

**Aetna EAP
Statement of
Understanding**

Dear EAP Participant,

Utilizing the Employee Assistance services provided by your employer is an important first step towards maintaining your work/life balance. Please note the following circumstances surrounding the use of this program:

- **Confidentiality** — Confidentiality is the hallmark of any successful Employee Assistance Program (EAP). You should feel comfortable to share personal concerns with your treating provider, knowing that confidentiality will be maintained. We will not release information about your EAP sessions unless you give us permission to do so. However, there are three situations in which we cannot, by law, refuse to release information.

Those situations are:

1. If, during the course of your EAP session, information comes to light including child abuse or abuse of disabled adults, we are required by law to report it to the appropriate authorities.
 2. If, during the course of your EAP session(s), the Aetna EAP or an EAP Provider determines that you are dangerous to yourself or others (suicidal or homicidal), we will disclose information in order to protect you or others from harm.
 3. If we receive a court order to produce records, we are required by law to do so.
- **Treatment Plans** — Your treating provider will help you formulate an assessment of the concerns which brought you to the program, and will work with you to develop a plan of action to help with those concerns. Your active participation in your treatment is important to a successful outcome.
 - **Costs** — There is no cost to you to use your EAP program, up to the limits of the program purchased by your employer. However, should you require services beyond what is provided by your EAP, and you have behavioral health services under your health benefits plan, the provisions of that plan will apply, including copayments, deductibles, etc.

EAP Participant Signature _____ **Date** _____

Witness Signature _____ **Date** _____

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**Aetna EAP
Consent for Release
of Information**

I, _____, authorize Aetna Behavioral Health LLC (EAP) and its affiliates, _____ and my treating EAP provider(s), _____ to release information to _____ for the following purposes (please check):

- coordination of care
- to meet conditions of employment
- other (explain reason for release) _____

Information to be released by Aetna and my provider may include:

- diagnosis
- assessment information
- treatment/care plan
- recommendations
- problem description
- prior history
- progress
- family history
- other _____

This authorization will expire ninety (90) days from the effective date or based upon the following event,

I may revoke this release at any time in writing, except to the extent that it has been acted upon. Information disclosed pursuant to this release may be further disclosed by the recipient and will no longer be protected by the federal privacy law, the Health Insurance Portability and Accountability Act of 1996. If I do not sign this release, it will not affect my EAP benefits.

EAP Participant Signature

Date

Aetna EAP is administered by Aetna Behavioral Health, LLC and Aetna Health of California Inc. (Aetna)

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**Aetna EAP
Consent for Release
of Information
to Employer**

I, _____, authorize Aetna Behavioral Health LLC (EAP) and its affiliates, my employer, _____ and my treating EAP provider(s), _____

to share the information identified below for the following purposes (please check):

- to verify EAP attendance
- to verify compliance with recommended EAP actions
- to support accurate assessment, planning, and appropriate coordination of EAP care as it relates to my job
- other (explain reason for release) _____

Information to be released by Aetna and my provider will be limited to:

- Dates of kept and not-kept EAP sessions
- EAP provider's recommendations
- Status of treatment plan, i.e. participation or non-participation, continuation or discontinuation of recommended plan of action
- Other _____

Information to be released by my employer may include:

- Job performance information
- Attendance information
- Current job expectations
- Personnel actions/employment status
- Information regarding personnel policies and practices
- Other _____

This authorization will expire ninety (90) days from the effective date or based upon the following event,

_____ I may revoke this release at any time in writing, except to the extent that it has been acted upon. Information disclosed pursuant to this release may be further disclosed by the recipient and will no longer be protected by the federal privacy law, the Health Insurance Portability and Accountability Act of 1996. If I do not sign this release, it will not affect my EAP benefits.

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Aetna EAP
Case Activity Form

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PART I: EAP PARTICIPANT

Participant Instructions: Please print and complete ALL information.

YOUR EAP AUTHORIZATION #

PLAN SPONSOR (the corporate client, employer, company/division/location/department through which EAP services are available):

PARTICIPANT INFORMATION (person using EAP services)

Last Name(s): _____ First: _____ MI: _____ DOB: ____/____/____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____ Ext: _____

Call Back Preference: Home Work No Call Back Other # _____

Participant Category: Self Spouse Child Unmarried Partner Other

Participant Gender: Female Male Undisclosed

DEMOGRAPHIC INFORMATION

Veterans' Benefits: Yes No

How did you learn about EAP? Word of Mouth Home Mailing Presentation Brochure Information Systems
 Newsletter Poster Other Undisclosed

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Aetna EAP

Case Activity Form

Participant page 2

EMPLOYMENT INFORMATION (check all that apply)

Union Member: Yes No

Employee Hire Date: ____ / ____ / ____ Worksite Location: _____

*Supervisor Name: _____ *Supervisor Phone #: (____) _____

***Mandatory for supervisory referrals. Optional for other EAP services.**

FOR WHAT REASON ARE YOU SEEKING EAP SERVICES NOW? (check all that apply)

- | | | | | |
|---|--|--|--|--|
| I. Substance Abuse/
Dependence | <input type="checkbox"/> Alcohol | <input type="checkbox"/> Medical Problem | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Job/Occupational |
| <input type="checkbox"/> Drug | <input type="checkbox"/> Change in Weight/Appetite | <input type="checkbox"/> Change in Sleep | <input type="checkbox"/> Depression/Hopelessness | <input type="checkbox"/> Financial |
| <input type="checkbox"/> Nicotine | <input type="checkbox"/> Medication Issues | <input type="checkbox"/> Withdrawal from Substance Abuse | <input type="checkbox"/> Other Mood Disorder | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Another Substance Use/
Health Concern | <input type="checkbox"/> Other | | <input type="checkbox"/> Phobia/Disturbance of Thought/Unusual Fears | <input type="checkbox"/> Child Care |
| | | | <input type="checkbox"/> Obsessions/Compulsion | <input type="checkbox"/> Elder Care |
| | | | <input type="checkbox"/> Gambling/Impulse Control Disorder | <input type="checkbox"/> Career/Retirement Planning |
| | | | <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Disability |
| | | | <input type="checkbox"/> Psychosis | <input type="checkbox"/> Marital/Relationship/Family |
| | | | <input type="checkbox"/> Hyperactivity | <input type="checkbox"/> Sexual/Physical Trauma |
| | | | <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Grief/Loss |
| | | | <input type="checkbox"/> Sexual & Gender Disorders | <input type="checkbox"/> Health Issue |
| | | | <input type="checkbox"/> Other | <input type="checkbox"/> Other |

May we mail our Member Satisfaction Survey to you?

Yes No

If we need to follow up with you after receiving your survey, may we phone you?

Yes No

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies. The Aetna companies that offer, underwrite or administer benefits coverage include Aetna Health Inc., Aetna Health of California Inc., Aetna Health of the Carolinas Inc., Aetna Health of Illinois Inc., Aetna Life Insurance Company, Aetna Health Insurance Company of New York, Aetna Health Insurance Company, Aetna Health Administrators, LLC, Cofinity, and Strategic Resource Company. Aetna Behavioral Health refers to an internal business unit of Aetna. EAP is administered by Aetna Behavioral Health, LLC and Aetna Health of California Inc. (Aetna)

