



# EMPLOYEE ASSISTANCE PROGRAM (EAP) STATEMENT OF UNDERSTANDING

## **Who is Eligible**

All Boeing employees and their eligible dependents based in the U.S. are eligible for Employee Assistance Program (EAP) services. Participation in the EAP is voluntary. The EAP services include professional assessment and referral for personal problems. Such problems can be related to marital or family issues, medical or psychological, alcohol or drug related, legal, financial or other concerns.

## **What Happens**

An EAP counselor will interview you and recommend a treatment plan and service provider in your community. These services may be covered by your or your dependents' medical insurance plan. You are responsible for paying charges not covered by your insurance plan. Questions regarding coverage should be directed to that particular plan's office.

## **Confidentiality**

The EAP staff respects the personal and sensitive information you provide and treats discussions in appointments confidentially. Your EAP records are maintained by the supplier's treatment provider and owned by The Boeing Company.

## **Government Security Regulations (applies to employees only)**

As mentioned, the confidentiality of individuals using the EAP is protected within the limits of the law, consistent with safety and national security concerns. For employees having or seeking a government security clearance, so-called "adverse information" may be reportable under government regulations through the Boeing Security Department.

## **Disclosure Outside Boeing**

Release of information outside Boeing normally requires your knowledge and consent. However, the following circumstances may require counselor disclosure:

- a. When warranted for your or others' health and safety considerations.
- b. When required by law, such as a government statute or regulation, subpoena, or court order.
- c. When warranted by national security considerations.
- d. When necessary for Boeing or any of its employees to defend against charges brought by you or your representative.

## **Disclosure Within Boeing**

Disclosure by the Boeing Medical Department is carefully guarded in accordance with Administrative Procedure PRO-2621 (*Custody and Control of Employee Medical Records*, currently in DRAFT form). The sensitive nature of medical records demands that a legitimate need-to-know be clearly demonstrated before access is provided or disclosure made. Such access is generally limited to the same circumstances which apply for release outside Boeing.

## **Other Disclosures**

- a. To assure consistent quality services, professional auditors may review medical records. Auditors will not further disclose information identifying your participation in the EAP.

mentioned above.

## **Management Referral (applies to employees only)**

In cases of management-recommended referral, Personnel or the employee's supervisor may be advised regarding appointment

Management will not be advised as to the specifics of employees' problems or the EAP's treatment recommendation.

## **Required Participation**

Participation may be required as part of disciplinary action or the drug/alcohol free workplace requirements as described below:

### **Disciplinary Action (applies to employees only)**

Participation in the EAP does not affect Boeing's right to take disciplinary action in the event of unsatisfactory performance, attendance, or conduct prior to, during, or subsequent to participation in the EAP.

### **Drug/Alcohol-Free Workplace Requirements (applies to employees only)**

Employees referred as the result of:

- a. having an alcohol/drug-related termination for attendance or performance problems held in abeyance
- b. violating company rules about unauthorized possession and/or use of drugs or alcohol
- c. having a verified positive drug or alcohol test

are subject to special requirements. Those requirements are the terms and conditions of a "Compliance Notification Memo" (CNM) as described in Administrative Procedure PRO-388 (*Drug/Alcohol-Free Workplace Program*, currently in DRAFT form).

**I HAVE READ THIS STATEMENT, UNDERSTAND ITS CONTENTS AND AGREE TO ITS TERMS.**

**I am a Boeing Employee and not under suspension (applies to employees only)**

\_\_\_\_\_  
EMPLOYEE / DEPENDENT

Date: \_\_\_\_\_

\_\_\_\_\_  
COUNSELOR

Date: \_\_\_\_\_