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**EAP BENEFIT INFORMATION AND
STATEMENT OF UNDERSTANDING**

I have been selected to provide you with EAP assessment/counseling services through the EAP benefits provided to you through your employer. EAP assessment/counseling and traditional psychotherapy are different and it is important that you understand the differences, requirements, and limitations before we proceed. While your EAP benefits are provided by your employer, your employer is not privy to our conversations nor can I provide them with information about our sessions. More information about this is provided below.

EAP assessment/counseling is a benefit provided to you (and possibly your covered dependents) by your employer. No concern is too small. Any issue impacting you or your life, such as stress, conflict, workplace issues, life events (marriage, birth, ailing parents, bereavement, etc.), and home/family issues can be discussed and worked on.

EAP Benefit: These sessions are NOT intended for an extended relationship with the therapist as they are typically limited to a single concern and a limited number of sessions. Depending upon your EAP benefit, EAP sessions are intended to: 1) Address a single imminent concern in a strategic, solution based, time limited format; 2) Conduct assessments to determine client issues, any needs, and identify any necessary resources; 3) Allow the client to receive support and guidance to facilitate a situation's resolution within the number of EAP sessions provided; and/or 4) Determine if there is a need for clinical services beyond the scope of the EAP benefit, in which case you will be given referrals to longer term therapy options (i.e. providers that participate on your health insurance which may or may not include me) and you will be transitioned to those services.

Traditional Psychotherapy (or talk therapy): Ideally you and your therapist will develop a relationship that allows you to work together to, more deeply, explore various concerns impacting you and your life, and to explore and implement ways to address these concerns. Psychotherapy lasts for whatever length of time both you and your therapist find appropriate; mental health parity laws have eliminated most insurance companies' ability to limit the number of sessions you may utilize. This type of therapy is typically covered by your private health insurance, although some may choose to private pay.

If we both agree you would benefit from additional sessions at the conclusion of your initial authorized EAP sessions we can first find out if your EAP service will authorize additional sessions, however the additional number is often less than the first authorization. If they will not authorize additional EAP session, you may have the option to continue with me in psychotherapy, although some EAP services have rules prohibiting this. If it is permitted, we will need to ensure I accept your health insurance and verify your health insurance coverage or discuss private pay rates. You always have the right to find another psychotherapist on your own. Whether or not you choose to continue with me, some EAP services require that I provide you

with referrals for at least 2 other providers in your insurance network and/or that you sign a Waiver of some form.

Your EAP assessment/counseling is covered by HIPAA and, unless you sign an authorization, I may only discuss your treatment with your EAP service as I would with any health insurance company. I cannot have any communication with your boss, your company, or coworkers. I cannot discuss your treatment with anyone else without an authorization, unless expressly authorized in my Notice of Privacy Practices.

Your EAP is also bound by HIPAA and may not provide any information to your boss, company, or coworkers without authorization. However, if you have received a mandatory management referral, your EAP may require you sign an authorization for your company or a specific person at your company as part of the terms of you participating in EAP assessment/counseling. This requirement is out of my control. However, if it is required, I cannot provide services to you until it is signed.

I cannot provide authorizations or notes for leave from work, write any letters on your behalf or concerning you, or complete any forms (i.e.: disability, etc.) other than those provided to me by your EAP. I cannot advise you to seek legal counsel, speak with your lawyer, or provide testimony on your behalf in any forum. These limitations are part of my contract with your EAP, represent a conflict of interest, and in some cases are outside of the scope of my practices.

Please ask for clarification or explanation if you have concerns or difficulty understanding any portion of this document.

BY SIGNING BELOW I ACKNOWLEDGE RECEIPT OF THIS EAP BENEFIT INFORMATION AND STATEMENT OF UNDERSTANDING, THAT I HAVE READ THE ABOVE INFORMATION, IT IS UNDERSTOOD BY ME, AND HAS ENABLED ME TO MAKE AN INFORMED VOLUNTARY CONSENT TO THIS TREATMENT.

Signature of Client (or Patient Representative)

Date

Printed Name of Client (or Patient Representative)

Authority of Patient Representative