

STATEMENT OF UNDERSTANDING

The Strong Employee Assistance Program (EAP), a service of Strong Behavioral Health, offers professional guidance to employees and their families whose personal or work-related problems have become hard to manage alone. The Strong EAP is a confidential, work-site-based program. Employees or their family members may meet with a Strong EAP professional at no cost. The number of visits allowed per year are specific to your employer.

Meetings with the EAP counselor are offered at no direct cost to the employee or family member. If a client needs long-term counseling or some specialized service, the EAP will assist in locating a resource for the client in the community. It is the responsibility of the client to pay for any service(s) provided by outside resources. Insurance coverage provided to employees may defray some or all of the cost of service.

During the initial consultation, the Strong EAP counselor will evaluate your needs and make an appropriate referral, if necessary. If your issue can be resolved within the number of visits available, the Strong EAP counselor will work directly with you. If you require more than the allotted visits, you will be given the choice of receiving professional services through Strong Behavioral Health or another community agency or professional.

Confidentiality: For information regarding the confidentiality of our services and the use or disclosure of your protected health information, please refer to our Notice of Privacy Practices.

Participation in the EAP is voluntary. In the event you have been offered or mandated EAP services by your supervisor, refusal to accept or utilize the EAP is not, in itself, a cause for disciplinary action. However, such refusal or failure to accept help may be taken into consideration when evaluating subsequent unsatisfactory performance or behavior. Furthermore, you are also advised that participation in the EAP does not constitute a waiver of your employer's right to take disciplinary measures in the event of unsatisfactory performance or behavior prior to, during or subsequent to your participation in the EAP.

I have read this Statement of Understanding and understand its contents. I release and agree to hold harmless the University of Rochester, Strong Employee Assistance Program, and their staff and agents, from any action or liability arising out of my participation in the EAP.

Signature of Client

(Date)