



# Office of Employee Assistance

## CLIENT BACKGROUND INFORMATION FORM

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Health Plan: \_\_\_\_\_

Employee Name (if family member is Client): \_\_\_\_\_

Department: \_\_\_\_\_ Work Address: \_\_\_\_\_ MMC \_\_\_ BBC \_\_\_ Other \_\_\_

Job Title: \_\_\_\_\_ Hire Date: \_\_\_\_\_ Employee ID # \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ FL Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ May OEA leave a message? Yes \_\_\_ No \_\_\_

Work Email: \_\_\_\_\_ May OEA leave a message? Yes \_\_\_ No \_\_\_

Cell Phone: \_\_\_\_\_ May OEA leave a message? Yes \_\_\_ No \_\_\_

Personal Email: \_\_\_\_\_ May OEA leave a message? Yes \_\_\_ No \_\_\_

Emergency Contact Name/Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

**Demographics:** Please mark "X" in the most applicable space to the right of the choices per category.

**Referral Type:** Self \_\_\_ Supervisor \_\_\_ Mandatory \_\_\_ Not Applicable/Family Member \_\_\_

**Employee Type:** Faculty \_\_\_ Staff \_\_\_ Retired \_\_\_ Not Applicable/Family Member \_\_\_

**Employee Status:** Full-time \_\_\_ Part-time \_\_\_ Retired \_\_\_ Not Applicable \_\_\_

**Heard About OEA:** Peer \_\_\_ Supervisor \_\_\_ OEA Orientation \_\_\_ OEA Training \_\_\_  
HR staff \_\_\_ FIU Website \_\_\_ FIU Literature \_\_\_ OEA Director \_\_\_ Prior OEA \_\_\_ Relative \_\_\_

**Ethnicity:** African American / Black \_\_\_ Asian \_\_\_ Bi-racial \_\_\_ Caribbean \_\_\_ Caucasian \_\_\_  
Hispanic \_\_\_ Native American \_\_\_ Pacific Islander \_\_\_

**Education Level:** Grade School \_\_\_ Middle School \_\_\_ High School \_\_\_ Some College \_\_\_  
Bachelor's Degree \_\_\_ Masters' Degree \_\_\_ Doctoral Degree \_\_\_ Or \_\_\_\_\_

**Relationship Status:** Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widowed \_\_\_ Engaged \_\_\_  
Domestic Partner \_\_\_ Single, never married \_\_\_ Or \_\_\_\_\_

**Work Performance Affects:** Attendance \_\_\_ Attitude \_\_\_ Concentration \_\_\_ Consistency \_\_\_  
Energy \_\_\_ Follow Through \_\_\_ Peer Relationships \_\_\_ Punctuality \_\_\_ Quality of Work \_\_\_  
Safety \_\_\_ Supervisor Relationship \_\_\_ Or \_\_\_\_\_

**Presenting Concerns:** Please mark "X" in the most applicable space to the right of the choices per category.

**Addiction:** Alcohol, Loved One \_\_\_\_ Alcohol, Self \_\_\_\_ Drugs, Loved One \_\_\_\_ Drugs, Self \_\_\_\_ Eating Disorder \_\_\_\_ Gambling \_\_\_\_ Sexual Compulsivity \_\_\_\_ Video Gaming \_\_\_\_

**Health:** Diet \_\_\_\_ Medical/Physical \_\_\_\_ Tobacco Cessation \_\_\_\_ Or \_\_\_\_\_

**Legal:** Civil Matter \_\_\_\_ Criminal Matter \_\_\_\_ Immigration \_\_\_\_ Or \_\_\_\_\_

**Psychological:** ADD/ADHD \_\_\_\_ Anger \_\_\_\_ Anxiety \_\_\_\_ Depression \_\_\_\_ Grief / Loss \_\_\_\_ Self-Esteem \_\_\_\_ Stress \_\_\_\_ Trauma \_\_\_\_ Or \_\_\_\_\_

**Relationships:** Divorce / Separation \_\_\_\_ Domestic Violence \_\_\_\_ Elder Care \_\_\_\_ Extended Family Conflict \_\_\_\_ Marital / Partner Conflict \_\_\_\_ Parent / Child Conflict \_\_\_\_ Or \_\_\_\_\_

**Wellness:** Career \_\_\_\_ Debt \_\_\_\_ Financial Planning \_\_\_\_ Homeless \_\_\_\_ Relocation \_\_\_\_ Food Insecurity \_\_\_\_ Or \_\_\_\_\_

**Work Related:** Career Coaching \_\_\_\_ Disability Management \_\_\_\_ Disciplinary Concerns \_\_\_\_ Harassment \_\_\_\_ Intimidation \_\_\_\_ Job Performance \_\_\_\_ Management Consultation \_\_\_\_ Peer Conflict \_\_\_\_ Sexual Harassment \_\_\_\_ Student Issues \_\_\_\_ Supervisory Conflict \_\_\_\_ Termination \_\_\_\_ Values / Ethical Conflict \_\_\_\_ Workplace Training Consultation \_\_\_\_

What are the reasons that you decided to make an appointment with OEA?

The OEA Student Assistant may create reminders about future meetings. What is your preference?

- Call or voicemail to: \_\_\_\_\_
- E-mail reminder to: \_\_\_\_\_
- No reminders necessary.

At the completion of your sessions and or assistance with the OEA, you may participate in a client satisfaction survey which is delivered via email by the FIU REDCap electronic data capture software program. Survey Participation: Yes \_\_\_\_\_ No \_\_\_\_\_

To ensure your privacy, please indicate the email address in the space below for the survey to be sent should you wish to participate.

\_\_\_\_\_

Thanks for your consideration.

## **Explanation of Services**

Welcome to the Office of Employee Assistance. This document contains important information about our professional services and practices. Please read it carefully and note any questions you might have. (For the purpose of this explanation the terms psychotherapy and counseling will be used interchangeably.)

### **PSYCHOLOGICAL SERVICES**

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the clinician and client, as well as the particular problems brought forward. There are many different methods that may use to deal with the problems you hope to address. These services are not like a medical doctor visit. Instead, psychotherapy calls for a very active effort on your part. In order for the counseling to be most successful, you will have to work on issues both during sessions and at home.

Therapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

The first few sessions will involve an evaluation of your needs. By the end of the evaluation, the clinician will be able to offer you some first impressions of what the work will include and a treatment plan to follow. You should evaluate this information along with your own opinions of whether you feel comfortable working with the clinician. Therapy involves a commitment of time, effort and energy, so you should be very careful about this decision. If you have questions about procedures, bring them up whenever they arise. If your doubts persist, your clinician will help you set up a meeting with another mental health professional for further assistance or a “second opinion.”

### **MEETINGS**

Generally, the process begins with assessment that can last between one and three sessions. During this time, you and your clinician will decide what is the best way to proceed. After the assessment is

completed and if the course of treatment is determined to be internal, then a subsequent session will be scheduled based upon the determined frequency of sessions and mutual availability. Once an appointment is scheduled, it is customary to provide at least 24 hours advance notice of cancellation.

**CONTACT**

Your clinician may often not be immediately available by telephone because of providing services to other clients. The voicemail system will provide a direct and confidential means of contacting your clinician. Please call during normal business hours whenever possible. Every effort will be made to return your call on the same day you leave a message. If you are experiencing a life-threatening emergency please call “911” or go to your nearest emergency room.

**MINORS**

If you are under eighteen years of age, please be aware that the law provides your parents the right to examine your treatment records. It is our policy to request an agreement from parents that they agree to give up access to your records. If they agree, they will be provided only with general information about our work together, unless there is a high risk that you will seriously harm yourself or someone else. In this case, they are likely to be notified of our concern. Before giving them any information, we will discuss the matter with you, if possible, and do our best to address any objections you may have with what we are prepared to discuss.

**PROFESSIONAL FEES**

Services provided by the Office of Employee Assistance are without charge to the employee or their immediate dependents. However, if it is determined that a referral to another provider is in the best interest of the individuals, such services will be the full responsibility of the employee. Every effort will be made to utilize the employee’s health insurance, if applicable, and any other community resources with cost containment concerns firmly in mind.

**Your signature below indicates that you have read and understand the information contained in this Explanation of Services.**

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legal Guardian (if applicable)

\_\_\_\_\_  
Date



# 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



# Office of Employee Assistance

## FLORIDA INTERNATIONAL UNIVERSITY OFFICE OF EMPLOYEE ASSISTANCE

### STATEMENT OF UNDERSTANDING

Welcome to the Florida International University Office of Employee Assistance (OEA). We are glad you are here and want you to feel as comfortable as possible.

We want to assure you the OEA is a professional and confidential service dealing with the personal problems employees or family members may be having.

We (OEA) provide an assessment and referral service, as well as follow-up when warranted. Your participation is voluntary and offered at no cost to you. You are meeting with an OEA representative who will talk with you about your problem and provide you with direction on the best way to deal with it. Any referral made to you will be to a qualified provider.

Providers are carefully screened regarding their training and educational credentials. It will be your responsibility to pay for service(s) beyond the OEA assessment service. Your benefit plan may help defray most or some of the cost of services provided through our network of providers.

Our goal is to help you resolve your problems as quickly and effectively as possible. If a referral is made, we want you to follow through with it, and let us know right away if you are not satisfied for any reason. It has been our experience that the best way to successfully resolve problems is to keep regular appointments and work with your treatment professional to develop and implement your goals.

As stated in the Confidentiality Policy, the OEA is confidential. Information concerning your use of the OEA will **not** be made a part of your personnel file or given to anyone outside of the OEA except as outlined in the **OEA Confidentiality Policy**.

We hope this summary of your Office of Employee Assistance benefit provides you with the information you need. If you still have questions, ask them as you begin your session. We are committed to help you with your personal problems before they cause you even more pain or get out of control.

I acknowledge I have read this letter and understand its content and agree to be seen by the Office of Employee Assistance.

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Date

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Client Signature

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Printed Name

**CLIENT E-MAIL CONSENT FORM**

Client Name: \_\_\_\_\_

Client E-mail: \_\_\_\_\_

**1. RISK OF USING E-MAIL**

Transmitting Client information by E-mail has a number of risks that Clients should consider. These include but are not limited to, the following:

- a) E-mail can be circulated, forwarded, stored electronically and on paper, and broadcast to unintended recipients.
- b) E-mail senders can easily misaddress an E-mail.
- c) Backup copies of E-mail may exist even after the sender of the recipient has deleted his or her copy.
- d) Employers and on-line services have a right to inspect E-mail transmitted through their systems.
- e) E-mail can be intercepted, altered, forwarded or used without authorization or detection.
- f) E-mail can be used to introduce viruses into computer systems.

**2. CONDITIONS FOR THE USE OF E-MAIL**

The OEA Clinician cannot guarantee but will use reasonable means to maintain security and confidentiality of E-mail information sent and received. The Client and OEA Clinician must consent to the following conditions:

- a) E-mail is not appropriate for urgent or emergency situations. The OEA Clinician cannot guarantee that any E-mail will be read or responded to.
- b) E-mail must be concise. The Client should schedule an appointment if the issue is too complex or sensitive to discuss via E-mail.
- c) E-mail communications between Client and OEA Clinician will be filed in the Client's permanent electronic case management record.
- d) The Client's messages may also be delegated to another OEA Clinician or staff member for response. Office staff may also receive and read or respond to Client messages.
- e) The OEA Clinician will not forward Client-identifiable E-mails outside of FIU without the Client's prior written consent, except as authorized or required by law.
- f) The Client should not use E-mail for communication regarding sensitive medical information.
- g) It is the Client's responsibility to follow up and/or schedule an appointment if warranted.
- h) Recommended uses of Client-to-Clinician, E-mail should be limited to:
  - 1. Appointment requests
  - 2. Requests for information or updates/exchanges of non-critical information such as referrals or community resources.
  - 3. Non-urgent health care questions

**3. INSTRUCTIONS**

To communicate by E-mail, the Client shall:

- a) Consider use of his/her employer's computer.
- b) Put the Client's name in the body of the E-mail
- c) Put the topic (e.g. referral information) in the subject line
- d) Inform the OEA Clinician of changes in the Client's E-mail address.
- e) Take precautions to preserve the confidentiality of E-mail
- f) Contact the OEA Clinician's office via conventional communication methods (phone, fax, etc...) if the Client does not receive a reply within a reasonable period of time.

**4. CLIENT ACKNOWLEDGEMENT AND AGREEMENT**

I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the communication of E-mail between the OEA Clinician and me. I consent to the conditions and instructions outlined here, as well as any other instructions that the OEA Clinician may impose to communicate with me by E-mail. I agree to use on the pre-designated e-mail address specified above. Any questions I may have had were answered.

**Your signature below indicates that you have read and understand the information contained in this Explanation of Services.**

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legal Guardian (if applicable)

\_\_\_\_\_  
Date