



## STATEMENT OF UNDERSTANDING

Please read carefully:

1. Concern will provide employee assistance to you, at no charge. This includes assessment, referral and/or short-term coaching or counseling services. Participation in Concern is voluntary.
2. You may schedule visits beyond the Employee Assistance (EA) visits when you and your Concern coach or counselor agree that continued care is the best plan. Any charges incurred for services beyond the EA visits are your sole responsibility. You may check if you may be eligible for partial reimbursement of these charges through your health plan.
3. Concern requires 48 hours notice to cancel or reschedule visits. Each appointment you fail to keep or cancel with less than 48 hours notice will count against your allotted visits.
4. Our services are confidential. Neither Concern nor your coach or counselor will reveal any information about you to anyone, including your employer, without your written permission, unless permitted or required by applicable federal or state law. In cases of imminent risk of harm to self or others, coaches or counselors may disclose confidential information. Counselors are also required to report any suspicion of child or elder abuse and to warn victims of potentially dangerous individuals.
5. Video Sessions: Before you start your first session, you will be asked for your physical address, and for an identified emergency contact within 25 miles.

You or your counselor can discontinue video counseling sessions if:  
It is felt that the video counseling is not adequate for the situation.

6. "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 find the document here:  
<https://www.concernhealth.com/privacy>

7. 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.concernhealth.com/language-assistance-program>.

8. 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.

9. A formal procedure is available to handle any complaints about services. You may contact a Concern clinical manager for details at 800.344.4222 or [feedback@concernhealth.com](mailto:feedback@concernhealth.com).

10. I understand that if I provide a phone number, 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 that you have read and understand this Statement and will discuss any questions you have with your coach or counselor before or during your first coaching or counseling visit.**

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

Counselor/Coach: \_\_\_\_\_ Date \_\_\_\_\_