



**Health Promotion Northwest EAP
DISCLOSURE STATEMENT**

"N/Admin. or Bus. Docs/Forms/Intake"

Client Rights & Confidentiality:

The Employee Assistance Program intent is to help you deal effectively with personal and work problems. We want you to feel comfortable and confident about sharing personal information with us. We ask that you understand and agree to the following conditions before any personal information is given.

1. Use of the EAP will NOT jeopardize your job security or promotional opportunities.
2. Use of the EAP will NOT shield you from accountability for your job performance.
3. Using the EAP is voluntary. You have the right at any time to decline the program or its recommendations.
4. You have the right to choose the counselor who best suits your needs and purposes.
5. You have the right to union representation (if applicable) in the EAP process.
6. What you say at the EAP will be kept **CONFIDENTIAL**, except when federal or state laws require us to reveal information without your permission (RCW 18.19.180). This would include:
 - a) If the consumer presents a clear threat to do serious bodily harm to self or others, it is our duty to inform the intended victims and appropriate health &/or law enforcement agencies.
 - b) If evidence of child or elder abuse is revealed, it is our duty to report this information to Children or Adult Protective Services and/or the appropriate law enforcement agencies. [We would prefer to help you make the phone call to report this information yourself].
 - c) If a court of law issues a court order, we may be required to answer questions regarding the assessment proceedings.
 - d) If you come in on a mandatory referral for violating a drug free workplace policy under the U.S. Department of Transportation - our files, relative to D.O.T. specific issues, can be audited by the D.O.T.
7. If your employer is requiring you to be evaluated by an EAP counselor because of unacceptable job performance or a reasonable suspicion of alcohol/drug use, a release of information back to your supervisor may be necessary for you to maintain your employment. It is still your choice. A release can be limited to an acknowledgment that you "have been seen and are following treatment recommendations". No more information than you have allowed will ever be released and all releases are utilized by our staff on a need-to-know basis.
8. I understand that my counselor may confidentially staff my case with other HPN staff members. I understand that part or all of my case may be assigned to other HPN staff members.

Apart from the above circumstances, any information you share during the EAP process will not be divulged to anyone without your explicit written permission. (continued ...)

Treatment Philosophy: Health Promotion Northwest Employee Assistance Program of St. Joseph Medical Center provides Brief Counseling and Referral for employees and their families to resolve problems that affect their personal lives or job performance and aids in identifying community resources. (Substance Abuse Professional evaluations or affiliate EAP's may have a higher session model).

STAFF INFORMATION:

COUNSELOR NAME	EDUCATION	LICENSES & CERTIFICATIONS	WA STATE LICENSE #'s
Leslie Finch	MS	LMFT	LF60387739
Ronald Lopes	MA	LMHC, SUDP, MAC, SAP	LH60248381 & CP00006432
Mary Gutierrez	MSW	LiCSW	LW60787772
Jordan Feigal	MS	LMHC	LH00011099
Kathleen Page	PhD	LMHC, SUDP	LH60331318 & CP00004557

Costs: Counselors practicing counseling for a fee must be registered or certified with the Washington State Department of Health for the protection of the public health and safety. Registration of an individual with the department does not include recognition of any practice standards, nor necessarily implies the effectiveness of treatment.

There is no fee for individual and family EAP counseling provided by HPN staff. The employee's company has already paid for the services. If you need longer-term counseling or a specialized service, HPN will assist in locating a resource or service in the community. It is your responsibility to pay for services provided by any professional person or agency other than an HPN EAP counselor. (Your benefit plan may cover some of the cost. Check with your benefits representative before services are provided by outside resources.) There is a fee for SAP (Substance Abuse Professional) evaluations. You will be provided a SAP Fee Agreement if applicable.

I have read, or have had read to me, &/or been provided copies of Health Promotion Northwest's CLIENT RIGHTS, CONFIDENTIALITY STATEMENT, COUNSELORS' BACKGROUNDS, UNPROFESSIONAL CONDUCT INFORMATION, and GRIEVANCE PROCEDURES (last three items are posted in HPN waiting room).

CLIENT SIGNATURE & DATE

HPN COUNSELOR SIGNATURE & DATE

PLEASE PRINT NAME