



Ascension

Employer Solutions EAP

Ascension Employer Solutions EAP Freedom of Choice Affidavit

I _____, verify that I have been offered at least two referral recommendations as a part of my EAP assessment and that I have decided to seek ongoing assistance through my Ascension Employer Solutions EAP affiliate's private practice.

My signature below also verifies my understanding that in electing to seek treatment with the professional named below, I have entered into a contractual relationship with the provider. Ascension Employer Solutions EAP is no longer responsible for the services provided.

Further, I am aware that no further services provided through Ascension Employer Solutions EAP affiliate's private practice are covered by Ascension Employer Solutions EAP and that I am solely responsible for determining if services are covered under my medical insurance benefit plan.

CLIENT SIGNATURE: _____ DATE: _____

AFFILIATE SIGNATURE: _____ DATE: _____

Menasha office: 1550 Midway Place, Menasha, WI 54952 Fax: 920-720-1091

Plover office: 1820 Post Road, Suite 5, Plover, WI 54467 Fax: 715-342-2058

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