

## STATEMENT OF UNDERSTANDING

**Instructions:** At the first appointment, have client or guardian read and sign the Statement of Understanding. Please offer a copy of the Statement of Understanding to the client. Please submit billing electronically or fax or mail billing to Carebridge EAP.

### Extent of EAP Services:

The EAP offers assessment, consultation, and short-term counseling for your personal concerns. Often short-term counseling is completed within the allotted EAP sessions. However, the number of recommended sessions is determined by your counselor. If the EAP counselor determines that long-term counseling or a higher level of care is recommended, your unused EAP sessions will be "banked" for future visits within the next 12 months if needed. You will have to call Carebridge to reauthorize these sessions. If you violate the counselor's missed session or late cancellation policy, you may forfeit one of your EAP sessions.

### Completion of Leave or Legal paperwork:

I understand that it is out of the scope of the EAP to provide documentation or testimony for court or legal issues, court-ordered counseling or treatment, evaluation or documentation for FMLA, disability, or other work-related leave of absences. If these services are needed, please consult with a care manager at Carebridge.

### Cost:

There are no charges to you or your covered family members for using the EAP services. There may be charges, however, should you be referred to, and choose to utilize, the services of other professionals. If an outside referral is chosen, every effort will be made to find the best resource at the lowest cost to you. Certain costs may be partially offset by your Medical Benefit Plan. *I understand that it is my responsibility to verify my medical benefit coverage and benefits for continued sessions with this Affiliate.*

### Confidentiality:

All records kept by the EAP will be treated confidentially. No information can be released outside the EAP without your written consent unless required by law. Various laws require that the EAP staff assume the responsibility for reporting to appropriate parties instances when a person is a danger to themselves, to others, or when elder/child abuse/neglect is involved. To keep this program confidential, your employer has contracted with Carebridge, an independent outside benefit firm, to administer the EAP.

### Formal Referrals:

If a supervisor requires that you contact the EAP (for instance, because of a performance concern) the supervisor will not be informed of any details of your counseling without your signed consent.

### Complaints:

If you have a complaint concerning any person associated with the EAP service, the quality of service provided, or any other aspect of the EAP, you may register the complaint with Carebridge by calling 800-437-0911.

### Satisfaction Survey:

As a part of quality assurance, I further authorize Carebridge to contact me to survey my satisfaction with the services I receive.

### Signature:

I have read this statement and may request a copy for my records.

## CLIENT INFORMATION

Client Name: \_\_\_\_\_ EAP Case Number: \_\_\_\_\_

By signing this statement of understanding, I agree to allow the Affiliate to invoice Carebridge EAP for my counseling sessions, as well as provider case notes, consultation and case collaboration to Carebridge.

Client/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

EAP Affiliate signature: \_\_\_\_\_ Date: \_\_\_\_\_

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