



Employee Assistance Program

Statement of Understanding

The Texas Health Employee Assistance Program (THR EAP) provides professional support and resources aimed at helping you address personal challenges, maximize your potential, and enhance your emotional and physical well-being. The decision to receive EAP services is completely voluntary. All EAP services are confidential and provided at no cost.

Eligibility:

- All full-time, part-time and PRN THR employees are eligible for EAP services.
- Former THR employee may access EAP services for up to twelve weeks after termination, resignation or retirement.
- Dependents of THR employees. In most situations, parental consent must be obtained for anyone under the age of 18.
- Persons permanently residing with THR employees.

Fees: All Texas Health EAP services are free. THR employees are entitled to unlimited crisis consultations and up to six free, face-to-face, telephonic or web-video clinical counseling sessions per issue, per calendar year. However, if longer-term counseling or specialized services are indicated, the EAP clinician will assist in locating appropriate community providers and/or resources. Please be advised that there may be fees associated with referrals to community providers or programs. We will make every attempt to refer you to an in-network provider to reduce the cost of copays and deductibles. However, you should contact your health insurance company to obtain specific information about fees associated with any community referrals.

THR EAP services:

- THR EAP offers assessment, consultation, and short-term counseling to address your personal concerns. Short-term counseling is completed within six face-to-face EAP sessions. If the EAP counselor determines that long-term counseling or additional services would be beneficial, you will be referred to a community provider or resource.
- Crisis situations are handled 24 hours per day, 7 days per week.
- THR EAP requires a minimum of 24 hours notice to cancel or reschedule an appointment. Please contact us as soon as possible by calling 682-236-6861.

Privacy Practices

THR EAP services are private and confidential in accordance with state and federal laws and professional ethics. Information pertaining to an EAP counseling session can only be released with your written consent and/or in circumstances where there is a clear and imminent danger of harm to self or others, the institution, or as may be required by law. THR EAP records cannot be accessed by a manager or supervisor. THR EAP maintains records in a professional and confidential manner and they are not part of the hospital medical record. Our files cannot be accessed or released without written permission or via a court order.

Disclosures of information to any source without the proper written consent are prohibited. However, you may choose to sign a release of information in order to involve third parties, who may be able to assist in the goals of the EAP. Written consent will specify exactly what information is to be disclosed, to whom, for what purpose, and the time period that the release is to be in effect (Authorization for Release of Protected Health Information).

Exceptions/Limits to Confidentiality: There are specific situations that may warrant release of your Protected Health Information *without consent*. The EAP director/program manager will be informed of any case that necessitates such disclosures including:

1. Necessary and relevant information may be released to medical personnel if it is needed in a medical emergency.
2. If the EAP counselor becomes aware of threats to self or others (suicide or homicide).
3. If the EAP counselor learns about, observes or suspects a child or vulnerable adult is or has been abused or neglected.
4. If the EAP receives a court-ordered release for records in a legal proceeding.
5. Specific, serious risk or threat that endangers institutional operations and safety may require disclosure to certain individuals.

Requests for Records: All requests for records will be reviewed by the EAP director/program manager. You will be responsible for fees associated with such requests. If you believe the information in your record is incorrect or incomplete, you can request an amendment (please indicate the reason for the amendment). Your request should be in writing and emailed to: DeborahHillard@TexasHealth.org or mailed to Deborah Hillard, Psy.D., Texas Health Resources EAP Manager, 612 E. Lamar Blvd., Arlington, TX 76011.

I have read and understand the Texas Health Statement of Understanding and Privacy Practices. I am aware of the exceptions/limits to confidentiality as described above and have had the opportunity to discuss areas of concern. I hereby give consent to be seen by a mental health professional associated with THR EAP.

Client's Name: _____

Clients Signature: _____ Date: _____

Relationship or status if signed by anyone other than the client: _____

EAP Counselor's Signature: _____ Date: _____