## Claremont Behavioral Services Statement of Understanding

We are pleased that you have decided to take advantage of your EAP services. Before you begin your discussion with an EAP professional, it is important that you understand some issues about confidentiality and the Health Insurance Portability and Accountability Act (HIPAA).

Your involvement with the EAP is confidential. Claremont Behavioral Services will not disclose any information about your involvement in the EAP, including the fact that you have contacted the EAP, with anyone, unless you give us written permission to do so. However, there are three limitations to confidentiality that are required by law. These include:

- 1. If we suspect that a situation involves child or elder abuse, we are required to report it to the proper authorities.
- 2. If we feel that you are a danger to yourself (suicidal) or others (homicidal), we must take appropriate actions to protect persons from harm.
- 3. If a court orders us to present records, we are obligated to comply.

In addition, your EAP counselor will disclose clinical information to Claremont Behavioral Services as needed for coordination of EAP services, quality assurance and/or payment, via mail, fax, or electronically.

Your EAP counselor will provide you with documentation on the guidelines and procedures for complaints if you feel any of your confidential information has been disclosed without your permission, and how you can obtain a copy of this information.

You should also understand that if you do not attend a scheduled session, or cancel with less than 24 hours' notice, that session counts against the number of EAP sessions you were allotted.

If you have any questions about these matters, or anything else related to your participation in the EAP, we encourage you to discuss it with your counselor, or contact Claremont Behavioral Services directly.

EAP Participant Signature	Date

This form has been replicated by your therapist in order to deliver it to you, and receive your signed acknowledgement, electronically as you are participating in therapy virtually.