

**THE BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS
EMPLOYEE ASSISTANCE PROGRAM**

CONFIDENTIALITY AND CONSENT TO SERVICE

The Employee Assistance Program (EAP) is a benefit designed to assist employees who are having personal problems by providing confidential consultation and referral. The Board of County Commissioners understands the importance of confidentiality in terms of your willingness to discuss problems honestly and has agreed that EAP records will be kept confidential to the extent permitted by law.

There are limits regarding confidentiality of which you should be aware before your discussion with the EAP Counselor. The following situations, conditions and/or statements may require the release of information to appropriate authorities by EAP staff with or without your consent:

1. A court order finding good cause to release information:
2. Pursuant to Florida Statutes, Chapter 491, S 491.0147, relating to Clinical, Counseling, and Psychotherapy Services, records may be obtained under the following conditions:
 - (a) When the counselor or psychotherapist is a defendant to a civil, criminal or disciplinary action arising from a complaint filed by the patient/client, in which case the waiver shall be limited to that action.
 - (b) When the patient/client agrees to the waiver, in writing, or when more than one person in a family is receiving services, when each participating member agrees to the waiver in writing.
 - (c) When there is a clear and immediate probability of physical harm to the patient/client, to other individuals (including child/elder abuse or neglect), or to society, the counselor communicates the information to the potential victim, appropriate family member, law enforcement or other appropriate authorities.
3. If a supervisor refers an employee to the EAP, or Broward County grants leave to an employee as a result of EAP involvement, the supervisor or appropriate Broward County Administrator will receive the following information.
 - (a) whether or not EAP appointments are kept;
 - (b) whether an EAP recommendation for formal assistance was made (not the nature of the assistance);
 - (c) whether the recommendation was followed; and
 - (d) when the employee ceases to receive EAP services
4. In order to obtain authorization for treatment by an external provider; it is necessary for the EAP counselor to provide identifying and diagnostic information to your insurance company.
5. EAP records are maintained in the EAP office. Access is restricted to EAP personnel.

If an employee or union representative raises an issue (s) relating to an employee's participation in the EAP with regard to grievance or arbitration proceeding, records will not be released unless the employee signs a written consent form.

Except for the circumstances noted above, I understand that information concerning my participation in the EAP will only be released with my written consent and that I may withdraw my consent at any time.

I authorize a professional representative of the EAP to provide diagnosis, treatment or referral for treatment for my self and/or members of my family as deemed professionally necessary.

My signature below signifies that I have read, understood and accepted the limits of confidentiality and discussed any statement not understood with the EAP staff prior to my interview and prior to completing any other document.

Signature _____

Date _____