MERCY EMPLOYEE ASSISTANCE PROGRAM-

Waiver to Continue with EAP Counselor

I am waiving my referral options outside of the EAP and understand that by signing below, I am choosing to see the EAP provider in private practice.

Fee arrangements will be either through my mental health benefit or self pay- and will no longer be the pre-paid benefit of EAP. This change is effective on _____.

_____ _____

Patient Name **(Printed)** Authorization Number

_____ _____

Patient/Guardian Signature Date

_____

Witness