CENTERSTONE SOLUTIONS
STATEMENT OF UNDERSTANDING

PROGRAM ELIGIBILITY AND COST

Centerstone Solutions is providing an employee assistance program (EAP) paid for by your employer. You have no financial obligation for these services. Centerstone Solutions employee providing your problem resolution services meets the standards for practice in your state for social workers, marriage and family therapists, or mental health counselors. A master's degree graduate intern, if providing the services, will be supervised by a qualified professional as defined by state law within your state for the area of expertise.

Your appointment will last approximately 50 minutes. EAP scope of services includes assessment, short-term problem solving, and/or referral. **EAP services do not include: court ordered services, medical diagnosis or testing, or on-going counseling**. If the presented issue is outside the scope of the EAP or you need additional support beyond the authorized sessions, your clinical provider will offer an appropriate referral.

Service referrals may be covered through your medical benefit plan. Referral is not a guarantee of benefits. It is your responsibility to verify coverage with a specific provider and arrange for payment. If a referral is indicated, every effort will be made to refer you to a qualified provider or program to meet the identified needs discussed with you.

I, the undersigned, understand that the EAP is a short-term resolution model and if I need additional support for continued services beyond the authorized sessions, my clinical provider will make a referral outside the EAP as a continuation of services is not within the scope of the EAP agreement _____ **(initial).**

CONFIDENTIALITY

Your written permission is required for any information to be shared with others, except as required by law or in a situation deemed potentially life threatening for you or others. Additionally, if your work is deemed safety sensitive by your employer and a condition exists meeting the criteria set forth that you pose a potential threat to your workplace, the appropriate authorities will be notified which may include work and law enforcement. Please initial here to acknowledge that you have read and understand this statement _____. In order to protect your confidentiality, please indicate a contact number: _____ **(circle) cell work home**

CONSENT FOR SERVICES

I, the undersigned, agree and consent to participate in the problem resolution services provided by Centerstone Solutions, and as defined by state law. I understand that I am consenting and agreeing only to those services the EA professional is qualified to provide within the scope of the provider's license and training, or the scope of license and training of those supervising the services received. I understand that I may be contacted to participate in a quality review of services offered, and I give permission to be contacted by initialing on the following lines: **_____ yes _____ no**

CANCELLATIONS

If you are unable to keep a scheduled appointment, it is your responsibility to cancel the appointment 24 hours in advance. I understand that **cancellations without a 24 hour notice will count toward the maximum number of sessions allowed** per the employer agreement with Centerstone Solutions _____ (initial).

AGREEMENT

I have read this statement and acknowledge its conditions. Any areas of concern have been discussed with my provider.

Printed name of client	Date	Signature of client, or parent/guardian if a minor	Date
Printed name of client	Date	Signature of client, or parent/guardian if a minor	Date
Printed name of client	Date	Signature of client, or parent/guardian if a minor	Date
EA Professional (name and credentials)	Date		