HEALTH AND HUMAN SERVICES GROUP
25108 Marguerite Parkway, 505, Ste. B
Mission Viejo, California 92692
1-800-467-3277 FAX (949) 768-1667

SUBMIT WITH FIRST BILL

PLEASE TYPE OR PRINT CLEARLY

EMPLOYEE ASSISTANCE PROGRAM
Office of Border Patrol

STATEMENT OF UNDERSTANDING AND CONSENT

CASE NUMBER: _____

EMPLOYEE ASSISTANCE PROGRAM ELIGIBILITY AND COST

Your decision to use this program is voluntary and requires your signature below. OBP has contracted with Health and Human Services Group (HHSG), a private company, to provide employees and their eligible family members with professional counselors to provide short term counseling, referral, and follow-up services to resolve personal and/or occupational problems. Short-term counseling is limited to three-six sessions. EAP services, including the authorized number of counseling sessions, are free to OBP employees and eligible family members. Employees are responsible for the cost of any ongoing treatment needs and/or for other services resulting from an EAP referral. These services may be covered under your medical benefit plan and your EAP counselor will work with you to determine what your medical insurance will pay for.

CONFIDENTIALITY OF EAP

Confidentiality of clinical information and records regarding your participation in the EAP is strictly controlled by Federal regulations. However, confidentiality restrictions are void when there is suspicion of child or elder abuse; or serious threat of harm to self or others. In these instances EAP counselors will take appropriate preventative action, as required by law.

ACPA David Abegglen, OBP EAP Manager will be provided with demographic information to enable verification of your employment and/or eligibility for EAP services. Federal audits of the EAP are required to account for use of funds dedicated to this program. These confidential audits are scheduled at the convenience of the agency. No information regarding the purpose of your visits, diagnosis, counseling notes, prognosis or other clinical or personal information will be shared.

Managers/Supervisors who grant employees Administrative Leave to attend EAP sessions, may confirm attendance by contacting the EAP counselor, who may only disclose the date and time the employee attended sessions once the employee signs an authorization to disclose that information.

FOLLOW-UP

HHS Group wants to insure that you and your family receive the highest quality service possible. We would like your permission to follow-up with you by phone and/or letter to assess your satisfaction with whatever services you and your family received during your participation in the EAP. If you have any questions regarding the EAP services or wish to file a complaint regarding your experience with the EAP, call the EAP Manager at (202) 344-3532.

Permission ☐ granted, ☐ not granted to follow-up by phone.

☐ Call me at: (_____)_____.

VOLUNTARY PARTICIPATION

Participation in the Employee Assistance Program is voluntary and will not, solely, jeopardize your promotion opportunities or retention as an INS employee.

I HAVE READ THE INFORMATION ABOVE, AND I UNDERSTAND AND CONSENT TO IT'S CONTENT:

_____		_____	
Name of Employee	**Date**	**Name of Witness**	**Date**
_____		_____	
Signature of Employee		**Signature of Witness**	