



# Office of Employee Assistance

## FLORIDA INTERNATIONAL UNIVERSITY OFFICE OF EMPLOYEE ASSISTANCE

### CONFIDENTIALITY POLICY

For obvious reasons, the OEA operates under strict confidentiality procedures. Except as described in the next paragraphs no one, including your employer, will be informed that you have sought help through the OEA.

There are some circumstances under which you or the OEA may be required to disclose information, and possibly records, pertaining to your treatment or treatment of your dependent. For example, if records are subpoenaed in any type of legal proceeding, the OEA will respond to a court order (usually after consultation with the University's legal advisors). The OEA must also comply with other applicable state and federal laws pertaining to the abuse of children, the elderly or the disabled. Confidentiality may be breached if you are determined to be in danger of hurting yourself or someone else.

Please note that it may be necessary for you to disclose information relating to a mental health diagnosis in order to supply information required by the federal Family Leave Act. Any and all other parties to whom you may wish to furnish information on your condition or treatment will be given the information after you have signed a properly completed OEA Release of Information Form.

If your visit is in response to a mandatory referral, special rules apply. The appropriate supervisor or manager will be informed of whether you kept the appointment, whether you need time away from your job and whether you cooperate in any ongoing treatment. The procedures outlined in your collective bargaining agreement (for bargaining unit employees) or applicable personnel policy and procedures (for non-bargaining unit employees) will be followed.

OEA visits and the records they generate are exempt from open records policies.

OEA discourages the use of email as a means of communication as email is not a confidential environment. However, if you elect to communicate via email about non-confidential matters related to times of appointments, etc., please be advised that your confidentiality cannot be assured.

By my signature below, I acknowledge having read the Confidentiality Policy and understand its content and the limits to confidentiality.

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Date

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Client Signature

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Printed Name