



## Statement of Understanding

### Humana EAP and Work-Life Services

#### **EAP service overview and fees**

The Employee Assistance Program (EAP) is provided through Humana EAP and Work-Life Services. The EAP is not an insurance product. The EAP offers assistance to help address issues affecting your emotional well-being, quality of life and workplace productivity. EAP services are available at no cost to you and include assessment, consultation and short-term support to help you address your concerns. The EAP does not provide custody evaluation, psychological assessment or testing, court-ordered treatment, workers' compensation or disability evaluation, or other specialty services.

Please be aware the EAP only covers the authorized sessions. If you continue counseling beyond the EAP sessions, we encourage you to make sure you know whether or not the EAP counselor is in your health plan's provider network and whether there will be any charges that might apply after you have received services under your EAP. You are responsible for the costs of services you use that are not part of your organization's EAP. This includes services rendered by your EAP provider should you mutually decide to engage in a treatment relationship beyond the EAP-authorized sessions. In this instance, your EAP provider should provide you contact information for at least one other provider, who is an in-network treatment referral option, for your consideration. We encourage you to contact your health plan for information on coverage and authorization prior to accessing services for any care the EAP counselor has recommended that is beyond this program. Please feel free to call the EAP's toll-free number if you have questions.

#### **Participation**

Use of the EAP is voluntary. EAP participation does not preclude your employer from taking action regarding unacceptable work behavior or performance. If you were referred to the EAP by your company's management, the EAP will not advise them of your participation without your written consent on a separate and specific disclosure.

#### **Confidentiality**

EAP services are strictly confidential. Under the Health Insurance Portability and Accountability Act (HIPAA), the privacy of your health information is protected by law. The EAP will not share information with any person outside of the EAP provider without your written consent, except as required by law in the following circumstances:

- When the life or safety of yourself or another individual is seriously threatened or considered at risk
- When there is reasonable suspicion of child, disabled adult or elder abuse or neglect
- As required by a court order

If you work in a safety-sensitive position, there may be additional events that could warrant sharing of information without your consent.

#### **Cancellation policy**

Should you need to cancel an EAP appointment, you must notify your EAP provider at least 24 business hours prior to the scheduled appointment time.

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**TO BE SIGNED BY CLIENT AND EAP PROVIDER AT INITIAL EAP SESSION**

I have read this *EAP Statement of Understanding* and acknowledge its conditions. I understand that should I have any questions about this information, I may contact Humana EAP and Work-Life Services through the toll-free EAP number.

\_\_\_\_\_  
Name of client or legal guardian (*print*)      Signature of client or legal guardian      \_\_\_\_\_  
Date

\_\_\_\_\_  
Name of EAP provider (*print*)      Signature of EAP provider      \_\_\_\_\_  
Date