WELLSPAN EMPLOYEE ASSISTANCE PROGRAM
STATEMENT OF UNDERSTANDING

The evaluation and referral service of the Employee Assistance Program (EAP) is ***confidential***, and no information will be released without your expressed written consent. All activities conducted by WellSpan Employee Assistance Program and their affiliates follow the strictest confidentiality standards. The EAP *will not* release or transfer any information pertaining to an individual's use of the EAP to any third party without his/her written permission. However, there are three legally required exceptions to the confidentiality standards. Those exceptions are as follows:

1) When an individual's thoughts or actions pose an immediate threat to themselves;
2) When an individual's thoughts or actions pose an immediate threat to others; and
3) When the EAP counselor has reasonable cause to believe that child or elder abuse has occurred.

The Employee Assistance Program (EAP) provides assessment and evaluation services at no cost to the employee or their family member; therefore, you are not obligated to make any payment to the evaluator for the assessment services. If a referral is made for treatment beyond the EAP sessions, you will be responsible for any fees charged. The EAP evaluator will assist you in finding the most appropriate services and will help you in determining the cost of treatment and how it relates to your benefit plan.

Using the services of your EAP requires a commitment to work closely with your counselor. Cancellations will interrupt the process and your counselor's ability to assist you. EAP reserves the right to terminate services when appointments are cancelled. Please be advised that this program is prepaid by your employer for actual assessment sessions. Untimely cancellations or appointments or "no shows" can be subject to direct billing from the clinician.

If, at any time, you need to contact WellSpan Employee Assistance Program, you can call 1-800-673-2514.

I have read and understand the above information. Employer Group: _____

Client Signature: _____ Date: _____

Client's name (Print): _____

Counselors Signature: _____ Date: _____

I **do** / **do not** give consent to be contacted for follow-up.

Work number: _____ Hours: _____

Home number: _____ Hours: _____

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