



Statement of Understanding

You have chosen to receive employee assistance program (“EAP”) services which are provided through Magellan Healthcare* (“Magellan”). EAP services may include assessment and referral or brief counseling. The EAP counselor will work with you to clarify the problem, identify choices, and develop an action plan. Magellan is available to respond to your call 24 hours a day, 365 days a year.

FEES

These services are provided at no direct cost to employees and family members. The employee's company pays for the services. However, if you need longer-term counseling or a specialized service, Magellan will assist in locating a resource or service in the community. **It is your responsibility to pay for services provided by any resources outside the EAP.** (Your benefit plan may cover some of the cost. **Check with your benefits representative before services are provided by outside resources.**)

CONFIDENTIALITY

Magellan and the EAP counselor will maintain confidential records of your contact with the EAP and the services provided to you in order to provide continuity and coordination of your care.

No one will reveal information concerning your use of the EAP to anyone outside the program except as follows: (1) you consent in writing; (2) life or safety is seriously threatened; (3) disclosure is required by law; or (4) your counselor refers you to benefits-covered treatment and the claims payor requires information. In addition, your counselor will disclose information and records to Magellan as needed for coordination of EAP services, quality assurance, or payment. Professional auditors (not employed by the employee's company) may also examine your file to evaluate the services. Depending on the privacy policy of the employer, the employer's privacy official might have access to information in connection with the employer's obligations in the Privacy Rule under HIPAA (the Health Insurance Portability and Accountability Act). Check the employer's privacy policy to see if the privacy official or anyone else will have access to information.

To provide the best service to customers, members and providers, Magellan may monitor and/or record incoming calls for quality purposes. As a result of this ongoing practice, Magellan staff notifies callers of the potential for monitoring and/or recording for in-bound and out-bound calls made from their direct line.

IF YOU HAVE BEEN REFERRED TO THE PROGRAM DUE TO A WORK PERFORMANCE PROBLEM:

Under your employer's policy,

Magellan is expected to confidentially advise the referral source whether you are participating in the EAP and cooperating with the EAP plan. To permit Magellan to do so, you will need to sign an authorization permitting disclosure of that information. However, you may use EAP services even if you do not sign an authorization. *What you discuss during your EAP participation will not be shared* with the referral source, unless you request, in writing, that this be done.

I, (print name) _____, understand this form, including the confidentiality of the EAP and the limitations to confidentiality, and accept it as the terms of my participation in the program. As an EAP consumer, I also understand that I may request written information describing Magellan's confidentiality policy and/or the EAP counselor's confidentiality policy

Signature

Witness

Parent, guardian, or legal representative (when required)

Date

Counselor Signature: _____ Initial if a copy was given to client.

*Services in California are delivered by Human Affairs International of California or Magellan Health Services of California—Employer Services.