



## ***AllOne EAP - All Points - ease@work Encompass - Lytle - Reach - Sand Creek***

### **Authorization Of Service**

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### **STATEMENT OF UNDERSTANDING**

AllOne Health EAP Group offers assessment, short-term counseling, referral, and follow-up services for you and /or your family/household members.

**All EAP assessment and referral services are provided at no cost to you or your family/household members.** If a referral is made outside the EAP, the financial responsibility for payment to the referral source is yours. Although we endeavor to provide you with high quality referrals, we do not assume any responsibility for the services that may ultimately be provided by these referrals.

The information you share with your counselor is confidential. The EAP will not release information to anyone, including your employer or family/household member, without your written consent. However, counselors are mandated reporters, which mean they are required by law to report to the appropriate state authorities situations where there is a reasonable cause to suspect child and/or elder abuse. In addition, if an individual expresses intent to harm self or others, the counselor is required to break confidentiality to assure the health and safety of all concerned. The EAP is also required to provide information on holders of security clearances or other persons who are judged to be a danger to self, others or threat to the security of the company or national security. There are occasions, in keeping with standard clinical practice; when clinical information may be shared between AllOne Health EAP Group staff members.

If at any time you have any concerns or questions about the services you receive through the EAP, you are encouraged to discuss the matter immediately with your counselor and/or with a clinical staff member at:

**AllOne Health: 800-451-1834   All Points: 800-645-1246   Ease@Work: 800-521-3273  
Encompass: 800-788-8630   Lytle: 800-327-7272   Reach: 800-950-3434   Sand Creek: 888-243-5744**

**IT IS VERY IMPORTANT THAT IF YOU CANNOT KEEP YOUR SCHEDULED APPOINTMENT, YOU GIVE YOUR COUNSELOR A 24-HOUR CANCELLATION NOTICE.**

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

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

Client's Case #: \_\_\_\_\_