

Statement of Understanding

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Confidentiality

To provide continuity of care, New Directions Behavioral Health and the EAP counselor will create and maintain confidential records of your contact with the EAP and the services provided to you. ⁽¹⁾ The Privacy Act protects the confidentiality of EAP records and gives you certain rights with respect to your record. If your EAP record reflects an alcohol or drug problem, the record is also protected under the "Confidentiality of Alcohol and Drug Abuse Patient Records" regulation.

No information will be shared with anyone concerning your use of the EAP to anyone outside the program except in any of the following circumstances:

- You give your consent in writing. If the use of the EAP is a part of a Last Chance Agreement or other Settlement Agreement and your continued employment – or reinstatement – depends on your participation, then at this point you will need to sign an authorization to permit New Directions to share information concerning your level of participation with your supervisor or other parties stipulated in the Last Chance Agreement or Settlement Agreement.
- Life or safety is seriously threatened.
- Disclosure is required by law or in accordance with a court order or subpoena.
- The EAP counselor will furnish you a letter verifying the date and time that you attended an EAP session when you attend while in duty status or on sick leave. New Directions Behavioral Health onsite counselors can verify on-the-clock and sick leave attendance directly to your supervisor if you sign an authorization that permits disclosure.
- Your EAP counselor will disclose information and records to New Directions Behavioral Health as needed for coordination of EAP services, quality assurance, or payment. Professional auditors (not employed by USPS) may also examine your file to evaluate the services.



CALL US TODAY: 800-327-4968
800-EAP-4YOU | TTY: 877-492-7341
WWW.EAP4YOU.COM

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If you do not sign an authorization, no information about your EAP attendance, attendance while in duty status or on sick leave, or compliance with EAP recommendations, as applicable, can be shared with your supervisor. Even if you do not sign an authorization you may use EAP services.

I _____ understand this form, including the confidentiality of the EAP and the limitations to confidentiality, and accept it as stating the terms of my participation in the program.
Print Name

Date

Signature

Date

Parent, guardian, or legal representative (when required)



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