



MEA CARES EMPLOYEE ASSISTANCE PROGRAM--INFORMED CONSENT

This consent form explains some important information about your counseling experience. Your counselor will review this information with you during your first counseling session. You will be asked to acknowledge that you understand the center's policies and your treatment.

POTENTIAL DUTY TO WARN--MEA Cares is committed to protecting the confidentiality and privileged communication of our clients. There are, however, exceptions to our ability to protect confidential information provided to us. For example, under Mississippi law, healthcare professionals are required to report reasonable suspicions of abuse and/or neglect of children and vulnerable adults. Also, when a client discloses intentions or a plan to harm another person or persons, the healthcare professional may be required to warn the intended victim and/or report this information to appropriate legal authorities. If a client discloses or implies a plan for suicide, the healthcare professional may be required to notify appropriate persons for the protection of the client's safety.

 *Client, please initial as a Potential Duty to Warn acknowledgement.*

EAP Staff and Counseling Services

- All EAP Counselors are licensed professionals with a minimum of a Master's Degree in social work, counseling, or psychology. All are experienced in a broad range of counseling issues and have specialized training in assessment and treatment.
- The EAP Counseling Staff is available at our primary office located at 308 Corporate Drive, Ridgeland, Mississippi and 7 Lakeland Circle, Jackson Mississippi. Office hours are 8:00 a.m. until 5:00 p.m. Monday through Friday. A counselor may be available after hours in the case of an emergency. An emergency is defined as being suicidal, homicidal, or actively psychotic.
- The EAP is designed to assess personal problems and provide short-term counseling. A trained counselor will assist in finding the appropriate course of action to resolve or work through the clients presenting problem.
- Employees and their immediate families are entitled to _____ counseling sessions during a predetermined 12 month period. Our counseling sessions last approximately 50 minutes beginning at the scheduled start time. There is no cost to employees or family members for the counseling sessions.
- It is understood that a twenty-four (24) hour (minimum) notification to your therapist is an expected courtesy if you wish to cancel an appointment that was reserved for you. Appointments not canceled within twenty four hours prior to the appointment may be counted as one of your allotted sessions.
- If you are more than 15 minutes late for your appointment it may be considered a missed appointment and may also be counted as one of your allotted sessions.
- When referring clients for necessary treatment beyond the scope of the EAP services, the counselor will attempt to refer the client to qualified therapists, psychologists or psychiatrists, outpatient treatment and inpatient treatment facilities. Clients will be responsible for any associated costs from a referral.

CONSENT FOR TREATMENT

Consent for Treatment

I, or the undersigned patient for whom I am legally responsible, am suffering from a condition requiring diagnosis and/or treatment. I voluntarily consent to such procedures and treatment. I am aware that the practice of psychotherapy is not an exact science, and I acknowledge that no guarantees have been made to me as a result of said therapy which I hereby authorize.

Additional Fees

There may be additional fees if you, or someone representing you, make a request for Written Reports that include but are not limited to File Summaries, Note Production, Release of Information, Preparation of Forms, Recommendations as a result of Counseling, and Verification of Attendance.

I understand that due to the nature of the therapeutic process, it often involves making a full disclosure of many confidential and intimate matters. Therefore, it is agreed that should there be legal proceedings, neither you, or your attorney, or anyone else acting on your behalf will call our counselors to testify in court or at any proceedings, nor will a disclosure of the psychotherapy records be requested. However, if we should receive a subpoena by the Court, you will be responsible for the individual hourly court fee which is applied for all professional time allocated for our services (e.g. travel time, paperwork time, etc.).

In addition to any other applicable fees (e.g. postage), the following fees may apply:

1. Written Reports: \$130.00 per hour
2. Copies: \$20.00 for pages 1-20. \$1.00 per page for the next 80 pages, and 10% of total may be added for postage.
3. Court Preparation/Testimony: \$250.00 per hour

Valuables

The undersigned hereby releases MEA Cares and/or its staff of employees from any responsibility due to loss or damage of any valuables that the patient may keep in his/her possession or that may be brought to him/her by other persons while on the premises of MEA Cares.

My signature affirms that I voluntarily agree to participate in the assessment and counseling that is offered by MEA Cares Counseling. I further affirm that I have read or heard the information above and that it was presented to me in a clear, non-technical language. This information is understood by me and enables me to make an informed voluntary consent to this counseling process.

 Printed Patient Name

 Signature Patient/Guardian (if patient under 15)

 Date