

# Statement Of Understanding (SOU)

Universal Employee Wellness Programme (EWP)



**Universal**

Employee Wellness

EWP@universal.co.za / www.universal.co.za/ewp

Client name and surname:

Employee (main member) name and surname:

Company name:

Pre-authorisation number:

Name of network provider:

The Universal Employee Wellness Programme (EWP) service is provided through the counselling service at Universal Care (Pty) Ltd, an accredited managed care organisation, to which the psychosocial network provider is affiliated. The services offered to you (and your dependants, where applicable) by the Universal EWP may include assessment, brief counselling and referral. You may require longer term or more specialised counselling, in which case you will be referred to the most appropriate service provider outside of the Universal EWP network. In this instance, it may not be possible for your network provider to continue working with you.

**Please note:** The Universal EWP does not include any interventions required for court proceedings, legal matters or an intervention that would require a report for any purpose other than matters related to work.

## 1. Fees

The Universal EWP service is provided to you and your dependants (where applicable) at no cost. Your employer has already paid for the services. Should you consent to a referral outside of the Universal EWP, it is your responsibility to pay for the services provided by that professional person/organisation.

Psychometric assessments are not conducted within the scope of the Universal EWP and will also be for your own account, if required.

## 2. Consent

By signing this document you consent freely to assessment and counselling with the Universal psychosocial network provider and declare that your consent was not given under duress. Please also note that you have the right to withdraw your consent in writing at any given time.

## 3. Confidentiality

All information that may arise from an assessment or counselling session will be regarded as strictly confidential and will not be divulged to any other party outside of the Universal EWP, with the following exceptions:

- a. When you provide express written consent to divulge information;
- b. When the life or safety of yourself or that of another person is seriously threatened due to your state of mind or your stated or implied intent;
- c. When a child is considered at risk (as provided for in the Children's Act 38 of 2005);
- d. When disclosure of information is required by law, or the Network Provider is ordered by a court of law to do so;
- e. When you are suspected of being involved in company-related fraud or espionage; or
- f. For purposes of coordination of services, case management and record keeping by Universal's EWP office.

**4. Referrals by employer**

- a. If you were informally referred, the referral source will only be notified of your attendance.
- b. If you were formally referred, the referral source will be notified of your attendance as well as your treatment plan and your compliance with the treatment. However, your personal problems will not be discussed and will at all times remain confidential.
- c. Please take note that referrals are geared towards improved performance, which is an organisational imperative.
- d. You have the right to view any written information (feedback report) that will be disclosed by the therapist to your referring manager through the Universal EWP.

**5. Cancellation of appointments**

- a. One business's day notice is required for postponement or cancellation of appointments.
- b. Should you fail to postpone or cancel your appointment as specified and you do not arrive (DNA) for your session, or a second consecutive session, the network provider will close the file and you will forfeit the sessions allocated to you.

**This statement of understanding (SOU) has been explained to me and I understand and agree to the above conditions.**

\_\_\_\_\_  
Signature of client

D	D	M	M	Y	Y	Y	Y
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Date

\_\_\_\_\_  
Signature of parent or guardian (where applicable)

D	D	M	M	Y	Y	Y	Y
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Date

\_\_\_\_\_  
Signature of Universal network provider

D	D	M	M	Y	Y	Y	Y
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Date