

# FHC EAP Statement of Understanding

As you meet with EAP for the first time, we want to make sure that you are fully aware of the scope and limitations of the Employee Assistance Program (EAP). Feel free to ask for an explanation of any item that is unclear to you

## Description of Services and Costs

FirstHealth of the Carolinas Employee Assistance Program (FHC-EAP) is a department of FirstHealth of the Carolinas, Inc., that offers a confidential, voluntary service available to the sponsoring employers' employees and household family members. The services offered by EAP include problem assessment, resolution of the problem, and/or referral as well as related follow-up. It is your responsibility to cooperate with the treatment or assistance plan. FHC-EAP will usually include up to five (5) visits. These visits are provided at no cost to you or your family.

Employment or advancement is not negatively affected by your decision to use EAP. You are not required to use EAP prior to using your health plan benefit. You do not have to be part of your employers' health plan benefit to use EAP.

EAP does not provide diagnosis, treatment, court-related service or ongoing counseling. If specialized or ongoing counseling is indicated, referrals may be recommended following the problem assessment. EAP counselors will work to locate appropriate resources that are affordable and may be covered in part by your insurance. It is your responsibility to determine whether your insurance will cover recommended services and providers. You are responsible for any costs involved with services received from providers other than FHC-EAP visits.

## Confidentiality

The use of EAP is voluntary and confidential. FHC -EAP will not share any information regarding your involvement here without your written or verbal consent, except as allowed or in accordance with federal and state confidentiality laws. (i.e., situations where EAP staff believes there is a potential danger to self or other, suspected child or elder abuse or neglect, or if FHC-EAP is required to comply with a subpoena or court order.) If this is a management referral, you will be asked to give consent to confirm to your supervisor or designee your attendance to EAP appointments. What is discussed in the EAP session is not shared without your permission. When you use EAP visits in conjunction with your spouse or significant other, no information or documentation will be disclosed to either party individually or to third parties unless each of you voluntarily authorizes release of information of the FHC-EAP record.

## Cancellation of Appointments

Please give 24-hour notice regarding appointment cancellations. Missed appointments or cancellations without at least 24-hr prior notice may be counted as one of your allowed visits. If EAP has no contact with you for 60 days, your file and authorization for EAP services will be automatically closed.

## Evaluation

If you have any questions about satisfaction with your EAP services, please call 1-888-278-4595 to discuss your issues. You will be asked at the end of the service if the EAP met your needs. With your consent, you will be emailed a short survey that asks about your experience and how it helped you. All answers are anonymous. By my signature on this document, I indicate that I have read this information, understand the contents, and have discussed any concerns to my satisfaction. A copy of this form was (please initial one) \_\_\_\_\_ declined OR \_\_\_\_\_ given to me (client).

Employee/Family Member: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian (if child<18 is seen): \_\_\_\_\_ Date: \_\_\_\_\_

Counselor: \_\_\_\_\_ Date: \_\_\_\_\_