

**EMPLOYEE ASSISTANCE PROGRAM (EAP)
ATRIUM HEALTH**

STATEMENT OF UNDERSTANDING:

The direct services of EAP staff are provided without cost to you to assist in clarification of personal problems and identification of appropriate resources or services in the community for resolution of the problems you discuss with the EAP personnel. The EAP will monitor that service to help ensure that your needs are being met. The EAP does not pay for any outside services. It is your responsibility to pay for services other than those directly provided by CHS-EAP staff. Consult your group insurance department (Benefits) if you have any questions on your insurance coverage. **Your signature below gives EAP permission to coordinate insurance coverage when referring to appropriate resources.**

CONFIDENTIALITY POLICY:

Information shared with the EAP counselor is confidential. Employers, administration, supervisors, personnel, family members, law enforcement officials and others have no access to any client records without the written permission of the client. The exceptions to this rule of confidentiality are the following:

1. If it appears to the counselor that there is a likelihood of danger to the health or safety of the client or another individual, (including life threatening illnesses), or if there is a likelihood of the commission of a felony or violent misdemeanor, the counselor will disclose information to appropriate individuals as circumstances warrant.
2. Counselors are mandated by state law to report to the Department of Social Services any suspected child abuse or neglect, or abuse of the elderly, or abuse of a disabled adult.
3. Information will be disclosed when such disclosure is compelled by a court order or government agency that has legal authority to require such disclosure.
4. Disclosure of diversion of medications will be reported to the Human Resources Office.
5. If an employee is involved in behavior which appears to be either dangerous or abusive to patients, or is threatening to fellow employees, the counselor will disclose this behavior to the appropriate supervisor.
6. Crimes or criminal threats that endanger EAP operations and/or property will be disclosed to appropriate authorities.
7. When an employee is directly referred by his/her supervisor to the EAP, the supervisor will be told if the employee has kept his/her initial appointment. No other information is disclosed to this supervisor without a written release from the employee, or as specified in the above conditions.

An EAP counselor may seek consultation with professional Counselors, Psychologists, and other specialized or Service Personnel with the EAP or in the community to help an employee deal with his/her concerns.

The EAP staff may send e-mail communications to you upon your request. You understand that e-mail communications may contain sensitive health and personal identification information and you must take efforts to protect the privacy of information exchanged by e-mail. You acknowledge that e-mail communications are subject to system privacy failure, phishing attacks, hack attacks, data breach, unintended misdirection, technology failure and user error.

I have read and understood these policies and by signing below voluntarily consent to EAP assessment and counseling under all its conditions. If I have any questions, I will discuss them with my EAP counselor.

Signature

Date

EAP Counselor

Date

Signature of Parent, Guardian or Authorized Representative

Date