



EFR EMPLOYEE & FAMILY RESOURCES

Statement of Understanding

The services offered by Employee and Family Resources (EFR) Employee Assistance Program (EAP) and Student Assistance Program (SAP) consist of counseling, assessment and referral (based on the contracted number of hours/services), and are available to you at no cost as a covered employee/student or significant other residing in the same home.

All services are offered on a voluntary and confidential basis, and involvement is not a condition of your employment or student status. Confidentiality is maintained as governed by federal regulations (42 CFR, part 2; HIPAA). These regulations state that any information about your involvement with the EAP/SAP cannot be disclosed to any person outside the program unless you complete a written authorization to disclose information form *or* one of the following conditions occurs:

1. A judge's order requires disclosure of information;
2. A life-threatening concern arises requiring disclosure to family, employer, medical or other professional personnel;
3. Information indicates suspected child or dependent adult abuse or neglect, requiring a mandatory report to Child/Adult Protective Services, or;
4. A licensing/accrediting body requires auditing or program evaluation.

A written/electronic record will be kept on file for seven years and remains the property of EFR. The file will be destroyed at the end of the seven years. Information will only be released with written authorization or as otherwise allowed or required by law.

A 24-hour notice is required for all appointment cancellations. If the need to cancel an appointment arises on short notice, you will be allowed to reschedule the session once without penalty. If unable to provide at least 24-hour notice to cancel your appointment after the first occurrence, it will count as a used session in the total number of sessions available. If there are more than 3 appointments that you do not attend and do not give the required 24-hour notice, EFR reserves the right to discontinue scheduling of services.

The EAP/SAP is an evaluative service designed to determine what, if any, additional services might be beneficial. Referral will be made to appropriate services based on your needs. You will be notified of the potential costs, regardless of the source of payment, and will be given options whenever possible. Any decision to utilize referral recommendations will be made by you. You have the right to refuse counseling and to be informed of the consequences of that refusal.

If you desire a certain type of counselor or service, please make your preference known. Every effort will be made to ensure your satisfaction and provide you with needed assistance. Should you feel you have any questions or complaints relative to your involvement with the program, you may speak with the program supervisor or request a grievance form from the counselor or receptionist. The grievance form must be completed and sent to the Clinical Director at Employee & Family Resources, 505 5th Ave., Suite 600, Des Moines, IA 50309. The Director will review your complaint and follow up with you by phone and in writing as necessary.

If you have chosen to utilize telehealth appointments, please be aware that the associated technology may fail. Your personal devices and software may not meet requirements to participate in telehealth. Further, you will be responsible for any data charges incurred from your phone/device service provider. Telehealth involves the use of electronic communications to enable EFR professionals to connect with individuals using interactive video and audio communications. EFR will utilize HIPPA compliant resources, for all telehealth communication. As with the use of any telecommunication platforms there is some risk involved and EFR is committed to minimizing the risk to our clients. Telehealth sessions will not be recorded without the participants written consent. For a full list of disclosures regarding telehealth services, please visit: <https://efr.org/how-we-help/counseling-services/>.

Your signature is requested below indicating you have reviewed and understand this information sheet, including the description of confidentiality regulations.

Signature

Witness

Date

Date