

CONFIDENTIAL SERVICE PLAN & STATEMENT OF UNDERSTANDING
INSTRUCTIONS: Complete at end of assessment. Explain plan and Statement of Understanding to client and sign as witness. Client completes bottom section and signs form. Supply client copy, and mail original to MHNet.

STATEMENT OF UNDERSTANDING:

1. **Extent of EAP Services.** The EAP offers assessment, consultation, and short-term counseling for your personal concerns. Often short-term counseling is completed within the allotted EAP sessions. However, the number of required sessions is determined by your counselor. If, after the initial assessment, the EAP counselor determines that long-term counseling is necessary, you will be referred out of the EAP.
2. **Cost.** There are no charges to you or your family for using the EAP services. There may be charge however, should you be referred to – and choose to utilize – the services of the professional resources. If outside referral is chosen, every effort will be made to find the best resource at the lowest cost to you. Certain costs may be partially offset by your Medical Benefit Plan. Contact your carrier for plan benefits and exclusions.
3. **Confidentiality.** All records kept by the EAP will be treated confidentially. No information can be released outside the EAP without your written consent, unless required by law. Various laws require that the EAP staff assume the responsibility for reporting to appropriate parties instances when a person is a danger to themselves, to others, or when child abuse/neglect is involved.
4. **Supervisory Referrals.** A) Recommended Referrals – If a supervisor recommends that you contact the EAP (for instance, because of a performance problem), the supervisor will not be informed of your participation without your signed consent. B) Mandatory Referrals – The handling of mandatory referrals is in accordance with your employer's policies.
5. **Complaints.** If you have a complaint concerning any person associated with the EAP service, the quality of services provided, or any other aspect of the EAP, you may register the complaint with the 24 hour Hotline by calling 1-800-492-4357.
5. **Signature.** I have read this statement and may receive a copy.

Client/Guardian Signature _____ Date _____
 EAP Counselor Signature _____ Date _____

Client Agreement to Consent to Release Information: I authorize the release of information to my Primary Care Physician (PCP). Information may be shared with them in order to inform and coordinate treatment.

Accept Decline Client/Guardian Signature _____

PCP Name: _____ Phone Number: _____

Note to Recipient: This confidential information is being disclosed to you from records that may be protected by Federal law regulation found at USC 290dd-2 and 42CFR Part 2, dealing with confidentiality of alcohol and drug abuse patient records, as well as State law dealing with mental illness. The federal rules prohibit you from making any further disclosure of this information unless further disclosure is permitted by written consent of the person to whom it pertains or as otherwise permitted under 42 CFR Part 2. State law may require the same. It is provided to you as the Primary Care Physician for the above named client solely for continuity of care purposes and to inform you of your patient's health status. Violation of this Federal law or regulation is a crime and suspected violations may be reported to appropriate authorities in accordance with Federal regulation. Federal law and regulations do not prohibit any information about a crime committed by a patient or information about any threat to commit a crime, nor do they prohibit information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities. Federal rules restrict any use of this information to investigate or prosecute any alcohol or drug abuse patient.

<p>Mail To: MHNet P.O. Box 209010 Austin, TX 78720-9010 Fax: 512-347-8087</p>	<p>For questions regarding the EAP services, client benefits or the Authorization please contact the MHNet Division at (800) 492-4357. For questions regarding claims payment, please contact MHNet Claims Service Now! at (866) 992-5246.</p>
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