

**STATEMENT OF UNDERSTANDING  
Comprehensive EAP, Inc.**

**Employee Assistance Program (EAP) Services**

Your company has contracted with Comprehensive EAP, Inc. to provide employees and eligible family members with help for personal problems that include *assessment, short-term counseling, referral, follow-up and support*. The goal is to help you with issues that affect the quality of your life, your happiness and your productivity at work. *EAP services are provided to you at no cost.*

**Protecting the Privacy of Health Information**

EAP services are strictly confidential within the limits of the law. The limits of confidentiality include situations where there is abuse or neglect to a child, elderly person or dependent person; where there is a threat of suicide or grave physical harm; where there is a court order signed by a judge in response to a subpoena and where a workers compensation claim has been filed.

A copy of "Protected Health Information – Full Notice" can be provided for you by contacting Dr. Robert Kagey at (800) 344-1011 or from Comprehensive EAP's web site ([www.compeap.com](http://www.compeap.com)). This notice gives detailed information on your rights and our duties to protect your health information.

*Information regarding your use of the EAP will not be shared with your employer without your permission or unless required by law as stated above.*

**Cost for Services Outside the EAP**

Referrals for services outside of the EAP may be recommended. These referrals are suggestions and the decision to use them is at your discretion. Your health insurance may provide coverage for these services. You are responsible for determining insurance eligibility and the cost to you for these services. *Any cost for services outside of the EAP are your responsibility.* The EAP counselor will make every effort to help you find the most cost effective service.

Your signature below indicates you have read this form and understand its contents:

\_\_\_\_\_  
Name of Client

\_\_\_\_\_  
EAP Counselor

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date