



Statement of Understanding

Welcome to *LifeSolutions*. *LifeSolutions* EAP (employee assistance program) is a confidential resource designed to help individuals resolve problems and address concerns through professional counseling, consultation, assessment and referral, when necessary, to community resources.

Fees: The services provided to you by *Life Solutions* are free of charge to you but pre-paid by your employer. If you need a referral to a specialized service, those services will not be covered by your *LifeSolutions* benefit, but your *LifeSolutions* counselor will assist you in identifying services that take into consideration your health care benefit coverage and your ability to pay.

Attendance at *LifeSolutions* Sessions: Every effort will be made to offer you appointment times that are convenient. If you are unable to attend a scheduled session, we appreciate at least 24 hours notice so that we may offer that time to others seeking assistance from *LifeSolutions*. Due to the demand for *LifeSolutions* sessions, any late cancellations or failing to show for an appointment may necessitate that we refer you to other services.

Confidentiality: *LifeSolutions* will maintain strict confidentiality regarding your sessions. Information you share in *LifeSolutions* will not be released outside *LifeSolutions* without your written permission. The ONLY exception is when the information is required by law (such as in cases of child abuse or immediate threat of harm to self or others) or by court order.

- Self Referrals:*** When you or a family member contact *LifeSolutions*, no one will be notified of your use of *LifeSolutions* unless you request it and sign a written release. *LifeSolutions* records are kept separate from your employer's and are accessible only to authorized *LifeSolutions* staff.
- Supervisory Recommendations:*** A supervisor may recommend the use of *LifeSolutions* when there is no work performance issue simply to make you aware of resources. Your decision to use *LifeSolutions* is completely voluntary and, as in a self-referral, no one (including your supervisor) will be notified of your use of *LifeSolutions* unless you request it and sign a written release.
- Supervisory Referrals:*** If your supervisor referred you to *LifeSolutions* due to a work performance problem, your use of *LifeSolutions* remains completely voluntary. No information regarding the nature of your problems, the content of your sessions, nor the plan of action will be released to your supervisor or to your organization. The *LifeSolutions* counselor will ask you to sign an authorization to release the following information to your supervisor or to your Human Resources Representative:
 - (1) Your attendance at *LifeSolutions* sessions,
 - (2) Your agreement to follow a recommended plan of action,
- Mandatory Referrals:*** If you have been referred to *LifeSolutions* based on a mandatory referral policy, the *LifeSolutions* role is defined by the policy of your organization. Questions about policy should be addressed to your Human Resources representative. The *LifeSolutions* counselor will speak with representatives of your organization as dictated by that policy, which typically requires informing them about your attendance at *LifeSolutions* sessions, your level of cooperation and your completion of any recommended treatment plans.

I've been given the Notice of Privacy.

Patient refused Notice of Privacy because _____.

Your signature below means that you have read this form and understand its content.

Signature of Client/Guardian

Date

LifeSolutions Counselor

Date