

P.A.C.T.
Employee Assistance Program (EAP)
Statement of Understanding

P.A.C.T. provides the Williamson County EAP and it is our pleasure to offer you our services. To insure the best quality of care, there are a few issues we want to clarify for you before services begin.

EAP services are available to all employees and their dependents. These services include assessment, referral and short-term counseling. You are eligible to receive up to six EAP sessions per rotating year. All services are provided at no cost to you or your dependents. However, if you need longer-term counseling or a specialized service, the EAP will help in locating outside resources. These outside services are not covered by the EAP and will be your responsibility. Many of these outside services may be covered through your medical benefits.

In order to provide a safe and secure setting for you to openly discuss any personal problems, we take your privacy very seriously. The EAP will keep and maintain confidential records of your treatment through the EAP in order to provide continuity and coordination of care. We will not acknowledge any contact nor share any information with any person without your written permission. However, there are three limitations to confidentiality that are required by law.

- 1) If we are informed of child abuse or abuse of disabled adults, we are required to report the situation to the proper authorities.
- 2) If, based on our clinical judgement, that a participant is in imminent danger to himself/herself or others (suicidal or homicidal), we are required to disclose the information to the proper authorities in order to protect a person from harm; and
- 3) If we are served a court order requesting records, we are legally required to comply.

If you have been required by your manager to seek EAP services in connection with a corrective work performance plan, other considerations may apply and will be discussed with you before services begin.

We hope this information is helpful. If you have any questions or concerns with the terms presented in this statement, please ask your EAP counselor. We are here to help in any way we can.

I have read this statement and acknowledge its terms and conditions.

Signature of client or legal guardian

Date