

THE CAREWAYS GROUP

STATEMENT OF UNDERSTANDING

Date: _____ Name of Counselor: _____

Name of Employee: _____ Company: _____

Your company's EAP/EWP service is provided through an independent counseling service, The Careways Group, to which the practitioner is affiliated. The EAP/EWP services offered to you (and your family members) may include **assessment, brief intervention and/or referral**. It may be that longer term or specialized counseling would be beneficial for you, in which case you will be referred to the most appropriate service outside of the EAP/EWP. In this instance, it **may** not be possible for your practitioner to continue working with you. **Please note:** Your EAP/EWP service does **not** include any interventions required for court proceedings, legal matters or any other intervention that would require a report for any other purpose other than work related matters.

1. Fees

- 1.1 The EAP / EWP service is provided to you and your family at no cost. Your company has already paid for the services. Should you consent to a referral **outside** of the EAP / EWP, it is your responsibility to pay for the services provided by that professional person/organization.
- 1.2 Psychometric assessments are not conducted within the scope of the EAP/EWP and if required will be for your own account

2. Consent

By signing this document you consent to the assessment by and/or EWP intervention with the practitioner

3. Confidentiality

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

- 3.1. When you provide written consent
- 3.2. When the life or safety of yourself or someone else is seriously threatened due to your state of mind or your stated or implied intent
- 3.3. When a child is considered at risk (as defined by the Child Care Act)
- 3.4. When disclosure of information is required by law or the practitioner is ordered by a competent court to do so
- 3.5. when you are suspected to be involved in company-related fraud or espionage
- 3.6. To The Careways Group administrative office for purposes of coordination of EAP / EWP services, case management and record-keeping.

4. Referrals by Employer

- 4.1 If you were *informally* referred, the referral source will not be notified of your attendance, and your personal problems will not be discussed or revealed
- 4.2 If you were *formally* referred, the referral source will be notified of your attendance as well as the treatment plan and your compliance to the treatment, but your personal problems will not be discussed or revealed. Please take note that your employer does expect your performance to improve if you were referred for a work/performance related matter

5. Cancellation of Appointments

- 5.1 24 hours' notice is required for postponement or cancellation of appointments.
- 5.2 If you do not postpone or cancel as specified above or do not arrive for a session, you will lose that session

This Statement of Understanding has been explained to me and I understand and agree to the above conditions.

Signed: _____
Client / Employee EWP Practitioner

Authorization number: _____