

**Client Statement of Understanding**

Activity ID/#: \_\_\_\_\_

**I UNDERSTAND:**

- The Employee Assistance Program (EAP) is a confidential, voluntary service made available to me (and my family members).
- EAP sessions are offered at no direct cost to me (or to my family members). The Affiliate has been approved to provide my assessment and problem resolution sessions with Morneau Shepell. If I choose to continue sessions with this Affiliate I will be responsible for all fees. Morneau Shepell cannot guarantee that this Affiliate will be covered under my insurance plan.
- The EAP Affiliate is an independent contractor who provides services for Morneau Shepell.
- The Affiliate cannot be involved with any legal, medical, or disability issue, including providing written documentation.
- If I need a referral to longer-term counseling or a specialized service, I will be responsible to pay for that service (including counseling provided by the Affiliate after sessions are completed). Insurance coverage under the Group Health Plan may defray some of the cost.
- If I choose to contact the EAP, any information concerning the use of the EAP will not be given to anyone without my written consent. The only exception to this is if there is concern for my safety or the safety of others.
- The EAP follows all State and Federal guidelines regarding confidentiality and complies with HIPAA standards pertaining to Protected Health Information (PHI) when applicable.
- FOR SUPERVISORY REFERRALS ONLY – Morneau Shepell will confidentially inform the supervisor only if I contacted and decided to participate in the program. All other information requires a signed consent.

I have read this Client Statement of Understanding and understand its contents:

\_\_\_\_\_  
(Signature of Client)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of EAP Affiliate)

\_\_\_\_\_  
(Date)

**TO BE SIGNED BY THE CLIENT AND AFFILIATE.**

**AFFILIATE MUST RETAIN A SIGNED COPY OF THIS FORM FOR THEIR RECORDS.**