PSC | Federal Occupational Health

U.S. Department of Health and Human Services

Federal Occupational Health Employee Assistance Program

STATEMENT OF UNDERSTANDING

Welcome to the Federal Occupational Health (FOH) Employee Assistance Program (EAP). This document provides an overview of the confidentiality parameters of the FOH EAP program. The FOH EAP provides consultation, short-term counseling, and resources to assist with personal or professional concerns that impact productivity and well-being. FOH EAP services are available, at no cost, to eligible federal employees and their immediate family members. The FOH EAP also offers consultations to supervisors to assist them in their efforts to help employees.

The FOH EAP is non-medical in nature and therefore does not formally diagnose or treat health issues. FOH EAP Consultants are licensed behavioral health professionals who work with you to assess a situation, explore problem-solving alternatives, and develop a plan to implement such options. Consultation with the FOH EAP may involve the exploration of painful personal material. The consultation plan may include short-term EAP counseling and/or coaching services, as well as referrals to community resources. Please be advised that your agency and FOH and FOH EAP contractors are not responsible for the treatment costs and/or services for which you may be referred beyond the FOH EAP counselor, and it is your sole responsibility to pay for all such services, including all charges not covered by insurance plans.

Participation in the FOH EAP is voluntary. Employees may be referred to the EAP by supervisors for work performance and/or conduct issues. Information about an employee's visit to the EAP will not be released to a supervisor without the employee's written consent, regardless of the nature of the referral.

CONFIDENTIALITY

The FOH EAP is a confidential service. Information disclosed to the FOH EAP will only be communicated outside the EAP under the following circumstances: 1) you consent in writing; 2) life or safety is seriously threatened; 3) disclosure is required by law; 4) there is suspicion of abuse or neglect of a child or another vulnerable person. The authorities for the FOH EAP and for the maintenance of your record are detailed in 5 U.S.C. 552a, 7361, 7362, 7901, 7904, and 44 U.S.C. 3101.

Upon request, the FOH EAP can provide program attendance confirmation which EAP clients may distribute to a direct supervisor or other organizational representative at their discretion. Please be advised that any communication through email or by any phone other than a landline is not secure. If such communication is initiated by you, then consent to communicate over an unsecured network is implied. If this is not your desire, please inform your counselor.

☐ **I have read and acknowledge the above Statement of Understanding:**

*Indicates required fields

Client Name (print):* _____

Client Signature:* _____ Date:* _____

EAP Counselor Name (print):* _____

EAP Counselor Signature:* _____ Date:* _____

Parent, Guardian or Legal Representative (when required) (print): _____

Parent, Guardian or Legal Representative (when required) Signature: _____ Date: _____

If you have questions about this form, please call **800-222-0364**

FOH4You.com

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