

**Frank Horton Associates, LLC
Employee Assistance Program**

Statement of Understanding

Welcome to your Employee Assistance Program (EAP). There are several things you need to know about EAP benefits and limitations before you meet with a counselor to discuss your reason for coming.

The purpose of the EAP is to give you and your immediate family members an opportunity to discuss your work, personal or family problems with a professional counselor. The EAP offers assessment, short-term counseling, referral and case management services.

Your EAP counselor will help you assess your problem and develop a plan of action. This plan may include short-term counseling with an EAP counselor, or you may need to be referred to an individual or organization in the community for longer-term or specialized treatment. Most people find our services helpful, but occasionally a person's situation may get worse. If you have concerns about the risks associated with counseling, please discuss your concerns with your EAP counselor.

All EAP services are provided at no cost to you or your family members. If a referral is made outside of the EAP, the financial responsibility for payment to the referral source is yours. Your medical benefits may cover some of the cost of the services provided by the outside referral source. Your EAP counselor will have a broad outline of your company's health plan.

The information you give to your counselor is private and confidential. The EAP will not release information to anyone outside the EAP without your written permission. There are three limitations to confidentiality:

1. If we learn about child or elder abuse, we are required by law to report it to the Department of Social Services.
2. If in our judgment a person is dangerous to self or others, it is our responsibility to do whatever we can, breaking confidentiality if necessary, to protect the person(s) from harm.
3. If we are required to do so by federal or state law, or if we are required by court order to present our records.

If at any time you have concerns about the service or you are dissatisfied with an outside referral, you are encouraged to discuss the matter immediately with any of the EAP counselors.

Please read our Notice of Privacy Practices that is available at the time you complete this form. You may also request a copy of our Notice of Privacy Practices at any time.

If you would like a copy of our Notice of Privacy Practices, please initial here: _____

I HAVE READ THE STATEMENT OF UNDERSTANDING AND THE NOTICE OF PRIVACY PRACTICES AND I UNDERSTAND THE CONTENT.

Client or Legal Guardian Signature

Date