



STATEMENT OF UNDERSTANDING

Case # _____

You have voluntarily chosen to use the benefit provided by your employer through the Wellness@Work program delivered by LifeWork Strategies, Inc.

You are eligible for up to 3 hours of wellness coaching with your Coach per issue. The first hour is typically spent identifying your goal and developing an action plan to achieve your goal. Additional coaching sessions, up to 2 hours, may vary in length, number and format (telephone or email). The amount of time received will be based on need and is to be determined by you and your Coach. If your reason for contacting the service cannot be adequately addressed within the allotted amount of time, your Coach will refer you back to LWS/Your Advocate, or else provide other referral options for your consideration.

This program is provided to you at no cost. However, you may incur costs if you are referred for services outside the scope of this benefit as deemed appropriate following the assessment and coaching services by the Coach. Any referrals will be made with careful consideration of your insurance benefits and economic situation.

This program is a confidential service. Information disclosed during your coaching sessions will only be communicated outside of the service under the following circumstances: 1) you consent in writing; 2) your life or safety is seriously threatened; 3) the life or safety of others is seriously threatened; 4) disclosure is required by law; and/or 5) there is an admission of child abuse.

I, *(name)* _____ understand the information printed above and will participate in the Wellness@Work program under the terms specified above.

Signature (Client)

Date

Signature (Coach)

Date