



Employee Assistance Program

Statement of Understanding

Many of us have personal problems that can impact other aspects of our lives. Our families, friends and even work may be negatively affected. Contacting your employee assistance program is a first step in resolving them. 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 by signing a release of information form.

EAP Consultation

An EAP consultation is a **confidential** visit with a counselor. It is designed to help you develop 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.

Referrals beyond EAP

Aurora EAP can connect you with community services, legal assistance, support groups, child and elder care resources, and financial counseling. *In some situations, you may receive a referral beyond EAP services for ongoing outpatient mental health or substance abuse counseling. Your health insurance benefits may cover these services in whole or in part; however, you will be responsible for making payment arrangements and may have an out of pocket cost for these services.* Your EAP counselor will be happy to assist you in finding a provider that will best fit your needs and is covered by your health insurance benefit. *Your signature below authorizes Aurora EAP to coordinate your care with your insurance company and with your provider for that purpose.*

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 yourself or others; abuse of children, elderly or a vulnerable adult; need to coordinate care with other health care providers or insurance; and/or in cases of danger or harm to your company that includes risk or danger of loss due to your impairment or illegal acts. Our HIPAA Notice of Privacy Practices gives detail about the use and disclosure of your medical information.

**Cancellations

Should you need to cancel your appointment, please 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 a manager at Aurora EAP immediately.

Notice of Privacy Practices

You hereby acknowledge that Aurora EAP has provided you a copy of its Notice of Privacy Practices as required by the Health Insurance Portability and Accountability Act (HIPAA).

I have read and understand this document.

Client Signature: _____

Date: _____

Counselor Signature: _____

Date: _____

Please visit our website for helpful information – www.aurora.org/eap