

Ceridian LifeWorks Services

STATEMENT OF UNDERSTANDING FORM

To be signed during the initial intake session

CASE #: _____

Ceridian LifeWorks Services, Employee Assistance Program (EAP), offers assessment, referral, and in some cases, short-term problem resolution counseling. EAP referrals for assessment and/or short-term sessions are provided per issue, not per individual. Services within the EAP benefit are provided at no cost to you. However, you are required to provide your EAP counselor with at least 24 hours notice of canceling any appointment.

Referrals to service providers outside of the EAP may be recommended. Those services may or may not be covered under your medical benefit plan. It is your responsibility to determine whether or not those outside services are covered and it is your responsibility to pay any charges for services not covered by your medical benefit plan.

CONFIDENTIALITY

Ceridian LifeWorks Services Employee Assistance Program believes it is important that persons seeking EAP services understand their right to confidentiality of communications made in connection with these services. A consent form authorizing release of information will be provided to you upon your request. Unless you authorize disclosure of communications and records of sessions outside the EAP, communications between you and your EAP Affiliate are kept confidential (note exceptions below). Your written consent is required for the disclosure of information outside the EAP.

Circumstances in which your Affiliate may be required to disclose confidential information without your permission include:

1. If your Affiliate thinks you might harm yourself or someone else. This may include information indicating impairment sufficient to pose a life threatening situation to the workplace;
2. If your Affiliate believes that a child, an elderly person, a nursing facility patient or a disabled person is being abused and/or neglected;
3. If a Judge orders your Affiliate to comply with a court order or to provide information in connection with certain legal proceedings such as child custody, care and protection cases, adoption proceedings, or a case against the Affiliate.
4. If you have been mandated to Ceridian LifeWorks Services EAP by your employer, the Affiliate and Ceridian shall disclose information to your employer as indicated in the release of information signed by you at the onset of services.

CONFIDENTIALITY MILITARY ONESOURCE PROGRAM (The information in this section only applies to the Military OneSource (MOS) Program)

Circumstances in which your MOS Provider may be required to disclose confidential information to appropriate civilian and/or military authority without your permission include:

1. If your Provider thinks you might harm yourself or someone else. This may include information indicating impairment sufficient to pose a life-threatening situation at your duty station.
2. If your Provider believes that domestic abuse is occurring, or a child, an elderly person, a nursing facility patient or a disabled person is being abused and/or neglected.
3. If a Judge orders your Provider to comply with a court order or to provide information in connection with certain legal proceedings such as child custody, care and protection cases, adoption proceedings, or a case against the Provider.

CLINICAL RECORDS WITHIN THE EAP

The Affiliate will provide clinical information and paperwork to Ceridian LifeWorks Services in order to facilitate your services and ensure appropriate quality standards and case management. Ceridian LifeWorks Services has the right to access case notes and clinical records. Staff members who are involved in providing EAP services and those performing clerical tasks have access to your file and may review your file in order to provide necessary services. All of these persons are aware of the need to protect your privacy. If you do not wish to sign this form, you can choose to bypass the EAP service and access counseling independently.

You have a right to access your record maintained by the Ceridian LifeWorks Services EAP. If you or any participant of EAP assessment and/or sessions wishes to have a hard copy of your record, you must contact Ceridian.

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(Continued)

COMPLAINTS CONCERNING HARASSMENT AND/OR DISCRIMINATION

Discussions with the EAP Affiliate regarding concerns of workplace harassment and/or of violation of company policy and/or discrimination are not considered official notification to your employer. It is recommended that you follow your company's policy regarding the reporting of such incidents.

FAMILY ISSUES

Working with Minors

Ceridian LifeWorks Services EAP program does not authorize individual assessment for children under 13 years of age. However, we may refer a minor child for EAP assessment and/or short-term sessions within the context of the family unit. Parental or legal guardian participation is required throughout all of the authorized sessions.

Children over 13 years of age, but under the age of majority, may be authorized for individual assessment and or short-term sessions with the signed consent (Statement of Understanding) of a parent or legal guardian. Parental or legal guardian participation is required for at least the initial assessment session.

Working with Couples (Partner-Relational)

Ceridian LifeWorks Services EAP program provides referrals for co-joint couple/partner-relational assessment and/or short-term sessions. Both parties referred for co-joint assessment and or short-term sessions must attend at least the initial assessment session. Both parties for co-joint assessment and/or short-term sessions are required to sign a consent (Statement of Understanding) form.

If applicable, when referring one of the participants of co-joint EAP services for individual assessment and or short-term sessions it is Ceridian's policy to refer to an EAP provider who has not previously provided services to the couple. Conversely, when referring a couple for co-joint assessment and/or short-term sessions it is Ceridian's policy to refer to an EAP provider who has not previously provided services to either party individually.

I have read this EAP Client Statement of Understanding (informed consent). Any questions about this Statement have been answered, and I understand its contents.

I release and agree to hold harmless Ceridian Corporation and Ceridian LifeWorks Services EAP, its staff, employees, and agents from any action or liability arising out of my participation in the EAP.

Signature of Client _____ Date _____

Signature of Client _____ Date _____

Signature of Parent or Guardian (if client is a minor) _____ Date _____

Signature of EAP Affiliate or Witness _____ Date _____