

# TCTI The Counseling Team International

74-075 El Paseo A-16 Palm Desert, CA 92260  
Ph.: (800)651-1021 Fax: (949)855-7575

**PLEASE TYPE OR PRINT CLEARLY**  
**DRUG ENFORCEMENT ASSISTANCE PROGRAM**  
**STATEMENT OF UNDERSTANDING AND CONSENT**

**CASE NUMBER'S:** \_\_\_\_\_

The Employee Assistance Program (EAP) is a confidential and voluntary program established under 5 U.S.C. §§ 7901 and 7904 that provides assessment, short-term counseling and referral services for a wide range of personal and job-related concerns. The EAP maintains records to document assessment, intervention, and follow-up activities. The Privacy Act, 5 U.S.C. § 552a, protects the privacy and limits the disclosure of these records.

If this counseling is not being conducted in person, the servicing Clinician must review this Statement of Client Understanding contents with each EAP client and they must affirm that they understand and agree to terms. Such approval must be noted in the client's EAP record and whenever possible, a copy of the signed Statement of Client Understanding placed in their EAP file.

The EAP *may* disclose specific relevant information in certain limited circumstances, including the following:

- If you consent in writing.
- To appropriate State or local authorities to report, where required under State law, incidents of suspected child, elder or domestic abuse or neglect.
- To any person or entity to the extent necessary to prevent an imminent crime which directly threatens loss of life or serious bodily injury.
- To contractors that provide counseling and other services to the extent that it is appropriate, relevant and necessary to enable the contractor to perform his or her counseling, treatment, rehabilitation and evaluation responsibilities.
- To any person who is responsible for the care of an EAP client when the EAP client to whom the records pertain is mentally incompetent or under legal disability.
- To any person or entity to the extent necessary to meet a bona fide medical emergency.
- To qualified personnel for research, audit, or program evaluation. (Such disclosure, if made, will not identify you by name).
- If the disclosure is required by a valid court order.
- To defend the EAP or its employees in litigation.
- When a direct supervisor requires confirmation that you have made or kept EAP appointments as the result of a formal supervisory referral and/or a non-leave absence has been used for an EAP appointment.

Disclosures of records relating to clients who contact the EAP for alcohol or drug abuse problems are further limited by federal law, 42 U.S.C. § 290dd-2.

I understand that before the initiation of in-person clinical services, as an EAP client, I am required to review and sign this Statement of Client Understanding certifying that I understand and agree: to my responsibility in the therapeutic process; that the initial assessment is free of charge; that if short-term counseling is determined to be clinically appropriate, the EAP counselor or local affiliate will also provide this service at no cost to me for up to a maximum of six sessions; that the Drug Enforcement Administration EAP, its EAP Contractors and its customer organizations are not responsible for the treatment costs and/or services for which I may be referred beyond the EAP counselor or local affiliate counselor; and that it is my sole responsibility to pay for all such non-EAP services including all charges not covered by insurance plans.

I have read the above statements, and I understand and agree to them.

Client Name \_\_\_\_\_  
(Please Print)

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

EAP Counselor \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE MAKE COPIES AS NEEDED -Form #2**

**PLEASE MAKE COPIES AS NEEDED -Form #2**