Santa Clara County's Employee Assessment Program

Agreement for Services/ Informed Consent for Intern

Your treatment with EAP will be provided by a Marriage and Family Therapist trainee who is working at EAP as part of their clinical training. During this process your therapist will be supervised by Patricia Kidd, Licensed Marriage and Family Therapist (LMFT). Your therapist will receive weekly consultation about your assessment for quality and care coordination.

California and Federal law requires that information disclosed to the Employee Assistance Program (EAP) is confidential; it can only be released with the client's written permission, a court order, or in accordance with the law.

If you reveal information in the following situations, EAP is compelled by law to inform proper authorities:

a. When the client is thought to be in danger of committing suicide.
b. When the client threatens serious harm to anyone.
c. When EAP suspects child, elder, or disabled abuse.

I have read the above statements. I acknowledge that I have received a copy of this statement. I was given the opportunity to discuss this with my EAP counselor. I voluntarily consent to receive EAP services.

EAP policies on emergencies, cancellations, and scope of EAP services are printed on the reversed side, and by reference are included in this statement.

I retain the right to decide whether to accept the services of any provider to whom I am referred by EAP. Any outside referral that I accept is accepted voluntarily.

Signature: ____________________________________________

Date: ____________________________

Staff Signature: ________________________________________

Date: ____________________________