

HealthPoint Employee Assistance Program Manager Information

Employing entity: UT Austin UT System Other

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

Status: Staff Faculty (tenured / non-tenured)

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 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

African-American/Black 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 _____

Job title _____ Department _____ College / VP _____

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

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 _____