

## Welcome!

We are glad you have made an appointment with one of our Concern counselors. We want you to know that each of our counselors is a well-qualified, caring professional who can help you look clearly at your particular issues and find positive solutions. We have answered many questions about Concern below. Please tell your counselor if there is *anything* you do not understand about our services.

### First Steps

If you are meeting your counselor "in person," please complete the attached **Client Information Form**, print and sign your **State of Understanding**, and bring both to your first session.

**IMPORTANT:** If you will be receiving video counseling, your assigned counselor will be filling out the **Client Information Form** during your first session. Please electronically sign your **Statement of Understanding** and email it to your counselor prior to the start of your first session.

### Initial Assessment

Your first and subsequent visits will last 45-50 minutes. During the first visit or two, your counselor will discuss with you your reasons for coming to Concern. To better understand your overall situation, the counselor will also ask routine EAP assessment questions around safety issues, your use of alcohol or drugs, and how things are at work. Together you will agree on a plan for dealing with your concerns in a positive way.

### Crisis Intervention

Your counselor has experience helping people whose problems have developed into crises. If this is true for you, you will get help to manage your immediate crisis and find ways to resolve the problems you are facing.

### Referrals and Resources

Some issues require more than short-term counseling. Others may require specialized experts. When needed, your counselor will recommend referrals and resources for you, and if you agree, can help you find and connect with these resources in your community. Your counselor will have information about the cost of these special services and will help you to make an affordable choice.

### Are my Records Confidential?

Yes. Concern and your counselor will not reveal any information about you to anyone, including your employer, without your knowledge and consent, unless required by state or federal law. Counselors are, for example, required by law to report any suspicion of child or elder abuse, and to warn victims of potentially dangerous individuals.

## What Will I Have to Pay for My Visits?

The visits you receive from Concern are provided at no cost to you. Services are provided through an agreement with your employer and this agreement determines the number of visits you are allowed. If you would like additional visits with the same counselor Concern referred you to, these visits will be your financial responsibility. Some of the cost of these visits may be covered by your health insurance. In some cases, you may be referred to a community resource and your health insurance may cover a portion of the cost.

## What Happens if I Can't Keep my Appointment?

Your counselor has reserved time specifically for your visit. You must call at least 24 hours in advance if you cannot keep your appointment. Your thoughtfulness will make it possible for others to schedule appointments without unnecessary delay. Missed appointments or appointments cancelled with less than 24 hours notice can count as one of your free visits.

## What If I am Not Satisfied with Concern?

Please talk to your counselor about anything you find unsatisfactory about your services from Concern. You can also speak with a Concern Clinical Supervisor by calling us toll-free at 888-805-0090 ext 4.

## Will I Have a Chance to Tell Concern How I Feel About Its Services?

You will be sent a brief, confidential questionnaire to tell Concern how you feel about the service you received. Your honest response is needed for us to maintain and improve our quality of care, and your employer expects us to demonstrate how we are doing. Please help us out by completing the survey promptly.

## What Else Might Concern Have to Offer?

You can request an interpreter at no cost to speak with Concern or with a counselor. To request an interpreter or ask about written information in your language, first call Concern at 800-344-4222. Someone who speaks your language can help you. You may also speak with your counselor for assistance. If you need more help with language assistance and are in California, call the HMO Help Center at 888-466-2219.

Please check our website (below) to see the full range of counseling and work/life services available to you through us. We have a lot to offer that you may not even know about, including legal, financial, child and eldercare services, as well as a very useful interactive training and articles resource library and our own self-help Resilience Hub!

**Thank You For Coming to Concern.**

*Remember that we're here to help.*



**Call: 800.344.4222**  
employees.concern-eap.com

CONCERN COUNSELING  
STATEMENT OF UNDERSTANDING

Please read carefully:

1. Your or your partner's organization contracts with Concern to provide, at no charge to you, assessment, referral and/or short-term counseling services (1 to \_\_\_\_ visits). Participation in the Concern program is voluntary.
2. You may schedule visits beyond the EAP visits when you and your Concern counselor agree that continuation is in the best therapy plan. Any charges incurred for services beyond the EAP visits are your sole responsibility. You may be eligible for partial reimbursement of these charges through your, or your partner's insurance coverage.
3. Concern requires 24 hours' notice to cancel or reschedule visits. You can be assessed one visit against your allotted visits for each appointment you fail to keep or cancel with less than 24 hours' notice.

**FOR VIDEO COUNSELING ONLY**

4. At the beginning of each video session, you will be asked for your physical address at the time of that session, and for an identified emergency contact within 25 miles.
5. You or your counselor can discontinue the video-based counseling sessions if:
  - It is felt that the video counseling connections are not adequate for the situation, or
  - It is felt that you would be better suited for face-to-face evaluation or counseling, or that this is not the best counselor to suit your needs.
6. Technical difficulties experienced during a session, which detract from the quality of the session, will result in the client receiving an additional session.
7. This is a confidential service and information regarding your involvement in the EAP will not be disclosed without your written permission, unless permitted or required by applicable federal or state law. A "Notice of Privacy Practices" that describes how your protected health information may be used and disclosed and how you can access this information is provided in our Combined Evidence of Coverage and Disclosure Form. You can email Concern at [info@concern-eap.com](mailto:info@concern-eap.com) or call Concern at 800.344.4222 to request this document be sent to you.
8. You can request an interpreter at no cost to facilitate communications with Concern or a counselor. To request an interpreter or ask about written information in your language, you may call Concern at 800.344.4222. Find further information at <https://employees.concern-eap.com/language-assistance-program>.
9. Concern clients have certain rights afforded all counseling clients. Please contact Concern at 800.344.4222 or [info@concern-eap.com](mailto:info@concern-eap.com) if you would like a copy of these rights.
10. When you receive services from Concern, you agree to have any issue (except claims of malpractice) decided by neutral binding arbitration and are giving up your right to a jury trial. If you have questions about this, please contact your employer's benefits department.
11. A formal procedure is available to handle any complaints about services. You may contact a Concern clinical manager for details at 888.805.0090 ext 4 or [provider\\_relations@concern-eap.com](mailto:provider_relations@concern-eap.com).
12. I understand that if I have provided an email address and consent, I may receive electronic information including referral, resource, and survey material from CONCERN. I understand that information sent to an email address may not be secure, and that I may retract this consent at any time by calling Concern.

**By entering your name and the date, you hereby acknowledge you have read and understand this Statement and will discuss any questions you have with your counselor during your first counseling visit.**

Client Name: \_\_\_\_\_

Date: \_\_\_\_\_

Counselor: \_\_\_\_\_

Date: \_\_\_\_\_

# CONCERN: EAP Client Information Form (Page 1 of 2)

Providers: Please retain for your clinical records, do not return to CONCERN.

Client Name

Counselor Name

## To be completed about the Client (the adult or child receiving services)

Client Name

FIRST

M.I.

LAST

Date of Birth

Address

Check if client under 18 yrs.

City

State

Zip

Gender:

Male

Trans

Non-Binary

Female

Choose to not disclose

Please provide a phone number where you may be reached and messages left:

Home

Work

Mobile

E-mail

Health Insurance Carrier

Marital Status:

Single

Married/Domestic Partners

Separated

Divorced

Widowed

Spouse/Partner Name

Date of Birth

**Names of other family members living with you**

**Relationship (Child, Parent, etc)**

**Age**

**Gender**

## Preferred Language & Ethnicity

Your preferences will be kept strictly confidential. Asking you also allows us to provide you with the highest quality of service. Federal and State regulations require we ask this information to insure that we are meeting the needs of all the populations that we serve.

In what language do you feel most comfortable speaking? *please choose one*

English

Other:

In what language would you prefer to receive written materials? *please choose one*

English

Other:

**How would you best describe your cultural group? (optional)**

Black/African American

South Asian

Native American/Alaskan Native

Other

White

Hispanic/Latinx

Native Hawaiian/Pacific Islander White

Chose to not disclose

Asian

Middle Eastern

Multicultural

# CONCERN: EAP Client Information Form (Page 2 of 2)

Client Name

Counselor Name

## Summary of Medical History

### Please complete if you are the client (for dependents see below)

Yes No Have you been in counseling before? History:

Yes No Do you have current significant medical problems? Please describe:

Yes No Are you currently taking any medication for mental health treatment? Please list:

Yes No Have you ever had thoughts of, expressed desire to, or attempted to self-harm (i.e. suicidal thoughts, cutting)?

Currently In the Past Please Explain:

How often do you use alcohol or use recreational drugs? Not at all Once/month or less 2 or more times/week Daily

Do you think that you use alcohol to excess? Yes No Unsure

Do you think that you use drugs to excess? Yes No Unsure

### Please complete if the client is your dependent

Yes No Has your child been in counseling before? History:

Yes No Does your child have current significant medical problems? Please describe:

Yes No Does your child currently take any medication for mental health treatment? Please list:

Yes No Has your child ever expressed the desire to hurt themselves, or attempted to self-harm? (i.e. suicidal thoughts, cutting)?

Currently In the Past Please Explain:

### Is there anything else your counselor should know?

**Thank you for taking the time to complete this form.**

This information will assist your counselor in providing services to you and your family.

All information is kept confidential and may not be released without your consent. Please ask your counselor if you have any questions.