

Attachment B
E⁴ Health, INC
Statement of Understanding

Welcome

E⁴ Health, INC (E⁴ HEALTH, INC) offers assessment, short-term counseling, and referral services to the employees of our client organizations and their eligible family members. Services provided within the EAP counseling benefit are provided at no direct cost to the employee or family member. It is the responsibility of the client to pay for any services outside of the EAP counseling benefit.

Client Rights

Information that you provide to E⁴ HEALTH, INC Health will not be released without your prior knowledge and written consent except under the following circumstances: E⁴ HEALTH, INC Health counselors may be required to and will report threats of imminent physical violence or of suicidal intent as well as suspicion of child/elder abuse or neglect. Furthermore, your E⁴ HEALTH, INC Health counselor may consult or share clinical information with other E⁴ HEALTH, INC Health counselors or their contracted mental health professionals when necessary to provide you with quality clinical services.

Upon request, you are entitled to information about the methods of counseling, the techniques used, the duration of counseling, information regarding educational degrees, clinical training and experience, licenses and credentials of your counselor. When requested in writing, a treatment summary can be provided at your expense. You may terminate counseling at any time. In a professional counseling relationship, sexual intimacy is never appropriate and should be reported to your Regulatory Agency. Contact information for the Regulatory Agencies is available from our call center. Any time you have questions or comments about E⁴ HEALTH, INC Health services, please call 1-800-227-2195 (if in the U.S. or Canada), or via confidential fax at 401-274-6472

If you wish to file a complaint about E⁴ HEALTH, INC Health, you may do so by telephone at 1-800-227-2195, by fax at 401-274-6472. If you speak a language other than English or Spanish, or require assistance due to a visual or hearing problem, your counselor will contact E⁴ HEALTH, INC Health to assist you with the Grievance Procedure. If you need an interpreter to assist in filing a complaint, one will be provided, and will contact you to obtain the information about your grievance.

Client Responsibilities

You must cancel 24 hours in advance when you are unable to keep an appointment, or the missed session will “count” toward your EAP counseling benefit for that year.

It is E⁴ HEALTH, INC Health’s policy not to participate in clients’ legal actions such as custody suits, divorce proceedings, personal injury suits, etc. If you are considering or are involved in such actions, your E⁴ HEALTH, INC Health counselor can refer you to a mental health professional that is experienced in legal matters. Because such services are beyond your EAP benefit, costs for these services will be your responsibility.

I understand that E⁴ HEALTH, INC Health may review my clinician’s file regarding my treatment or my dependent’s treatment as part of E⁴ HEALTH, INC Health’s Quality Assurance Program. I understand that my records may be transferred electronically. I understand that my participation in EAP counseling is voluntary and that all my records are protected by confidentiality regulations. I have read this form and understand my rights and responsibilities as a client of E⁴ HEALTH, INC Health. I hereby give my permission to have E⁴ HEALTH, INC Health follow-up with me upon completion of treatment to make sure that I am satisfied with the services rendered.

Please keep in member file, do not return this Statement of Understanding to E⁴ HEALTH, INC.

Client’s Signature
(Parent if client is minor)

Client’s PRINTED NAME

Date