



INTERFACE EAP

WWW.IEAP.COM

EMPLOYEE ASSISTANCE PROGRAMS – MENTAL HEALTH CARE MANAGEMENT

Patient Rights and Responsibilities

As a patient of Interface EAP you have certain rights:

- You have the right to dignity as an individual human being.
- You have the right to equal consideration and treatment regardless of your sex, age, race, religion, color, economic status, or sexual preference.
- You have a right to be provided with professional and respectful care.
- You have the right to confidentiality. No information will be released without your written consent except as required by law. In general, imminent issues of suicide, homicide and child abuse require actions (and release of information) without your consent. There are other specific areas of the law that may limit your right of confidentiality. You may ask your counselor about these limitations.
- You have the right to know our assessment of the problem, the recommended treatment plan, and resources available to help improve this problem.
- You have the right to refuse treatment. Even though your counselor may strongly suggest you seek help, you may choose to not follow the counselor's advice. Should you choose to refuse treatment you will be advised of the consequences that may result from your refusal. Alternatives forms of treatment or help may be available.

Along with these rights go certain responsibilities. These are:

- To be honest, open and willing to share your concerns with your counselor
- To ask questions when you do not understand or need clarification
- To discuss any reservations you have about your treatment plan with your counselor
- To follow the agreed-upon treatment plan.
- To report changes or unexpected events as related to your problem with your counselor
- Keep appointments whenever possible and to call and cancel within 24 hours prior to your appointment, otherwise you will lose that session from the total number of sessions allowed per year under the EAP.
- Remember, you are responsible for your thoughts, feelings, actions, and your growth. We are here to help you to the best of our ability.

THIS FORM IS FOR THE PATIENT AND THERAPIST'S USE ONLY