**STATEMENT OF TREATMENT CONSENT FORM**

At Ceridian, the privacy and confidentiality of your personal information is one of our highest priorities. We recognize that privacy is an important issue, and that you trust us to respect individual privacy and ensure the confidentiality of collected information. Upon their hiring, all Ceridian employees must read our strict Privacy Guidelines, and agree to them in writing. Ceridian employees are bonded, and bound to the principles of confidentiality and their professional legal, ethical requirements. Access to, and use of, personal information is limited to those employees who require it to fulfill contractual obligations to our client.

Ceridian uses the privacy standards recommended by the Canadian Standards Association and adopted as part of the Personal Information and Protection and Electronic Documents Act. Information about these policies and practices are available in person, in writing, by telephone, in publications and on the Corporate Web site.

1. I understand that Ceridian (including my therapist) will not divulge confidential information outside of the EAP program to any person/employer without my informed, voluntary, and written consent.
2. I understand that Ceridian (including my therapist) collects personal information in order to provide EAP services, and that information about these policies and practices are available in person, in writing, by telephone, in publications and on the Ceridian Corporate Web site.
3. I understand there are exceptions to legal confidentiality and professional ethics. Exceptions include but are not limited to:

* Files subpoenaed by a court of law
* Disclosed or suspected child abuse/neglect.
* Perceived threats of violence/risk to oneself or to others (i.e. threatens suicide; threatening to injure others)
* Employee's occupation is considered to be safety sensitive and the employee appears to pose a threat of serious injury to themselves or others by carrying out their job duties (e.g. employee who may be impaired when operating heavy machinery).
* Report to the appropriate authorities in the event a Regulated Health Professional (i.e. social worker, psychologist, physicians and surgeons, dentist, etc.) of whom the therapist was told the name of behaved in a sexually inappropriate manner with the client

1. I acknowledge that I am required to provide my therapist with at least 24 hours notice of cancelling an appointment and failure to do so will result in charges for missed sessions that I am responsible for EAP Program is designed to offer coverage for attended sessions, **therefore missed appointments where 24 hours notice was not provided, will be my responsibility to pay.**
2. If I have any concerns related to my care or company policies, I understand I can contact my Ceridian LifeWorks Consultant.
3. Finally, I understand that my EAP Counsellor does not advocate on my behalf in legal or work related matters such as recommending time away, or provide written reports for court proceedings.

I understand and consent to all of the above conditions and I hereby consent to participate in this therapeutic process with

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Therapist Name) (Therapist Signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Client 1 Date (MM/DD/YYY)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Client 2 (If Appropriate) Date (MM/DD/YYYY)