



# Office of Employee Assistance

## FLORIDA INTERNATIONAL UNIVERSITY OFFICE OF EMPLOYEE ASSISTANCE

### STATEMENT OF UNDERSTANDING

Welcome to the Florida International University (FIU) Office of Employee Assistance. We are glad you are here and want you to feel as comfortable as possible.

First of all, we want to assure you the OEA is a professional and confidential service dealing with the personal problems employees or family members may be having.

We (OEA) provide an assessment and referral service, as well as follow-up when warranted. Your participation is voluntary and offered at no cost to you. You are meeting with an OEA representative who will talk with you about your problem and provide you with direction on the best way to deal with it. Any referral made to you will be to a qualified provider.

Providers are carefully screened regarding their training and educational credentials. It will be your responsibility to pay for service(s) beyond the OEA assessment service. Your benefit plan may help defray most or some of the cost of services provided through our network of providers.

Our goal is to help you resolve your problems as quickly and effectively as possible. If a referral is made, we want you to follow through with it, and let us know right away if you are not satisfied for any reason. It has been our experience that the best way to successfully resolve problems is to keep regular appointments and work with your treatment professional to develop and implement your goals.

As stated in the Confidentiality Policy, the OEA is confidential. Information concerning your use of the OEA will **not** be made a part of your personnel file or given to anyone outside of the OEA except as outlined in the **OEA Confidentiality Policy**.

We hope this summary of your Office of Employee Assistance benefit provides you with the information you need. If you still have questions, ask them as you begin your session. We are committed to help you with your personal problems before they cause you even more pain or get out of control.

I acknowledge I have read this letter and understand its content and agree to be seen by the Office of Employee Assistance.

---

Date

---

Client Signature

---

Printed Name