

FREEDOM OF CHOICE AFFIDAVIT

I, _____, verify that I have been offered at least two (2) referral recommendations as part of my EAP assessment, and that I have instead decided to seek ongoing assistance through my Frank Horton Associates/EAP Affiliate provider's private psychotherapy practice.

My signature below also verifies my understanding that in electing to seek treatment with the assessing psychotherapist or his or her practice, I have entered into a contractual relationship with that provider. Frank Horton Associates, therefore, no longer owns responsibility for the services provided and these services are not considered to be EAP services.

Finally, I also understand that any future services provided through a Frank Horton Associates affiliate provider's private practice are NOT covered by Frank Horton Associates/EAP and that I am solely responsible for determining if the services are covered under my medical insurance plan. I am also solely liable for payment for these private services should I use them.

Client Signature

Date

Affiliate Signature/Witness

Date