

HealthPoint Employee Assistance Program Client Information

Employing entity: UT Austin UT System

Legal Last Name _____ Legal First Name _____ Name I go by _____ UT EID _____

Status: Staff Faculty (tenured / non-tenured) AI / TA Retired

Date of birth (MM/DD/YYYY) _____ Gender _____ Pronouns _____ Work phone _____

Cell/Home phone _____ Preferred Email _____

Please list any way you consent for EAP to contact you: Work phone May we leave a voicemail? Cell/Home Phone May we leave a voicemail? Email

Please be aware that the confidentiality of email cannot be guaranteed due to the nature of electronic media. However, all correspondence by email will be treated as private and confidential in the EAP office.

How did you learn about this service? Please select the one entry that most accurately represents your first introduction to EAP.

Brochure Family HR/EAP website Co-worker EAP email BCAL Supervisor
 HR staff member HR training Presentation New employee orientation Student Counseling Center Other

Ethnicity (optional) - check all that apply

Black / African-American Caucasian Native American Asian/Pacific Islander Hispanic Other

May we send you a *Client Satisfaction Survey* to your email? Yes No

Emergency Contact Name _____ Emergency Contact Relationship _____ Emergency Contact Phone Number _____

Employee's Job title _____ Employee's Department _____ Employee's College/VP _____

Insurance: UT Select No university insurance Job time: Full time Part time _____ %

Over the past 2 weeks, how often have you been bothered by any of the following problems? **Not At All (0) Several Days (1) More Than Half the Days (2) Nearly Every Day (3)**

1. Little interest or pleasure in doing things?
2. Feeling down, depressed or hopeless?

Please briefly describe why you are seeking EAP services (optional):

Information and consent

Our counselors are mental health professionals who will help assess and address your individual concerns. The counselor may recommend and/or provide short-term problem-solving counseling at EAP, consultation with another university office, consultation with a mental health professional or physician in the community, or other services relevant to your specific situation. EAP staff members are employees of the University and are not directly affiliated with your insurance carrier. Your contacts with EAP are private and CONFIDENTIAL as required by law. EAP records are NOT part of your Human Resources file or any other personnel file.

I have read the information about EAP. I understand and consent to services.

I have received the notification of laws and office practices regarding privacy and confidentiality.

Signature of employee _____ Date _____

HealthPoint EAP · Mail Code A9200 · 1616 Guadalupe St., STOP A9200 Room 2.304· Austin, TX
78701 phone 512-471-3366 · fax 512-475-8558 · eap.utexas.edu

Telecounseling Consent

This consent includes all video, phone, and virtual counseling provided by the University of Texas-EAP.

- I understand that my EAP provider will be providing a telecounseling appointment to provide assessment and short-term counseling.
- I understand that the telecounseling experience will be different than an in-person counseling session and that there are benefits and limitations associated with the use of this technology, such as interruptions and technical difficulties.
- Confidentiality still applies for telecounseling, and nobody will record the session without permission from the other person(s).
- If either my EAP provider or I believe that telecounseling is not the best approach, we will schedule a phone session, an in-person appointment at the EAP, or a referral to an appropriate resource.
- Please enter a phone number in case the session is disconnected or technical difficulties are encountered:

- Please enter the address of your intended location during the sessions, update us at the time of the session, if that changes.

- I understand that I will need to find a quiet and private space conducive to a therapeutic environment.
- I understand that it is important to use a secure internet connection rather than public/free Wi-Fi.

By signing this form, I certify that:

- I have read and understand the information on this form and I consent to using telecounseling.
- The alternatives to telecounseling appointments have been explained to me.
- I am aware that my counselor may contact the proper authorities in case of an emergency. I acknowledge, however, that if I am facing or if I think I may be facing an emergency situation that could result in harm to me or to another person, I am not to seek telecounseling with EAP. Instead, I will seek care immediately through an in person or telephonic consultation with the nearest hospital emergency department or by calling 911.
- I have been provided with the University of Texas-EAP Confidentiality and Privacy Practices.
- I agree to notify the EAP by email prior to my appointment if I will be out of the state of Texas for my appointment. I am aware that all EAP clinicians are licensed to provide counseling in the State of Texas and only are allowed to provide counseling in states that have licensure reciprocity with Texas. I am aware that the EAP will need time to find out if the state I am in allows this type of reciprocity and that if it does not the EAP will not be able to provide counseling but can provide referrals.
- I give permission to the EAP counselor to email me a link for the video session. The best email to send this to is:

Client Name (Print)

Client Signature

EID

Date

Please ask your EAP counselor if you have any other questions about EAP services.

In case of a mental health emergency, you can call 911, 988, or our 24 hour crisis counseling hotline at 512-471-3399 for immediate support or go to the nearest emergency room.