



Saint Alphonsus

EMPLOYEE ASSISTANCE PROGRAM

6140 Emerald • Boise, ID 83704 • (208) 367-3300

STATEMENT OF UNDERSTANDING

Welcome to the Employee Assistance Program (EAP). Your employer sponsors this EAP to help employees and family members resolve personal problems.

SERVICES:

Your EAP counselor will help evaluate your situation and develop an action plan for resolving the problem. This action plan may include additional EAP sessions (up to the limits of your company's contract with us), or you may be referred to providers outside of the EAP who have expertise in your area of need.

The EAP **does not provide** long-term therapy; neither does it provide specialized evaluations such as psychological testing, custody evaluations, or court-ordered evaluations. However, we will help you identify appropriate resources to meet these needs.

CONFIDENTIALITY:

EAP services are confidential. We will not reveal information about our work with you to any outside person or agency, including your employer, without your written permission. The only exception to confidentiality is by court order, or in those situations that are life threatening, involve suspected abuse or neglect of a child or vulnerable adult, or represent the commission or threat of a crime on the EAP premises.

COSTS AND APPOINTMENTS:

EAP services are customized by the employer and usually are paid in full by the employer. Some plans may require copay after a certain number of visits. Your counselor will be able to explain the details of your plan. If you accept a referral to a provider in the community, you will be responsible for any costs associated with those services. You should check your health care benefits to determine if those costs might be covered by your health insurance.

EAP sessions will usually last 45-60 minutes. Your counselor will make every effort to begin and end the sessions on time. **If you fail to appear for a session, or cancel a session with less than 24 hour notice, we will either count that session against the total allowed by the employer or you may be charged for the time that was allotted to you, depending on your plan.** Your counselor will be able to answer questions about this policy.

THE SAINT ALPHONSUS EAP:

The Saint Alphonsus EAP is a department of Saint Alphonsus. All counselors have earned advanced degrees and maintain state licenses. If you have additional questions about the EAP, ask your EAP counselor or the Office Manager.

FEEDBACK QUESTIONNAIRE:

In order to monitor the effectiveness of the EAP and identify ways of improving our services, after we complete our work together we would like to send you an anonymous feedback questionnaire. Please select from the following options.

- Please email the questionnaire to the following address: _____
- Please mail the questionnaire to the following address: _____
- No, please do not mail me a feedback questionnaire.

ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES:

I have been offered the Saint Alphonsus Notice of Privacy Practices that provides information about how the facility may use and disclose Protected Health Information (PHI) for purposes of treatment, payment and health care operations. **Please initial**

I have read this statement and accept, understand, and acknowledge its conditions and contents.

Signature of Client or Legal Guardian

Date

Name of Client (Please Print)



Saint Alphonsus

EMPLOYEE ASSISTANCE PROGRAM

6140 Emerald • Boise, ID 83704 • (208) 367-3300

ADULT CLIENT INFORMATION FORM

***All identifying information is confidential, to the extent permitted by law.**

Today's Date: _____ Been Here Before? Yes No When?: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephones: Cell: _____ Home: _____ Work: _____

OK to Call?: Cell Home Work OK to Leave Message?: Cell Home Work

Email: _____ OK to email?: Yes No

Date of Birth: _____ Age: _____ Gender: Male Female

Marital Status: Single Divorced Widowed Married Partnered

Name of Spouse/Partner: _____ How long married?: _____ Kids?: _____

Emergency Contact: _____ Phone number: _____

Your Employer: _____

Job Title: _____ Dept.: _____

Referred by: Self Supervisor HR Co-worker/Friend Family

Have you ever received any kind of counseling services? Yes No

When: _____ Therapist: _____

The information below pertains to the Employee of the company providing this benefit.

Your status with the Employee of the company that is sponsoring this EAP visit:

Self Spouse Partner Child/Dependent of Employee

Name of Company Providing this Benefit: _____

Employee Name: _____ Employee's Date of Birth: _____

