



Dear Preferred EAP client:

We would like to welcome you as a new client to Preferred EAP. We hope the following information will help you to get the most from the services we offer.

Our services are voluntarily available to all eligible employees of sponsoring organizations. Often qualified dependents of EAP-eligible employees are also covered.

Privacy and Confidentiality

Preferred EAP's services are available for virtually any kind of personal problem and are CONFIDENTIAL.

This means that Preferred EAP will not disclose any information about you to anyone else without your expressed approval and authorization except in case of medical emergency or legal requirement mandating disclosure, or unless you pose a clear danger to yourself or others.

Please ask your counselor about any questions you may have concerning your privacy and the confidentiality of your records.

Also, please read and complete the attached *Communication Consent Form*. We may need to contact you to remind you of an appointment, to cancel an appointment due to counselor illness or weather emergency, etc. Therefore, it is important for us to know how we may contact you and with whom we may leave a message.

We will write to you about six weeks after your last appointment with us. The purpose of this contact is to determine your level of satisfaction with services received, and whether or not any further service is indicated.

If, for any reason, you do NOT want us to write to you at your home, please note this on the *Communication Consent Form*.

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One of our counselors, who are all licensed or master's level clinicians with years of clinical experience, will meet with you for between one and seven sessions (a session is 50 minutes). Our function is to assess the nature of your problem, to provide brief counseling services when it is appropriate to do so, and to make a referral to specialists in the community when indicated.

If you don't use the available sessions all at once, you may use our services again at a later date if need arises. Even if you use all the sessions, you may still telephone Preferred EAP for assistance. The EAP benefit is renewed annually.

Services provided by Preferred EAP are free of charge to you. However, if you fail to keep an appointment, or cancel an appointment with less than 24 hours notice, that session will be deducted from the sessions for which you are eligible.

Inpatient care or outpatient counseling beyond that provided by Preferred EAP is your financial responsibility and may be partially offset by your employer's Health Plan or other individual insurance coverage.

Preferred EAP has been established to assist people in a confidential, constructive and responsive manner consistent with good therapeutic practices. If you have any complaints, concerns or questions about our services please direct them immediately to your counselor, or Robin Chase, Clinical Manager, or Oliver Neith, Program Director.

Finally, in order to preserve confidentiality, please use the rear exit when leaving our office.

I hereby authorize Preferred EAP and its counselors (employees or contractors) for all such treatment as may be necessary for me and/or my child in accordance with the judgment of the treating counselor. Treatment may include assessment, brief counseling and referral for other medical or behavioral health services.

I have read this document and understand the services of Preferred EAP and the conditions under which they are provided. I understand Preferred EAP makes no guarantee regarding results of services delivered.

Client Signature _____ Date _____

Print Name _____ Chart # _____

Witness Signature _____

In the event of a weather emergency, we recommend you contact the office to confirm your appointment.

A copy of this document will be provided to you upon request.

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