



Employee Assistance Program (EAP) STATEMENT OF UNDERSTANDING

Employee Assistance Programs (EAPs) are provided by many employers who wish to offer their employees and family members a provider assessment and referral service.

This information is provided to you to help you better utilize available EAP services.

FEES

Sessions within the EAP are offered at no cost to the employee or family members. Your employer has already paid for this service.

If an employee or family member needs specialized counseling or treatment services, he or she will be assisted in locating an appropriate resource. While medical benefits may defray some of the costs of the services provided by these resources, the employee or family member assumes financial responsibility for such services.

PRIVACY

Information concerning the use of the EAP will not be given to anyone outside the EAP without your permission unless required by law. Certain state laws require that the EAP staff assume the responsibility for reporting to appropriate parties instances when a person is a danger to him or herself, to others, or when child or vulnerable adult abuse/neglect is involved.

SELF REFERRALS

If an employee or family member initiates a request for assistance, no one will be notified of the individual's use of the EAP service without that individual's written permission.

SUPERVISOR REFERRAL

If a supervisor initiates the referral of an employee as the result of a performance discussion, or as a result of a positive drug screen, the supervisor will be notified whether or not the employee has kept the appointment with the EAP provider.

VOLUNTARY PARTICIPATION

Use of the EAP is voluntary. It is the client's decision whether to use (or not to use) the services available. In some cases, as noted above, your employer may require participation in the EAP as a condition of employment or as a part of the company's substance use policy.

COMPLAINTS AND GRIEVANCES

If you have a complaint concerning a person associated with Evernorth Behavioral Health's EAP, an EAP service, the quality of services, or any other aspect of the EAP, you may register the complaint by calling 800-926-2273.

I have read and received a copy (*if requested*) of this information.

Signature: _____

Date: _____

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