

**NORTHERN ARIZONA UNIVERSITY
OFFICE OF EMPLOYEE ASSISTANCE AND WELLNESS**

SERVICE AGREEMENT

The Northern Arizona University Office of Employee Assistance and Wellness (EAW) is committed to assisting members of the employee community and their families in coping with problems in daily living. The information presented below will acquaint you with policies the EAW office has put in place to provide the best service possible. **Your signature on this document indicates you agree to the terms outlined.**

Confidentiality

Communication between the EAW service provider and client is confidential, with three potential exceptions:

1. This confidentiality may be waived by the client or legal guardian signing a separate release of information form.
2. There are certain circumstances in which the EAW provider is legally and/or ethically mandated to take action or provide information that waives the right of confidentiality. These circumstances include:
 - a. If a client poses a threat of a physical nature to another person, that person must be contacted and warned of the potential danger.
 - b. If a client is in danger of self-harm, actions which may require breaking confidentiality must be taken by the EAW service provider to ensure the safety of the client.
 - c. Release of confidential materials is required in situations of suspected child abuse including reporting the incident(s) to the appropriate social service agency or law enforcement agency.
 - d. Release of confidential materials is required in situations of suspected elder abuse (or abuse of any incapacitated or vulnerable adult) including reporting the incident(s) to the appropriate social service agency or law enforcement agency.
 - e. Confidentiality is waived if a client is using confidentiality as a means of avoiding legal punishment. That is, the EAW service providers may not aid or abet the perpetration of a crime.
 - f. Parents or guardians of minors (under 18) are entitled to information communicated by their children in counseling. However, ethical standards require communication of information only in ways that will be helpful. Any action taken under these provisions will be discussed with you in full, and in advance, when possible.
3. To enhance service effectiveness, the EAW service providers consult with each other periodically concerning individual client situations.

Release of Information

At times, the client or EAW service provider may prefer that some information be discussed with another person (e.g., spouse, parent, physician, employer). Before any information can be related to any individual, a release of information form must be signed.

Pursuant to Arizona law, your next of kin, health care decision maker, or estate/trust administrator are permitted to access your records in the event of your death unless you indicate otherwise.

Please **INITIAL** your preference:

_____ Yes – I consent to the release of my records as noted above.

_____ No – I do not consent to the release of my records as noted above.

Appointments

Appointments are scheduled for 50 minutes and can be arranged by calling the office. Brief or extended appointments are offered when necessary. If you find it necessary to cancel a scheduled appointment, we request 24-hour notification. We will go out of our way to alter appointments when occasional conflicts arise or to meet each individual’s scheduling needs, but late cancellations or requests for changes become mutually disruptive. If you are visiting the EAW office during normal work hours, we encourage you to communicate with your supervisor regarding accountability for your time away from the workplace. Please let us know if you would like our assistance in any way.

Emergencies

The EAW office staff is available in case of an emergency only during regular work hours. The EAW office cannot provide emergency services after regular work hours, during vacations, holidays, or when the staff is ill. You will be provided with a list of community agencies that do offer after hour crisis services. If community resources are utilized, the client is responsible financially for services provided. The EAW office cannot take legal or financial responsibility for emergencies that occur outside regular work hours as noted above, and cannot take legal or financial responsibility for the services provided through community resources.

Medication

Medication is not provided. You and your physician should make all decisions regarding medication. If you are covered by the NAU Blue Cross/Blue Shield plan, you also have access through the Biodyne system to local Biodyne psychiatrists who can assist you in making medication decisions. If you are covered by another NAU insurance plan, resources are provided under that plan. Your EAW service provider can furnish details.

Physical Examination

If you have not had a thorough physical examination in the past four months, it is strongly recommended that you do so, especially if concerns addressed in therapy have related physical symptoms.

EAW Office Records

EAW service providers maintain strictly confidential professional files, in locked cabinets, for all clients. EAW service providers are the only individuals with access to these files. If you receive health education/nutritional assessments from the EAW health educator senior, the health educator will have access to the health education information in your file.

We are pleased you have chosen to utilize the NAU Employee Assistance and Wellness office services and look forward to serving you. Please do not hesitate to ask the office staff any questions you may have!

Signature of Client

Date

EAW Service Provider

Date

If you are bringing a minor child for EAW services, please complete the following page (Consent to Provide Services to a Minor Child).

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Consent to Provide Services to a Minor Child

Please fill out the section below if you are bringing your minor child (under age 18) to the EAW office for services:

I, _____, give permission for my child (under 18),
(parent's/guardian's name – **please print**)

_____, date of birth _____,
(child's name – **please print**) (child's date of birth)

age _____ to receive services from the NAU Office of Employee Assistance and Wellness.
(child's age)

By signing below, I attest that I have the legal right to make decisions for my child (under age 18) to receive medical and psychological treatment.

Is there any other person who has a legal right to make decisions regarding the medical and psychological treatment for the above-named child (under 18)? No _____ Yes _____

If you answered yes, the EAW office is obligated to obtain permission from the person named below **prior** to providing services to the minor child. The individual you named below must also read and complete all three pages of the Service Agreement, including this page.

Name of individual _____

Relationship to your child _____

Signature of Parent/Guardian

Date