



Notice of Informed Consent for Continuation of Treatment with a Provider upon Completion of the EAP Sessions

It is the policy of New Directions (and the therapists who provide EAP services) to advise you about other resources when treatment past the EAP benefit is needed. They can also educate you as to the different kinds of treatment modalities. This policy is in place to assure a referral to the clinician or service with the most expertise in your appropriate area. This includes continuing treatment with your current provider.

We ask that you read this and sign below, indicating that you have been informed of your rights to a variety of other resources.

I have been informed by my current provider of the availability of other resources.

I understand that New Directions will no longer be financially responsible for services as the benefit has been fully utilized. I will be responsible for payment of any continuing services, whether through my insurance or self-pay.

I understand that I can call the New Directions toll-free phone number (800-624-5544) to discuss other possible benefit resources and referral options.

Signature of Client: _____

Signature of EAP Provider: _____

Date: _____

*Provider: Please have this signed and kept with your records.
This is not to be returned to New Directions Behavioral Health.