

**CONCERN: Employee Assistance Program
STATEMENT OF UNDERSTANDING**

1. You or your spouse or partner's organization contracts with CONCERN to provide, at no charge to you, assessment, referral and/or short term counseling services (1 to ____ visits). Participation in the CONCERN program is voluntary.
2. Clients may schedule visits beyond the EAP visits provided by their organizations when their CONCERN counselor agrees that continuation is in the best interest of the client. Any charges incurred for services beyond the EAP visits are the sole responsibility of the client. Some clients may be eligible for partial reimbursement of these charges through their insurance coverage.
3. Clients who continue with a CONCERN counselor after their EAP visits will be contributing to the financial interest of CONCERN or its contracted counselors. Your counselor will discuss, and can provide you with, alternative referrals.
4. We require 24 hours notice to cancel or reschedule visits. You can be assessed one visit against your allotted visits for appointments you do not keep or that you cancel or reschedule with less than 24 hours notice.
5. In accordance with state and federal laws, all information disclosed to a CONCERN counselor is confidential and can only be released with written consent or as may be required by a court order. The law mandates counselors to report required information to appropriate authorities under the following circumstances:
 - when the client is thought to be in danger of committing suicide.
 - when there is reasonable suspicion of child, dependent, or elder abuse.
 - when the client threatens serious harm to someone.
6. Counselors keep records of clients' visits, and may consult with a CONCERN clinical supervisor in some cases. Please discuss with your counselor any questions you may have about how your records will be handled.
7. You can receive a "Notice of Privacy Practices" from CONCERN that describes how your protected health information may be used and disclosed and how you can access this information. You can call 800-344-4222 to request this document be mailed or emailed to you.
8. CONCERN clients have certain rights afforded all counseling clients. Please contact CONCERN at 800-344-4222 if you would like a copy of these rights.
9. When you receive services from CONCERN, you agree to have any issue (except claims of malpractice) decided by neutral binding arbitration and are giving up your right to a jury trial. If you have any questions about this, please contact your employer's benefits department.
10. A formal procedure is available to handle any complaints about services. You may contact a clinical manager for details at (650) 940-7100 or (800) 344-4222.
11. Clients may be contacted by telephone or mail to survey satisfaction with CONCERN services and to provide any additional information.

I have read and understand the above statement of understanding provided by CONCERN. The above information was discussed with my counselor during the first counseling session.

Client Signature(s): _____ Date: _____

CONCERN Counselor: _____ Date: _____