IMPACT
Changing Lives. For Good.

Employee Assistance Program
STATEMENT OF UNDERSTANDING

Name of Client _____

PROGRAM DESCRIPTION

The Employee Assistance Program ("EAP") operated by IMPACT Workplace Services provides assessment, referral and follow-up services to employees and their immediate family members for a broad range of personal issues. The EAP counselor will help determine the nature of the problem and assist in developing a plan of action. This is usually accomplished in one session. Under certain circumstances, up to three sessions are utilized.

Services provided at IMPACT Workplace Services are free to employees and their family members. If additional counseling or other specialized services are deemed necessary, the EAP will help locate an appropriate resource. Insurance coverage may defray some or all of the costs; however, it is the client's responsibility to pay for services provided by outside resources.

Receiving services from the Employee Assistance Program (EAP) is voluntary. Occasionally, clients are referred to the EAP by concerned family members, supervisors, union officials, medical staff and/or health care professionals. However, participating in the initial EAP assessment, and following through with any recommendations for counseling or other services, are the client's choice.

IMPACT WORKPLACE SERVICES STAFF

All EAP counselors have a Master's Degree in Clinical Social Work or a related field, plus a minimum of five years of professional clinical experience. Please feel free to ask your counselor about his or her individual background and qualifications.

CONFIDENTIALITY

All case records about a client's contact and involvement in the EAP are maintained in the strictest confidence possible under the law. Please review IMPACT's Notice of Confidentiality Practices for more detailed information.

If you work in a position that is covered by the Department of Transportation (DOT) and you disclose information that causes us to be concerned about your ability to perform safety-sensitive functions, we reserve the right to inform your employer of our concern.

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NOTICE OF CONFIDENTIALITY PRACTICES

This notice applies to the information and records we have for you about the services you receive at our office. It describes the confidentiality practices followed by our employees; how information about you may be used and disclosed; as well as your rights and our obligations regarding the use and disclosure of that information.

PLEASE REVIEW IT CAREFULLY

If you have any questions about this notice, please contact John M. Hyatt at our office at 6737 W. Washington Street, Suite 2225, Milwaukee, WI 53214 or by calling 414-256-4808.

Authorization We will not disclose your information without your written authorization. You may give us written authorization to use your information or to disclose it for an agreed-upon purpose. If you give us a written authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect.

Appointment Reminders After asking your permission, we may contact you as a reminder that you have an appointment for services at our office.

To Facilitate the Consultative Process We may disclose your information to a family member, friend or other person to the extent necessary to help you, but only if you give us permission to do so.

Legal Requirements We will disclose information about you when required to do so by federal, state or local law. Confidentiality exceptions include statements of harm to yourself or others, or statements of abuse or neglect of children or elders. In these instances, we are required by law to take action to protect your safety and well-being, as well as the safety and well-being of others.

For Treatment We may use or disclose your information to a physician or other service provider for the management of related services. It also includes consultations and referrals to other service providers. For example, an IMPACT Consultant may contact a provider on your behalf to facilitate your access to their treatment program.

For Payment We may use and disclose your information to obtain or inquire about services and benefit eligibility. For example, IMPACT may contact your health insurance to obtain information concerning provider networks, eligibility, and co-pay information.

Your Right to Access and Acquire Information You have the right to inspect and request a copy your information. You must submit a written request to John M. Hyatt, 6737 W. Washington Street, Suite 2225, Milwaukee, WI 53214 in order to inspect and/or obtain a copy your information. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other associated supplies.

Your Right to a Copy of This Notice You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive it electronically, you are still entitled to a paper copy. To obtain such a copy, contact John M. Hyatt at 6737 W. Washington Street, Suite 2225, Milwaukee, WI 53214.

Your Right to File a Complaint If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact John M. Hyatt at 6737 W. Washington Street, Suite 2225, Milwaukee, WI 53214 or call 414-256-4808. You will not be penalized for filing a complaint.

CONFIDENTIALITY OF CLIENT RECORDS

The confidentiality of client records maintained by IMPACT is protected by Federal law and regulations. IMPACT may not disclose client information to any person or agency unless:

1. The client consents in writing, OR
2. The disclosure is allowed by a court order, OR
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for audit or program evaluation, OR
4. The client states suicidal or homicidal intentions and is unwilling to participate in treatment.

Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to the United States Attorney in the district where the violation occurs.

Federal law and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate State or local authorities.

See 42 U.S.C 290ee3 and 42 U.S.C. 290ff-3 for Federal laws and 42 C.F.R part 2 for Federal regulations.

Patient Rights are posted in the IMPACT reception area. If you have questions about your rights or confidentiality, please speak with your counselor or check our website for more information at www.impactinc.org.

IMPACT has a procedure for assisting you if you believe your patient rights have not been upheld. Please contact IMPACT's Senior Vice President, John Hyatt, for assistance at (414) 256-4808.