



EMPLOYEE ASSISTANCE NETWORK

EAN SERVICE AGREEMENT

Name: _____ Date: _____

Address: _____

EAP Eligibility, Services and Costs

Your Employee Assistance Program (EAP) is provided through Metropolitan Family Services and offers confidential service to all eligible employees and their covered family members to help address issues impacting quality of life and emotional well being. The cost of the assessment and counseling sessions that you will receive from your Metropolitan Family Services Employee Assistance Network counselor has been paid by contract with your employer. Therefore there will be no charge to you for services covered under your employer's EAP benefit. Your counselor will conduct an assessment with you and determine a plan for addressing your concerns. Should your problem require a referral for additional services outside the scope of your EAP benefit, payment for those services will be your responsibility.

Confidentiality

EAP services are confidential. No information concerning your use of EAP will be disclosed to any other party outside the EAP, including your employer, except under the following circumstances:

- You specifically consent such disclosure in writing.
- Your EAP counselor may share information about you and your use of services to the Metropolitan Family Services Employee Assistance Network for the purposes of billing and program monitoring.
- Situations in which the law requires disclosure include:
 - Imminent risk of harm to self or other (under circumstances where this risk involves those at the workplace this may include disclosure to the employer).
 - Suspected child or elder abuse.
 - Court orders for records.

Satisfaction Survey Consent

I would like to receive a satisfaction survey following the completion of services and request this sent to my home address. Yes No

I hereby consent on my own behalf (and/or on behalf of my child) to participate and receive service at Metropolitan Family Services as outlined above.

Signature of Client who is 18 years or older

Parent/Guardian of Client who is age 12 to age 17

Signature of Client who is age 12 to age 17

Witnessed by: (Name and Relationship)

Please return: 1. EAN Reporting Form 2. EAN Client Screening Form 3. Invoice Form 4. Case Closing Form 5. signed EAN Client Service Agreement within 30 days of authorization end date and mail or fax it to:
EAN - Metropolitan Family Services • One North Dearborn, 10th fl. • Chicago, IL 60602 • Ph 312-986-4249 • Fax 312-986-4187