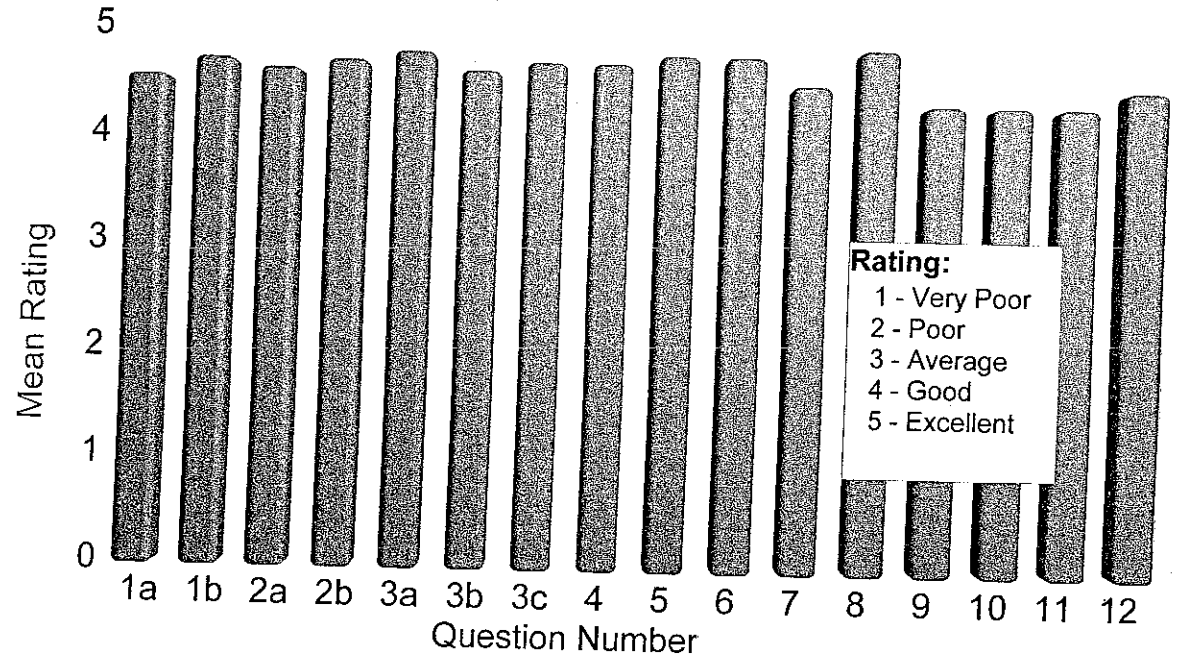


EAP Satisfaction Survey

1st Half 2006



Clinical Psychology Associates of North Central Florida P.A.

EAP USER SATISFACTION SURVEY (rev 12/28/98)

CITY EAP SERVICE USER SATISFACTION FORM Month _____ Year _____

Check one: City Employee ___ City Employee Family Member ___

- | | | | | |
|---------------|--|--|--|--|
| 1. a) | The service and information I received from the receptionist was (circle one) | | | |
| | Very poor Poor Adequate Good Excellent | | | |
| | b) The EAP was easy to access (circle one) | | | |
| | Very poor Poor Adequate Good Excellent | | | |
| 2. The office | | | | |
| a) | Environment was comfortable (circle one) | | | |
| | Very poor Poor Adequate Good Excellent | | | |
| b) | was "professional" (circle one) | | | |
| | Very poor Poor Adequate Good Excellent | | | |
| 3. a) | Limits of confidentiality were adequately explained to me in written form or interview (circle one) | | | |
| | Very poor Poor Adequate Good Excellent | | | |
| b) | Questions regarding confidentiality were adequately answered (circle one) | | | |
| | Very poor Poor Adequate Good Excellent | | | |
| c) | Confidentiality was maintained to the degree explained (circle one) | | | |
| | Very poor Poor Adequate Good Excellent | | | |
| 4. | Satisfaction with EAP assessment or counseling service (circle one) | | | |
| | Very poor Poor Adequate Good Excellent | | | |
| 5. | Therapist appeared interested in my concerns and asked relevant questions (circle one) | | | |
| | Very poor Poor Adequate Good Excellent | | | |
| 6. | Therapist was skilled in providing explanations for difficulties or advice as to their resolution (circle one) | | | |
| | Very poor Poor Adequate Good Excellent | | | |
| 7. | Therapist was knowledgeable about a range of treatment options and outside resources (circle one) | | | |
| | Very poor Poor Adequate Good Excellent | | | |
| 8. | Therapist maintained appointments on time (circle one) | | | |
| | Very poor Poor Adequate Good Excellent | | | |
| 9. | EAP services were helpful in the resolution or stabilization of my identified problem (circle one) | | | |
| | Very poor Poor Adequate Good Excellent | | | |
| 10. | I would recommend EAP services to another employee or family member in need (circle one) | | | |
| | Very poor Poor Adequate Good Excellent | | | |
| 11. | If I required further services beyond that covered by the EAP alternatives were adequately explained to me (circle one) | | | |
| | Very poor Poor Adequate Good Excellent | | | |
| 12. | General Satisfaction with EAP (circle one) | | | |
| | Very poor Poor Adequate Good Excellent | | | |

(OPTIONAL) Service Provider _____

(OPTIONAL) I was particularly pleased with service I received from the following staff:

CITY OF GAINESVILLE

AGREEMENT FOR PROFESSIONAL COUNSELING SERVICES

This AGREEMENT ("Agreement") made and entered into this 17th day of March, 2004 between the CITY OF GAINESVILLE, ("CITY"), and CLINICAL PSYCHOLOGY ASSOCIATES OF NORTH CENTRAL FLORIDA, P.A., ("CONTRACTOR")

WHEREAS, CITY is desirous of utilizing CONTRACTOR to provide counseling and employee assistance program services to City employees and their family members; and

WHEREAS, CONTRACTOR is willing and capable to perform such services.

NOW, THEREFORE, CITY and CONTRACTOR agree as follows:

I SCOPE OF SERVICES

CONTRACTOR shall provide counseling and employee assistance program services to City employees and their family members as provided for in the following enumerated Specifications and Documents ("Contract Documents"), which are referenced hereto and made a part hereof as if fully contained herein:

- ⇒ City of Gainesville Request for Proposal 040073-RMDX-RW dated October 16, 2003
- ⇒ Addendum # 1 dated November 5, 2003
- ⇒ Addendum # 2 dated November 6, 2003
- ⇒ Proposal of Clinical Psychology Associates of North Central Florida, P.A., dated November 17, 2003

In case of conflict, order of precedence shall be this Agreement, Addendum # 2, Addendum # 1, RFP 040073-RMDX-RW and proposal of CONTRACTOR.

II. TERM

The term of this AGREEMENT shall be effective April 1, 2004 and expire December 31, 2006. However, upon satisfactory and faithful performance of this AGREEMENT by the CONTRACTOR, the CITY may at its option, negotiate and extend this AGREEMENT for another 12 months with a maximum of two such extensions.

III COMPENSATION/PAYMENT

CONTRACTOR shall be paid in accordance with their price proposal as submitted in their proposal. CITY chooses Option I – City Capitation Agreement for Employee Services as the cost basis for this AGREEMENT. The term and payment of this

AGREEMENT shall be contingent upon the lawful appropriation of funds for this AGREEMENT by the City Commission of the City of Gainesville.

IV. TERMINATION

If the CONTRACTOR fails to observe or perform or is guilty of a violation of the Contract Documents, then the CITY, after serving at least ten (10) days written notice to the CONTRACTOR of its intent to terminate and after such fault shall continue unremedied for a period of ten (10) days, may terminate the Contract without prejudice to any other rights or remedies it may have under this AGREEMENT

V. INDEPENDENT CONTRACTOR

CONTRACTOR shall be considered as an independent contractor and as such shall not be entitled to any right or benefit to which CITY employees are or may be entitled to by reason of employment. CONTRACTOR shall be solely responsible for the means, method, techniques, sequences, and procedures utilized by the CONTRACTOR in the full performance of this AGREEMENT.

VI. INDEMNIFICATION

CONTRACTOR agrees to indemnify and hold harmless the CITY, its officers, agents, or employees from suits, actions, damages, liability and expense in conjunction with loss of life, bodily or personal injury or property damage arising from or occasioned by any act of negligence or intentional wrongdoing on the part of the CONTRACTOR

VII. SOVEREIGN IMMUNITY

Nothing in this AGREEMENT shall be interpreted as a waiver of the CITY'S sovereign immunity as granted under Section 768.28 Florida Statutes.

VIII. TIMELINESS

The CITY and CONTRACTOR further agree time is of the essence in performance of work and that work under this AGREEMENT is required to be performed in an expeditious manner and with care reasonably expected of a consultant performing these duties.

IX. VALIDITY

If any provision of this AGREEMENT is contrary to, prohibited by, or deemed invalid by applicable law, rules or regulations of any jurisdiction in which it is sought to be enforced, then such provision shall be deemed inapplicable and omitted, and shall not invalidate the remaining provisions of this AGREEMENT

X. CONTACT PERSONS

The parties hereto designate the following persons to be contacted regarding the performance of this agreement:

CITY	CONTRACTOR
Mr Dick Gober Risk Management Department P.O Box 490 Gainesville, FL 32602 352-334-5045	Dr. Ernest J. Bordini Clinical Psychology Associates NCF, P.A 2121 NW 40 th terrace, Suite B Gainesville, FL 32605 352-336-2888

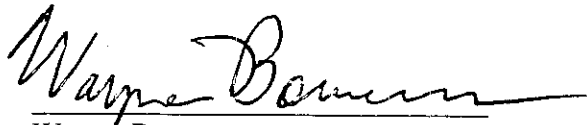
XI. ENTIRE AGREEMENT


This AGREEMENT constitutes the entire AGREEMENT between the CITY and CONTRACTOR. Any modifications, amendments or alterations shall be in writing and executed by both parties prior to becoming effective

IN WITNESS WHEREOF, the parties hereto have executed this AGREEMENT the day and year first written above.

CITY OF GAINESVILLE

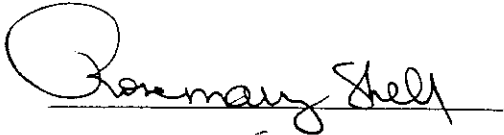
CLINICAL PSYCHOLOGY
ASSOCIATES OF NORTH CENTRAL
FLORIDA, P.A.,


Wayne Bowers
City Manager

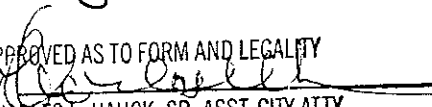

Printed name: Ernest J. Bordini (PhD)
Title: President

WITNESS:

WITNESS:





APPROVED AS TO FORM AND LEGALITY
BY: 
CHARLES L. HAUCK, SR. ASST. CITY ATTY.
CITY OF GAINESVILLE, FLORIDA