



Aurora Health Care®

Employee Assistance Program

Statement of Understanding

Many of us have problems in our personal lives that can impact other aspects of our lives. Our families, friends and even work can be negatively affected. Contacting your employee assistance program is a first step in resolving these problems. Congratulations, you are on your way to making some positive changes for yourself or someone important to you!

Voluntary Participation

Your company has chosen Aurora Employee Assistance Program ("Aurora EAP") to help you and your family to get the right care from the right source. The choice to use Aurora EAP is voluntary and is offered through your employee benefits at no charge to you. Your decision to contact Aurora EAP will not be shared with anyone, including your Employer, unless you give consent.

EAP Consultation

An EAP consultation is a confidential visit with a counselor. It is designed to assist you in developing a plan that will meet your needs. Your counselor will listen to your concerns, gather facts and information about specific areas of your life, and make recommendations that will help you find the best resources available to you.

Aurora EAP can connect you with resources including information and support, legal assistance, support groups, child and elder care resources, or credit counseling. *In some situations, you may receive a referral for ongoing counseling. Your health benefits may cover these services in whole or in part; however, you will be responsible for making payment arrangements.* Your counselor will be happy to assist you in finding the provider that will best fit your needs and meet your health benefits requirements.

If your mental health benefits provide better benefits if you receive a referral through EAP, your signature below authorizes Aurora EAP to inform your health plan of the treatment provider you have chosen.

Confidentiality

Your contact with Aurora EAP and all information that you share with the counselor is confidential. Your written permission is needed to release information except in cases of intent to harm self or others, abuse of children or the elderly, danger or harm to the company, especially if you are in a safety sensitive position, or a court order. Our Notice of Privacy Practices gives detail about the use and disclosure of your medical information.

Mandatory Participation

In order to be in compliance with your employer's referral, you will be asked to sign a release of information form and you will be required to attend a minimum of 2 sessions with an EAP counselor. Usually your Employer would like to be informed that you met with the EAP counselor and your agreement and follow through with treatment recommendations.

Cancellations

Should you need to cancel an EAP appointment, you must notify the EAP at 800-236-3231 at least 24 hours in advance. Failure to do so may delay or disrupt your service.

Customer Satisfaction

Aurora EAP is interested in providing quality services to meet your needs. If you have any concerns or feedback regarding Aurora EAP Services, please contact your counselor or Aurora EAP immediately.

Notice of Privacy Practices

I hereby acknowledge that Aurora EAP has offered me a copy of its Notice of Privacy Practices as required by the Health Insurance Portability and Accountability Act of 1996. I have read and understand this document.

Client Signature: _____

Date: _____

Counselor Signature: _____

Date: _____