

EMPLOYEE ASSISTANCE COORDINATOR CODE OF ETHICS ACKNOWLEDGEMENT

As an employee of the State of Wisconsin, I commit myself to conduct my Employee Assistance Program (EAP) related activities and relationships in accordance with this code of ethics:

1. I will adhere to the Employee Assistance Program policy and operating/referral procedures at all times in order to safeguard the integrity of the program.
2. I will not discriminate in the provision of EAP services because of race, religion, creed, marital status, age, color, sex, disability, national origin or ancestry, arrest record or conviction record, sexual orientation, political affiliation or any other basis prohibited by local, state or federal law.
3. I will do my personal best to provide high quality EAP services to the extent of my responsibilities as an EA Coordinator.
4. I will respect the privacy of all people I serve, and maintain the confidential nature of all my EAP contacts regardless of the pressures to the contrary, as prescribed by law and stated in the EAP policy.
5. I will use in a responsible manner information gained through EAP contacts.
6. I recognize that serving in the EAP does not imply professional certification or licensure.
7. I agree to continually assess my own personal and vocational strengths, limitations, biases and effectiveness, and to refer or release an EAP referral to the Director or another Coordinator or outside resource when it is in the employee's best interest to do so.
8. I will have respect for all EAP contacts by maintaining an objective, non-judgmental and helpful relationship at all times.
9. I accept the responsibility to help protect the EAP against unethical practices by any individuals or organizations engaged in EAP programs or consultation activities.
10. I accept the responsibility for assuring that none of my individual or work related actions or practices will discredit the EAP.
11. I will make every attempt to arrange EAP contacts at a time least disruptive to my work unit, notify my supervisor when I schedule an EAP contact (if appropriate) and to keep contacts within the time permitted for this activity.
12. I agree to share my ideas and experience to further enhance and maintain the EAP.
13. I will endorse the principle that adherence to this code of ethics is a fundamental condition of serving in the EAP.

I understand that should I fail to comply with any of these ethical responsibilities, in the sole discretion of the Director, I may be removed from my role in the Employee Assistance Program.

Print Name

Signature

Date-Signed