



## STATEMENT OF UNDERSTANDING

The PENN Behavioral Health Employee Assistance Program (EAP) was designed to help you and your family members with personal problems. The EAP offers assessment, referral, and short-term counseling through face to face sessions with a mental health professional.

Your EAP counselor works with you to assess your problem and to develop an appropriate action plan to help resolve that problem. This plan may include short-term counseling with your EAP counselor. Your EAP counselor may also facilitate and recommend a referral to another provider or organization with expertise in your area of need.

*All EAP services are provided at no cost to you and your family members.*

However, if your action plan involves seeking services outside of the EAP, the **financial responsibility for payment to that resource is yours**. Those services may be covered under a medical benefit offered by your employer, insurer, or HMO. It is **your responsibility** to determine whether or not services are covered under any such plan and to pay any charges not covered.

The information you share with your EAP counselor is **confidential**. Confidentiality is extremely important to us. What is discussed in your session is confidential. We require a signed authorization to release any information to your employer or any other person in the instance such communication is necessary. The following exceptions are mandated by law:

1. If you disclose your intention to inflict bodily harm to yourself or another person, or pose risk to public safety.
2. If you disclose that either physical abuse, neglect and/or sexual assault of a minor child or elderly/dependent adult had occurred.
3. If we are required to present records to comply with a court order.

If you have any questions or concerns about the service, you are encouraged to discuss them with your counselor or with the EAP Manager by calling 1-888-321-4433.

I hereby acknowledge that I have read this statement and understand its conditions.

\_\_\_\_\_  
Signature of EAP client/legal guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of witness

\_\_\_\_\_  
Date