



Client Name: _____

STATEMENT OF UNDERSTANDING

Optum provides you and your eligible family members with short-term counselling, assessment, referral and case management services to assist you with personal problems and concerns. **Your counsellor's role is neutral and impartial and does not provide for advocating on your behalf in legal or work-related matters.** Use of Optum services is voluntary and is intended for brief rather than on-going, long-term therapy. The cost of Optum services is covered by contract with your own or your family member's employer or professional association.

Counselling will involve clarifying the problem(s) that brought you to counselling, developing a plan to address them and working with the support of your counsellor toward problem resolution. Counselling is a partnership between counsellor and client.

In some cases, a referral to another resource may be indicated. If so, your counsellor will assist you with this process. With your permission, your counsellor may contact a community resource to ensure a smooth transition. There may be a cost for such resources: this would be your own responsibility.

CONFIDENTIALITY AND CLIENT RIGHTS

- 1) All EFAP counselling services are confidential. Your workplace/professional association will not receive any information disclosing identities of those who utilize our services unless authorized in writing by you. Information transmitted from company computers may be tracked by the company or organization and is therefore not secure.
- 2) A record is kept of services provided to you. All records are confidential and are the property of Optum.
- 3) No information about your attendance will be provided to anyone outside of Optum, without your signed, informed consent.

There are some important exclusions to the above:

- Child welfare concerns.
- Imminent self-harm, danger to others, or medical emergency.
- Subpoena or court order.
- Professional and confidential third-party audit for quality assurance purposes.

CONSENT TO COUNSELLING

- I verify that I am eligible to utilize Optum's services through my own or my family member's employer or professional association.
- I consent that reasonable non-identifiable data can be shared with third parties.
- I understand that 24 hours notice (one business day) is required to cancel an appointment. Failure to provide this will result in a session being counted toward my use of service.

I HAVE READ THE ABOVE, UNDERSTAND ITS CONTENTS, AND CONSENT TO THE COUNSELLING PROCESS.

Signature (Youth)

Date

Witness (Youth) – print name and signature

Date

Signature (Mother)

Date

Witness (Mother) – print name and signature

Date

Signature (Father)

Date

Witness (Father) – print name and signature

Date