



Statement of Understanding

Confidential

PROGRAM ELIGIBILITY AND COSTS

United Behavioral Health offers assessment, referral and short-term counseling. Employee assistance services provided by United Behavioral Health are normally delivered at no cost to you.

Referrals to other service providers may be recommended to help you resolve problems. Since not all providers are affiliated with United Behavioral Health, a referral should not be considered an endorsement of the provider. United Behavioral Health is not responsible for unaffiliated providers and does not monitor the quality of care they deliver.

The services to which you are referred may be covered under a medical benefit plan offered by an employer, insurer or HMO. Referral is not a guarantee of benefits. Payment of benefits is subject to any subsequent review of medical information or records as well as confirmation of eligibility on the date the service was provided and any other contractual obligations of the plan. It is **your responsibility** to determine whether or not services are covered under the plan and to pay any uncovered charges.

CONFIDENTIALITY

United Behavioral Health and your counselor will not share information with any person outside the United Behavioral Health system without your written permission, except as allowed by law. If you work in a safety-sensitive position or in an unescorted position, there may be additional events that could warrant sharing of information without your permission. Your counselor can discuss these with you. Audits of United Behavioral Health may be conducted; however, personally identifying information will not be disclosed to the auditors unless required by law.

Federal and state laws and regulations may also protect the confidentiality of your participation in this program. Violations are a crime and may be reported.

United Behavioral Health staff may follow up with you by phone or questionnaire to evaluate its effectiveness and your satisfaction.

I have read this statement and acknowledge its conditions.

Signature of client or legal guardian

Date

Witness

Date

Printed name of client

Case number