



## Program Statement and Consent to Disclosure

**FirstCall™**, an Employee Assistance Program (“EAP”), provides confidential assessment, referral and short-term counseling to eligible employees and their eligible family members. Your employer has prepaid this benefit. You are entitled to receive up to \_\_\_\_ counseling sessions per presenting problem situation. The number of sessions that you will receive for a given situation, up to the benefit maximum contracted by your employer, is determined by your counselor’s clinical assessment and recommendation.

Referrals to service providers outside of the EAP may be recommended to help resolve problems. Any costs involved for these services outside of the EAP are your responsibility. Outside services may be covered under the medical benefit plan provided by your employer. It is your responsibility to determine whether or not services are covered under the plan.

### Confidentiality

The EAP will not disclose any information to your employer or to anyone else regarding your involvement with the EAP or your evaluation sessions without your prior written consent, except where required by law or as provided in the Main Line Health System Notice of Privacy Practices or in this Program Statement and Consent to Disclosure. Please note that information you disclose during your evaluation sessions and the file and notes created by your counselor may be discussed by and among EAP personnel for purposes of internal training, supervision or performance review of the counselors, or among EAP personnel in connection with providing services to you. Please also be advised that some of the counselors who provide services for EAP are employees of EAP and some are private practitioners who are engaged by EAP to provide services. However, the above restrictions apply to them regardless of whether they are EAP employees or private practitioners. Ask your counselor to discuss these situations if you have any questions about confidentiality.

EAP may audit your counseling records for quality control purposes, but personal information will not be disclosed to your employer without your permission.

By signing below, you are acknowledging the information and disclosures above and receipt of the Notice of Privacy Practices of the Main Line Health System (“MLHS”) **or of the private practitioner providing your EAP services**. In addition, by signing below, you authorize MLHS to disclose your health information in conformance with the provisions of the Notice of Privacy Practices and are providing authorization and consent under the Health Insurance Portability and Accountability Act (HIPAA) for your counselor to release information to EAP so that EAP can monitor the private practitioners who serve as counselors.

\_\_\_\_\_  
Name of client (please print)

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Signature of client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent (if client under 18 years of age)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of witness

\_\_\_\_\_  
Date