

Welcome to Preferred EAP

Preferred EAP is an Employee Assistance Program contracted by your employer to provide you—and, in some cases, your eligible dependents—with access to counseling, coaching, and consultation services focused on emotional well-being. Please read the information below carefully and sign at the end before the start of services.

Your EAP Benefits

Your employer fully covers the cost of all services provided by Preferred EAP, including counseling sessions. The specific number of sessions available varies by employer, so please confirm your benefit details with your counselor.

Counseling Options

- **In-Person:** Sessions are available at our Allentown office.
- **Virtual or Telephone:** Counseling is conducted via a secure telehealth platform for added convenience.
- **Local Providers:** If you live more than 25 miles from our office, you can schedule in-person sessions with an accredited Preferred EAP provider closer to your home.

Preferred EAP provides **short-term counseling** to address immediate concerns. Should you need continued support after utilizing your allotted sessions, your counselor will assist with referrals to providers within your health insurance network.

Session Scheduling

The frequency of your sessions will be determined collaboratively with your counselor. You may choose to space them out over the course of a year or use them consecutively, depending on your needs. Benefits renew annually, granting you access to additional sessions each new contract year.

Crisis Support

If you experience a crisis outside regular hours (Monday–Thursday after 5 PM or Friday after 4 PM until Monday 9 AM), please call our main number, select the prompt for the answering service, and ask to speak with the on-call counselor. You will receive a call back within one hour at the number you provide.

Appointment Changes

Given the high demand for counseling services, we ask for at least 24 hours' notice to cancel or reschedule an appointment. For in-person appointments, you may switch to a virtual or telephone session on the day of your appointment if more convenient. Without adequate notice, the missed session may count toward your allotted EAP sessions.

Privacy and Confidentiality

Preferred EAP services adhere to the Health Insurance Portability and Accountability Act (HIPAA) to protect your privacy. Information about your sessions will not be disclosed without your written consent, except under the following circumstances:

- A medical emergency requiring contact with your designated emergency contact.
- Concerns about potential harm to yourself or others.
- Suspected child or elder abuse or neglect.
- A court order for medical records.

Emergency Contact

As part of our program, we require you to provide an emergency contact.

Records Requests

If you need a copy of your EAP records, please ask your counselor for a release form. Record requests may take up to 10 business days to process.

Return to Work Clearances

If you need a return-to-work letter, the best practice is to request one from your ongoing healthcare provider—such as your primary care physician, psychiatrist, specialist, or therapist. If there are extenuating circumstances that prevent this, please speak with your counselor to determine whether they can support your request. In such cases, you may be asked to complete a release of information form.

- Please note that the final decision regarding your return-to-work rests with your employer.

Communication Guidelines

Your counselor may provide their work cell number for scheduling or conducting phone sessions. For urgent matters or emergencies, call our main number at **610.433.8550** or **844-702-4327** or dial **911**.

Tele-Counseling Services

Preferred EAP offers tele-counseling through the secure Microsoft Teams platform to ensure confidentiality. Many clients find tele-counseling as effective as in-person sessions, with the added convenience of accessing services from the comfort of home or another private location.

Please note: Sessions cannot take place while driving.

Requirements for Tele-Counseling

- You must be physically located in a state where your counselor is licensed during the session. All Preferred EAP counselors are licensed in Pennsylvania, and some are also licensed in New Jersey.
- Your counselor will confirm your location during the session to ensure your safety and confidentiality.

Limitations of Tele-Counseling

- Technical issues may occasionally interrupt sessions. If this occurs, you can reschedule or switch to a telephone session.
- Tele-counseling may not be suitable for all concerns. Your counselor will recommend in-person sessions if they believe it would be more beneficial for your needs.

All tele-counseling sessions are conducted from a secure, private location and are not recorded. If your counselor determines you are at imminent risk of harm, they are legally and ethically obligated to notify the appropriate authorities or others to ensure your safety.

Voicing Concerns

Preferred EAP is committed to providing confidential, effective services. If you have concerns, questions, or complaints, please reach out to:

- Your counselor
- Our Clinical Manager, **Sajeda Bhallo**, at **Sajeda.Bhallo@jefferson.edu**

If you feel your counselor is not a good fit, you may request a change by contacting the front office at **610.433.8550**. Additionally, you have the option to connect with the Lead Counselor or Clinical Manager for further assistance.

Feedback and Surveys

We value your feedback. After completing your sessions, you may receive a survey to share your experience if you consent to this in the Communication Consent Form.

Acknowledgment of Services

I have read and understood the details of the services offered by Preferred EAP and the conditions under which they are provided. I understand that Preferred EAP makes no guarantees regarding the results of services delivered. I consent to counseling through Preferred EAP.

Client Name (please print): _____

Client Signature: _____ Date: _____

Parent/Guardian Name (please print): _____
(for client age 13 and younger)

Parent/Guardian Signature: _____ Date: _____
(for client age 13 and younger)