

When you receive employee assistance program (“EAP”) services from New Directions Behavioral Health (NDBH) the following is available to you:

- An Employee Assistance Program that is voluntary and has a non-disciplinary counseling approach
- A referral service if a referral to a higher level of care is needed
- A program that offers assistance with a wide range of problems that may affect work performance and/or health to employees and their eligible family members
- An assessment which could lead to a referral or brief counseling
- An EAP counselor to help you clarify the problem, find solutions or alternative choices which will lead to the development of an action plan.

New Directions Behavioral Health Customer Service Associates and EAP clinicians are available to respond to your calls 24 hours a day, 365 days a year. Your participation in the EAP is voluntary, even if your supervisor refers you. If you decide to use New Directions Behavioral Health EAP services, your decision will not affect your employment security or advancement opportunities. Although there is an exception: if an employee has signed a Last Chance or Settlement Agreement that requires EAP, the employee can be disciplined for noncompliance under the terms of the agreement.

Fees

There is no cost to you or your family members for your EAP Services. The Services are part of your benefit and are paid for by USPS to New Directions Behavioral Health. New Directions will assist in locating a resource or service in the community, if you need longer-term counseling or a specialized service. If you choose to go outside of your EAP to engage these resources that are referred, it will be your responsibility to pay for the services provided. Your benefit plan may cover some of the cost – you will need to check with your plan for allowed coverage amounts.

Confidentiality

To provide continuity of care, New Directions Behavioral Health and the EAP counselor will create and maintain confidential records of your contact with the EAP and the services provided to you. ⁽¹⁾ The Privacy Act protects the confidentiality of EAP records and gives you certain rights with respect to your record. If your EAP record reflects an alcohol or drug problem, the record is also protected under the “Confidentiality of Alcohol and Drug Abuse Patient Records” regulation.

No information will be shared with anyone concerning your use of the EAP to anyone outside the program except in any of the following circumstances:

- You give your consent in writing. If the use of the EAP is a part of a Last Chance Agreement or other Settlement Agreement and your continued employment – or reinstatement – depends on your participation, then at this point you will need to sign an authorization to permit New Directions to share information concerning your level of participation with your supervisor or other parties stipulated in the Last Chance Agreement or Settlement Agreement.
- Life or safety is seriously threatened.
- Disclosure is required by law or in accordance with a court order or subpoena.
- The EAP counselor will furnish you a letter verifying the date and time that you attended an EAP session when you attend while in duty status or on sick leave. New Directions Behavioral Health onsite counselors can verify on-the-clock and sick leave attendance directly to your supervisor if you sign an authorization that permits disclosure.
- Your EAP counselor will disclose information and records to New Directions Behavioral Health as needed for coordination of EAP services, quality assurance, or payment. Professional auditors (not employed by USPS) may also examine your file to evaluate the services.

If you do not sign an authorization, no information about your EAP attendance, attendance while in duty status or on sick leave, or compliance with EAP recommendations, as applicable, can be shared with your supervisor. Even if you do not sign an authorization you may use EAP services.

I _____ understand this form, including the confidentiality of the EAP and the limitations to confidentiality, and accept it as stating the terms of my participation in the program.

Print Name

Date

Signature

Date

Parent, guardian, or legal representative (when required)