

Employee Assistance Counseling Consent Form

Employee Information

Employee Name

Employee ID

Department

Consent

I voluntarily consent to participate in the Employee Assistance Program counseling services. I understand that all information shared during counseling sessions is confidential except as required by law. I have had an opportunity to ask questions and receive answers regarding the EAP process.

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I have read and understood the above information and provide my consent.

Confidentiality

All records and information resulting from counseling are confidential as required by law and will not be released to anyone without my written consent, except in situations involving harm to myself or others, or as otherwise required by law.

Employee Signature

Date

Counselor Signature

Date