

You have chosen to receive Employee Assistance Services through Optima EAP. These services may include assessment; brief-solution based counseling and possible referral for long-term counseling.

**EAP Services are offered at no cost to employees and dependents.** Your employer has already paid for these services. However, if you need long-term counseling or a specialized service, the EAP will assist you in locating a resource or service in the community. ***It is your responsibility to pay for services provided by outside resources.*** (Your benefit plan may cover some or all of the cost of the service. You may wish to check with your benefits representative before services are provided by a community resource.)

**Your sessions with an EAP Counselor are confidential.** Optima EAP will maintain confidential records of your contact with the EAP and the services you receive in order to provide continuity and coordination of your care. No information concerning your participation in Optima EAP will be discussed or released without your written consent documented on a release of information form. The following exceptions are noted:

- ◆ The Optima EAP Counselor believes that you might harm yourself or someone else. This may include information indicating impairment severe enough to pose a life-threatening situation in the workplace.
- ◆ The Optima EAP Counselor believes that a child, an elderly person or a disabled person is being abused and/or neglected.
- ◆ A court order is issued requiring the EAP to provide information in connection with certain legal proceedings such as child custody, care and protection cases, adoption proceedings, or a case against an EAP Counselor.
- ◆ If your employer has formally referred you for EAP services, the EAP is expected to confidentially inform the referral source **as to your participation in Optima EAP and your cooperation with the EAP service plan. Some employers require additional information, especially in cases related to referral based on substance use.** To permit the EAP to provide any information to your employer, you will need to sign a release of information form permitting the disclosure of that information. Only your participation, cooperation and other required information will be released. Your personal problems will not be discussed with the referral source unless you request, in writing, that this be done.
- ◆ The EAP Counselor will disclose information and records to Optima EAP as required for coordination of EAP services, quality assurance and/or payment for services provided to you.

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I have read the Optima EAP Statement of Understanding including the confidentiality of the EAP and the limitations to confidentiality. Any questions about this Statement have been answered, and I understand its contents and accept it as the terms of my participation in EAP.

I release and agree to hold harmless Sentara Healthcare, Optima Behavioral Health Services, Optima EAP and their staff, employees and agents from any action or liability arising out of my participation in Optima EAP.

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Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent or guardian if client is a minor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date