



EMPLOYEE ASSISTANCE PROGRAM (EAP) PARTICIPANT ORIENTATION

Please read thoroughly before signing and direct any questions to your consultant.

DESCRIPTION OF SERVICES: Your Company has contracted for EAP services which provide professional consultation for employees and their family members regarding a wide range of personal problems. Available services may include: assessment, short-term counseling, and referral. If longer term counseling or specialized services are needed, the EAP will refer you to qualified professionals or organizations in the community. You EAP will then follow up to determine if your needs are being met. Certain insurance plans require an EAP referral in order to utilize your mental health and substance abuse EAP services.

FEES: There are no direct fees to employees or family members for any EAP covered service received. When the EAP refers to resources in the community for ongoing or specialized services, you are responsible for paying any applicable fees. Your group health plan may or may not cover some of the cost of referred services. If the EAP makes a referral that may utilize your company's insurance benefits, it is your responsibility to verify both your insurance eligibility and the benefits available for behavioral health. This can be done by contacting either the insurance company or your benefit department. It will also be your responsibility to ensure that any provider to whom the EAP may refer you is a participating network provider.

CONFIDENTIALITY: When an individual utilizes EAP services, the information will be held confidential unless: 1) the individual authorizes release of information with a signature; 2) the individual represents, in the EAP consultant's opinion, a physical danger to self or others; 3) child abuse/neglect, elder abuse/neglect, or dependent adult abuse/neglect is suspected; 4) a court order for records is issued; 5) where legally permitted or required by law to disclose the applicable data, and then only to the extent necessary.

If you are employed by a company contracted with or regulated by the Departments of Defense or Transportation or the Nuclear Regulatory Commission, the EAP may be required to disclose information about your EAP consultation under the following conditions: a) there is a significant breach of security or safety policies, b) the EAP receives an administrative summons or judicial subpoena or order, c) you were referred due to a positive drug test, d) as further defined by your employer. The EAP does not make routine "adverse information" reports.

VOLUNTARY PARTICIPATION: The decision to participate in the EAP is voluntary in most cases. Employees participating in the program should not expect any special privileges or exceptions to normal work rules or performance standards. EAP participation is not to be interpreted as constituting a waiver of management's rights to take disciplinary measures, nor shall the program be interpreted as a waiver of the right of any employee to use a complaint procedure within the framework of company policies.

EMPLOYER REFERRAL: When an employee is referred to the EAP by the employer, the appropriate company representative of the organization may be advised with the employee's consent if: 1) the employee kept the appointment; 2) the EAP consultant has made recommendations; 3) the employee has agreed to follow these recommendations.

GRIEVANCE PROCEDURE: If you are dissatisfied with the EAP service you receive, you may file a grievance in writing or by phone to the Grievance & Appeals Department, at the following address: Employee Assistance Program Grievance and Appeals, PO Box 23330, San Diego, CA 92123, Fax: (805) 384-3171, Phone: (800) 365-0609.

Client Name: _____ Client Signature: _____ Date: _____
(Please Print)

Company Name: _____

Si necesita ayuda en español para entender este documento, puede solicitarla sin costo adicional, llamando al número de su Programa de Asistencia para el Empleado