

STATEMENT OF UNDERSTANDING

REQUEST AND CONSENT FOR CLINICAL PARTICIPATION

I hereby request and consent to my participation in clinical assessment and counseling services offered through the staff of the CHI St. Alexius Health Employee Assistance Program. I further request and consent to the participation of my children under the age of 18 whom I may wish to include in the clinical assessment and counseling process along with me, other members of my family or on an individual basis.

PROGAM ELIGIBILITY AND COSTS

CHI St. Alexius Health Employee Assistance Program offers assessment, referral, and short-term counseling. Services provided by CHI St. Alexius Health Employee Assistance Program are offered at no cost to you.

Referrals to service providers outside of CHI St. Alexius Health Employee Assistance Program may be recommended. Those services may be covered under a medical benefit plan offered by an employer or insurer. Referral is not a guarantee of benefits. Payment of benefits is subject to contractual provisions of the plan. It is your responsibility to determine whether or not services are covered under any such plan and to pay any charges not covered.

CONFIDENTIALITY

Your counselor and CHI St. Alexius Health Employee Assistance Program will not share information with any person outside of the CHI St. Alexius Health Employee Assistance Program without your written permission, except as required by law or in a situation deemed potentially life-threatening.

The confidentiality of your participation in this program may also be protected by federal and state laws and regulations. The violation of federal requirements is a crime, and suspected violations may be reported. Federal regulations do not protect from disclosure of information related to a client's commission of a crime against CHI St. Alexius Health Employee Assistance Program property or personnel, or reports under state law of suspected child abuse or neglect.) See 40 2U. As. C. 290 DVD – 3 and 290 EE – 34 federal laws and 42 – CFR part 2 for federal regulations.)

CHI St. Alexius Health Employee Assistance Program staff may follow up with you by phone or questionnaire to evaluate our effectiveness of your satisfaction. Questions or comments about your experience can be directed to our program director on our toll-free line 1.800.327.7195, or to your counselor.

CANCELLATION/SHORT NOTICE/MISSED APPOINTMENTS POLICY

We ask that you provide 24 hour notification for any canceled appointments. We do understand that at times events or situations result in "short notice" or "missed appointments". Each "short notice" or "missed appointment" beyond 2 will be counted as a session.

NOTICE OF PRIVACY PARACTICES

We have prepared a detailed "Notice of Privacy Practices" to help you understand our policies regarding your personal health information. A copy of this notice is available to you. Your signature below acknowledges you have received a copy of the "Notice of Privacy Practices". The terms of this notice may change, however, we will always post the current notice at our facilities. The most recent form can be found at www.chistalexiushealth.org/bismarck/facilities/employee-assistance-program under forms.

ACKNOWLEDGMENT/AUTHOIZATION

I hereby acknowledge that I have read each of the above statements and have received a satisfactory explanation of each item. I further acknowledge I have received a copy of the "Notice of Privacy Practices", as well as a copy of this form "Statement of Understanding". As a client or authorized representative I do agree and accept these terms.

_____/_____/_____
Signature of Client Date Name of Client (Printed)

_____/_____/_____
Witness Date