



Client Name: \_\_\_\_\_

Client File#: \_\_\_\_\_

## VERBAL STATEMENT OF UNDERSTANDING

Optum provides you and your eligible family members with short-term counselling and referral services. Use of our services is voluntary and is intended for brief rather than on-going, long-term therapy. Your or your family member's employer or professional association covers the cost of our services. Counselling will involve clarifying the issue that brought you to counselling, developing a plan to address it and working with the support of your counsellor toward resolving it. Counselling is a partnership between counsellor and client.

1. Your counsellor's role is neutral and impartial. Your counsellor does not advocate on your behalf in legal or work related matters (ie. recommending time away from work).
2. In some cases, a referral to another resource may be indicated. When longer term or more specialized counselling is required, your counsellor will provide assistance in finding an appropriate resource in your community. Charges for services provided by an outside resource are your responsibility.
3. Your discussions with the counsellor or records of your use of the service are confidential. Information will not be shared with your employer, professional association and any other party without your written consent or without a Court order.
4. All records of all contacts, dates, times and services that have been provided to you are confidential and are the property of Optum. It is possible for the files to be produced by a subpoena or a Court order.
5. There are limited circumstances where the law requires disclosure. These include situations such as harm or neglect of a child, medical emergencies, danger to public safety, threats of violence, or harm to oneself or others.
6. General statistics about the use of this service may be reported to your employer. For quality assurance purposes, a third-party auditor, inspector or evaluator may be asked to review our clinical procedures. Your counsellor can provide further information about our privacy policy.

### ***ENSURE THAT YOU INITIAL EACH STATEMENT AND SIGN FORM***

I have reviewed this form with the client, I gave the client an opportunity to ask questions and the client understood its content.

Date: \_\_\_\_\_

Counsellor Signature: \_\_\_\_\_

Client consents to be contacted by a Optum representative upon completion of counselling to discuss his/her experience with Optum's services. Client can be reached during the day at (\_\_\_\_) \_\_\_\_\_.