a cause for disciplinary action. However, such refusal to participate in the EAP may be taken into consideration in the evaluation of subsequent unsatisfactory job performance.

FORMAL REFERRALS:

When you are referred to EAP as a formal referral due to a work performance issue, Human Resources ("HR") will ask you to sign an Authorization to Disclose Information for Formal Referral ("Authorization") inclusive of your Formal EAP Referral Form. With this Authorization, EAP will confidentiality advise HR of the following non-clinical information:

- 1. Whether or not you have followed through in contacting EAP;
- 2. Whether or not you are complying with the recommendations of the EAP; and
- 3. Other information as you designate.

HR will not be provided any personal or clinical information about the specifics of your problem, unless designated under Section 3 above.

CONFIDENTIALITY:

The EAP will not reveal information that you disclose to EAP personnel to anyone outside the EAP except in the following circumstances:

(1) you consent in writing; (2) the law requires disclosure (3) the EAP discerns a threat to you, the security of the company, or a third party and the disclosure is allowed by law; and/or (4) insurance verification/claims certification is required.

I have read this statement and understand its content.

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Printed Client Name	Client Signature	Date

A Parental /Legal Guardian signature is required if the client is a minor under the age of 18.

Minor Client Prin	ted Name	_	
Parent / Legal Gu	ardian Printed Name	Parent / Legal Guardian Signature	// Date
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