

**BROWARD HEALTH
EMPLOYEE ASSISTANCE PROGRAM
INTAKE QUESTIONNAIRE**

EAP internal use only:

Date:

Employee Name: Male Female

Client Name : (If different from employee) Relationship to employee:

Home Address:

Personal Phone #: Can the EAP phone you on this number? Yes No

Work Phone #: Can the EAP phone you at work? Yes No

Email: Can the EAP email you? Yes No

Marital Status: Single Married Separated Divorced Widowed

Date of Birth: Age:

Emergency Contact Name: Phone #:

Region At Which You Are Employed: DIST BHMC BHN BHIP BHCS Ambulatory

Department Name: Job Title:

Shift: 7A - 7P 7P - 7A 1st Shift 2nd Shift 3rd Shift

Employment Category: Full Time Part Time Pool Non Applicable

Date of Hire: How long have you worked for the District?

Heard about EAP from: Literature Friend Manager Workshop HR

Referred by: Self Manager Friend Family Employee Health Human Resources Other

*Complete "Manager's name" below only for Mandatory referrals:

Manager's name: Manager's Telephone Number:

Areas of Concern: Which of the following are concerns for you? Please check all that apply.

- | | | |
|--|--|---|
| <input type="checkbox"/> Stress | <input type="checkbox"/> Anxiety/worry | <input type="checkbox"/> Parenting |
| <input type="checkbox"/> Feeling sad or blue | <input type="checkbox"/> Feel tense, can't relax | <input type="checkbox"/> Marriage |
| <input type="checkbox"/> Grief | <input type="checkbox"/> Easily annoyed, irritable | <input type="checkbox"/> Family problems |
| <input type="checkbox"/> Loneliness | <input type="checkbox"/> Temper outbursts | <input type="checkbox"/> Worries about child(ren) |
| <input type="checkbox"/> Thoughts of ending my life | <input type="checkbox"/> Trouble getting along with others | <input type="checkbox"/> Friends |
| <input type="checkbox"/> Trouble concentrating | <input type="checkbox"/> Thoughts of harming others | <input type="checkbox"/> Caring for someone |
| <input type="checkbox"/> Tired/no energy | <input type="checkbox"/> Job Problems | <input type="checkbox"/> Sexual/physical abuse |
| <input type="checkbox"/> Difficulty sleeping | <input type="checkbox"/> Financial problems | <input type="checkbox"/> Physical pain |
| <input type="checkbox"/> Difficulty making decisions | <input type="checkbox"/> Gambling | <input type="checkbox"/> Medical problems/illness |
| <input type="checkbox"/> Feeling of hopelessness | <input type="checkbox"/> Alcohol/drug use | <input type="checkbox"/> Trauma |
| <input type="checkbox"/> Poor appetite | <input type="checkbox"/> Other addictions | <input type="checkbox"/> Sexual difficulties |
| <input type="checkbox"/> Weight gain/loss | <input type="checkbox"/> Legal problems | <input type="checkbox"/> Eating problems |
| <input type="checkbox"/> Digestive problems | <input type="checkbox"/> Relationships | <input type="checkbox"/> Spiritual Needs |

Have you been referred by your manager for a job performance problem? Yes No

Type of insurance coverage: Best Choice Aetna Aetna Worker's Comp Other

Have you or a family member used the EAP before? Yes No If yes, when

Are you presently taking any medication? Yes No If yes, list:

How would you describe your overall sense of emotional strength or well-being at the present time:

Excellent Very Good Good Fair Poor

Thank you for completing this confidential questionnaire.

BROWARD HEALTH EMPLOYEE ASSISTANCE PROGRAM STATEMENT OF UNDERSTANDING

We welcome your participation in the Employee Assistance Program (“EAP”). The EAP seriously respects our clients’ needs for privacy. Any information that concerns your health and your participation in the EAP is considered confidential and protected by Broward Health EAP.

It is important that you understand how we handle and share your protected health information (PHI) and that you are aware of your rights relating to privacy and confidentiality.

- The confidentiality of your participation in this program is protected by Federal and State laws and regulations. Your counselors in the internal EAP and Aetna Resources for Living (RFL) will not share information with any person outside of the EAP regarding your involvement with the EAP without your written authorization.
- The law allows the Broward Health EAP to share your information with Aetna Resources for Living (RFL) our external EAP provider for purposes related to your treatment and operations so that we may work together in providing services to you.
- When consultation is provided to you by telephone, and the need for referral is immediate we will accept and document your verbal authorization to disclose information to a specified party.
- I understand that Broward Health EAP utilizes the practice of telehealth via Doxy.me, and other similar platforms, to deliver EAP services when the employee is in a different location than the provider. While the EAP department makes all efforts to maintain strict confidentiality, it is possible that there could be intrusions or disruptions to services due to technological difficulties.

I understand that there are risks and consequences related to the use of telehealth, including, but not limited to, the possibility, despite reasonable efforts on the part of my providers, that the transmission of my medical information could be disrupted or distorted by technical failures, the transmission of my medical information could be interrupted by unauthorized persons, and/or the electronic storage of my medical information could be accessed by unauthorized persons.

- If the EAP staff believes that it is necessary to prevent harm to you the client, or another person or property, or it appears that there has been/will be an illegal act or threat there of committed against the EAP or Broward Health or their patients, families, or employees, or on their premises, the EAP staff may disclose information to prevent harm or protect against criminal acts.
- An employee experiencing any form of discrimination, including harassment is encouraged to report the concern to their regional Human Resources department, the Office of Equity & Inclusion, or the Compliance Hotline. A report of human rights violations to the EAP is not considered a report to Broward Health. Notifying non-management personnel of allegations will not qualify as notification to Broward Health of potential harassment or discrimination (See Anti-Discrimination/ Harassment policy). However, with your written authorization, the EAP will assist you in making such a report.
- Broward Health EAP may deny your request to access your medical information when that information contains psychotherapy notes or other sensitive information. If the EAP denies your request, you have the right to appeal the decision to the designated Privacy officer.
- Please see the Notice of Privacy Practices for further information about your rights under HIPAA.

Your counselor can help to clarify these and any other issues you may have related to confidentiality and the privacy of your protected health information.

MANAGEMENT REFERRALS

If you have been formally referred by your manager to the EAP, or have had a positive drug/alcohol screen, you will be asked to sign an authorization allowing your manager to receive the following information:

- a) whether or not EAP appointments are kept
- b) whether or not EAP recommendation(s) for formal assistance was made (not the nature of the assistance or problem)
- c) whether or not the recommendation(s) was followed; and
- d) when you cease to receive EAP services

REFERRALS

Referrals to service providers outside of RFL may be recommended to help you resolve problems. Those services may or may not be covered under your insurance plan. However, it is your responsibility to determine whether or not services are covered under any such plan, and to pay any charges not covered.

FOLLOW-UP

EAP staff may follow up with you by phone or via email after you have been involved with the EAP. If you have been referred to any outside service provider, we may follow up with that provider to assist in a smooth transition of services, with your written authorization.

Additional questions or comments about your experience can be directed to the EAP office: 954-847-4327.

I have read this information and understand its content.

Signature of Client and/or Legal Guardian

Date

Name of Client

I hereby acknowledge that I have received (either now or in the past) Broward Health Notice of Privacy Practices for my review prior to receiving initial services through Broward Health, including its hospitals, clinics and physicians.

Signature of Client/Patient

Date