BETH SIEGEL, PSYD.,LCSW

DOCTOR OF PSYCHOLOGY IN PSYCHOANALYSIS

LICENSED CLINICAL SOCIAL WORKER

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CALIFORNIA LICENSE # LCS 14970

CONSENT TO RECEIVE EMPLOYEE ASSISTANCE SERVICES(EAP)

Dr. Beth Siegel, PsyD. has my consent to assess my psychological/emotional condition, make a diagnosis, formulate an EAP action plan, and to render services as needed to achieve the goals of this plan. I understand that EAP services are short term and not a replacement for therapy.

I understand that resources and referrals are part of my action plan. If additional therapy is needed, a recommendation will be provided. Records will be kept on the services provided (as required by law and within the standards of our profession), and will otherwise be known as "Progress Notes". Progress Notes can be requested by all insurance companies when a treatment record audit is being sought. Choosing to use my insurance gives my insurance company permission to request my records from the provider of service, regardless of whether I am of in-network or out of network status.

I also understand that an assessment process, at times, may require revealing unpleasant aspects of my history or bring forth uncomfortable feelings about aspects of my life, such as sadness, anxiety, anger, guilt or frustration and that this is part of the evaluation process.

I also understand that EAP services does not pay for "no show" or canceled sessions and that I am **personally** responsible for payment. If I "no show" to a session or do not call to cancel within 24 hrs, I will be charged the rate of reimbursement by the EAP for time reserved for my appointment.

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Client Signature

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Date

Chart Copy