

# Aetna EAP

## Statement of Understanding

Dear EAP Participant,

Utilizing the Employee Assistance services provided by your employer is an important first step towards maintaining your work/life balance. Please note the following circumstances surrounding the use of this program:

- **Confidentiality** — Confidentiality is the hallmark of any successful Employee Assistance Program (EAP). You should feel comfortable to share personal concerns with your treating provider, knowing that confidentiality will be maintained. We will not release information about your EAP sessions unless you give us permission to do so. However, there are three situations in which we cannot, by law, refuse to release information.

**Those situations are:**

1. If, during the course of your EAP session, information comes to light including child abuse or abuse of disabled adults, we are required by law to report it to the appropriate authorities.
2. If, during the course of your EAP session(s), the Aetna EAP or an EAP Provider determines that you are dangerous to yourself or others (suicidal or homicidal), we will disclose information in order to protect you or others from harm.
3. If we receive a court order to produce records, we are required by law to do so.

- **Treatment Plans** — Your treating provider will help you formulate an assessment of the concerns which brought you to the program, and will work with you to develop a plan of action to help with those concerns. Your active participation in your treatment is important to a successful outcome.
- **Costs** — There is no cost to you to use your EAP program, up to the limits of the program purchased by your employer. However, should you require services beyond what is provided by your EAP, and you have behavioral health services under your health benefits plan, the provisions of that plan will apply, including copayments, deductibles, etc.

**EAP Participant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Witness Signature** \_\_\_\_\_ **Date** \_\_\_\_\_