

# Client consent

Before you commence the first session of this EAP programme, it is important you are aware of and understand the key aspects of the service we are providing. You are free to seek further clarification from your EAP professional about any of the information contained in this form. We require you to then sign this form, or if attending a telephone consult verbally confirm and agree, to proceed with your EAP programme.

**EAP Sessions:** Your programme is based on a brief number of sessions to assist you cope or best manage your circumstances. Our EAP professional will help and assist you to understand and deal with any emotional or physical responses you may be experiencing. Discussion may also take place around options for further support available to you but not included under the scope of EAP.

**Confidentiality:** EAP is a private and confidential form of support and advice. All information about our clients is securely protected. We will not give your name or any information about you to anyone else without your signed authority to do so. The only exceptions are where we might have the ethical or legal right to waive confidentiality to involve other relevant parties; e.g. if we had reason to believe that someone was of significant risk of harm to themselves or others; or to prevent a miscarriage of justice.

If you attend EAP with your partner or another member of your family/whanau, our counsellor may suggest seeing each of you individually. It is important for you to know that what is said in those individual sessions will not be shared with the other party and vice versa.

**Case Notes:** Brief case notes will be recorded to assist our EAP professional to monitor progress towards your counselling goals.

**Statistical Data:** We may provide general statistical data to your Employer regarding usage of the EAP, however this does not include any information that could identify those who have used the service.

**Protocol:** For in-person appointments, please turn off your mobile phone during your EAP sessions. For virtual, or Telephone sessions, please turn off other communication device/s (or switch to flight mode) and ensure you have no distractions such as TV or radio, etc.

Do not attempt to record your counselling sessions. If it is found that recordings have been made covertly, your EAP programme will be concluded immediately and we reserve the right to seek legal action.

**Cancellations/Changes to Appointments:** Please contact our Support Centre on 0800 327 669, wherever possible giving a minimum of 24 hrs' notice.

**Further Appointments:** At the end of your first EAP session, it is likely the need for another session will be discussed and scheduled with you. Please take advantage of securing the date/time of your next session, as this will ensure your programme progresses within the intended timeframe.

**EAP Professional:** If our EAP professional does not suit you, then please contact us on 0800 327 669, following this first appointment, and ask to start a new programme with a different EAP professional.

**Evaluation of Service:** On completion of your programme, you will receive an email request to complete a brief survey. Completing the survey is optional and all feedback will remain anonymous. The combined feedback we receive from all helps us monitor the quality of our services.

**Complaints:** Should you be unhappy with the service at any time or have any comments/questions or complaints, please discuss these with me immediately. If you prefer, you can contact EAP services on 0800 327 669. We are bound by The Code of Health and Disability Services Consumers' rights. Support is available and you are not alone. For more information please go to: <http://www.hdc.org.nz>.

**Access/correction of information:** You have the right to access and correct information we hold about you. The provision and correction of information will be subject to any limitations provided under the Privacy Act and HIPC 2020. Please refer to <https://www.eapservices.co.nz/privacy/>

**Agreement:** I have read and understand the information provided and agree to proceed with my EAP programme.

Signature of client: \_\_\_\_\_

Signature of EAP professional: \_\_\_\_\_

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

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