



STATEMENT OF UNDERSTANDING

- I am being seen for EAP counseling visits not therapy or treatment. The EAP counselor will advise me when counseling ends and treatment begins then, if necessary, refer me to a resource outside the EAP for treatment. I am financially responsible for any treatment program to which I may be referred.
- If I am unable to keep an appointment, I will call at least 24 hours in advance to cancel or reschedule.
- I give my permission to SAI to contact me to assess my satisfaction with the EAP services.
- I am not permitted to bring weapons of any kind on the premises.
- The only exceptions to confidentiality are in life threatening situations or those involving abuse or neglect.
- I have received a notice of the HIPAA regulations of Privacy Practices.

Court-Related Issues:

- I will not attempt to use my EAP participation for any related process, court proceeding, or court-ordered treatment for anger management, substance abuse, custody issues, or any other court-ordered treatment.
- The EAP cannot be used for litigation or advocate on my behalf and will not write letters on my behalf or voluntarily release information to other counselors, courts, attorneys, schools or agencies to support claims regarding custody, leave time, suspension, disability, workers' compensation, or any other issue.

Excuses from Work/School:

- EAP counselors do not have the authority to excuse clients from work/school.

Signature

Print Name

Date