

EMPLOYEE ASSISTANCE PROGRAM

2847 Wilson Blvd.
Arlington, Virginia 22201-3803
TEL (703) 228-8720 FAX (703) 875-2185



STATEMENT OF SERVICES

DESCRIPTION OF SERVICES

The Arlington Employee Assistance Program (AEAP) is a voluntary, free, and confidential service which includes problem assessment, short-term problem resolution, referral, and follow-up at no cost to you, the employee/client. AEAP does not provide ongoing treatment. The number of sessions required for the assessment and referral process is determined by the EA Professional. If additional treatment is recommended beyond the AEAP, any cost of treatment after insurance coverage is the client's responsibility. Services at AEAP are provided by qualified Employee Assistance Professionals. The AEAP provides clinical supervision for masters' level interns.

ELIGIBILITY

Arlington EAP services are available to all employees and retirees of Arlington Public Schools and Arlington County Government as well as their immediate family members. Direct counseling is not provided for children. EA professionals meet with parents to help determine the needs of minor children and refer to age-appropriate resources to meet identified needs.

CONFIDENTIALITY

All information is confidential and maintained in secure electronic and/or paper files, but may be released with your written consent or a specific court order requiring disclosure. There are circumstances when the EAP may be required to disclose confidential information **without** your permission. These circumstances include the following:

1. If the AEAP believes you may pose a threat of harm to yourself or someone else. This may include information indicating impairment sufficient to pose a life threatening situation to the workplace.
2. If your EA Professional has reason to believe that a child, elderly, or disabled person is potentially being abused and/or neglected.
3. If you were referred to the AEAP by a supervisor/administrator or HR, you will be asked to sign a release of information giving the AEAP permission to acknowledge your participation. The amount of information shared is determined by you, in consultation with your EA professional, and can be limited to your attendance.

Accessing AEAP does not affect your job. Services are designed to help you improve your overall well-being as well as better manage both work and personal challenges. Participation in the Arlington EAP does not replace any standard disciplinary procedures deemed appropriate by your supervisor due to unacceptable behavior and/or poor performance on the job. Our goal is to help you achieve optimal well-being and resolve any issues that may affect your work or personal life.

REMOTE/VIRTUAL SESSION ACCESS

To remain compliant with the CDC’s mandate and the State of Virginia guidelines, AEAP began offering telehealth appointments in 2020. We continue to offer telehealth as appropriate.

Privacy and confidentiality remain a top priority while servicing clients. Arlington EA Professionals’ guidance on ways to ensure privacy and confidentiality during virtual appointments is maintained for all parties.

1. Please locate a private area free from distraction during virtual counseling sessions.
2. Please announce all individuals present in the room at the time of the counseling session.
3. Inform your EA professional of your location for the session.
4. You may encrypt or password protect your personal information, documents, or intake forms.

CONFLICT OF INTEREST

EA Professionals are not permitted to make treatment referrals to themselves or to other service providers in which they have an ownership, financial interest or another relationship that could create/present a conflict of interest.

EAP SURVEY PARTICIPATION

The EAP seeks feedback to improve service delivery. I agree to complete an initial Client Satisfaction Survey and participate in any AEAP follow-up client satisfaction survey to provide feedback on EAP services.

_____ Yes _____ No

I have reviewed the above items and discussed any areas of concern with my EA Professional.

- **Full Name of Client (Print)** _____ **Date** _____
- **Signature of Client** _____
(or Parent/Guardian if client is a minor)
- **EA Professional's Signature** _____ **Date** _____