**STATEMENT OF TREATMENT CONSENT FORM**

At LifeWorks, the privacy and confidentiality of your personal information is one of our highest priorities. We recognize that privacy is an important issue, and that you trust us to respect individual privacy and ensure the confidentiality of collected information. Upon their hiring, all LifeWorks employees must read our Privacy Guidelines, and agree to them in writing. LifeWorks employees are bound to the principles of confidentiality and their professional legal, ethical requirements. Access to, and use of, personal information is limited to those employees who require it to fulfill contractual obligations to our client. Information about LifeWorks policies and practices pertaining to Confidentiality and Privacy are available in person, in writing, by telephone, in publications and on the Corporate Web site.

1. 1)  I understand that LifeWorks (including my therapist) will not divulge confidential information outside of the EAP program to any person/employer without my informed, voluntary, and written consent.
2. 2)  I understand that LifeWorks (including my therapist) collects personal information and maintains confidential records in order to provide EAP services, and that information about the policies and practices pertaining to confidentiality are available in person, in writing, by telephone, in publications and on the LifeWorks Corporate Web site.
3. 3)  I understand there are exceptions to legal confidentiality and professional ethics. Exceptions include but are not limited to:
   * •  If a court of law orders the disclosure of the records to comply with a subpoena or to provide information in connection with a legal proceeding.
   * •  Disclosure of (or suspected) child or vulnerable adult abuse or neglect.
   * •  Perceived threats of violence/risk to oneself or to others (i.e. threatens suicide; threatening to injure others)
   * •  Employee's occupation is considered to be safety sensitive and the employee appears to pose a threat of serious injury to themselves or others by carrying out their job duties (e.g. employee who may be impaired when operating heavy machinery).
   * •  Report to the appropriate authorities in the event a Regulated Health Professional (i.e. social worker, psychologist, physicians and surgeons, dentist, etc.) of whom the therapist was told the name of behaved in a sexually inappropriate manner with the client
4. 4)  I acknowledge that I am required to provide my therapist with at least 48 hours notice of cancelling an appointment and failure to do so will result in the loss of one of my sessions, since our counsellors need to be reimbursed for their time.
5. 5)  If I have any concerns related to my care or company policies, I understand I can contact my LifeWorks Consultant.
6. 6)  I understand that my EAP Counsellor does not advocate on my behalf in legal or work related matters such as recommending time away, or provide written reports for court proceedings.
7. 7)  I understand and consent to all of the above conditions and I hereby consent to participate in this therapeutic process with

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Therapist Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date (MM/DD/YYYY)

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