

Statement of Understanding and Client Consent Form

CASE _____

1. Confidentiality

EAP Program will not share any information with the Corporate Company or with any person outside of the EAP program without your written legal consent. The exception to this would be in circumstances where you may pose a risk of harm to self or others or when it is required by law.

2. Quality of Service

To ensure quality of service, the Clinical Supervisor and/or Designate will review the following:

Billing _____
Signature

Case Consultation _____
Signature

File Audit _____
Signature

3. Procedures

The FGI Service Provider reviewed the following (please check off):

- a) The purpose of collecting and documenting information is in order to establish goals of counseling and identify treatment progress. Yes
- b) Therapist has reviewed that if there are concerns or complaints about the service or client information, you may contact FGI's Global Clinical Department collect at 1-905-886-2157. Yes
- c) EAP requires that all clients provide their counselor with at least 24 hour notice of an appointment cancellation. Yes

I have read this statement and acknowledge its conditions.

Signature of Client

Date

4. Telephone Counselling

I have reviewed this form with the client verbally and the client has agreed Yes