

Employee Assistance Program - Intake Data

Client Information			
Name (First and Last)		Today's Date	
Client is: <input type="checkbox"/> Employee <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Employee and spouse/family	Company Name		Location/Division
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Employment Status <input type="checkbox"/> Part time <input type="checkbox"/> Full time	Years with Company
Address			
Email Address:			
Home Phone Number		Work Phone Number	Cell Phone Number
Source of Referral (If Employee) <input type="checkbox"/> Self <input type="checkbox"/> Supervisor <input type="checkbox"/> Union <input type="checkbox"/> Co-worker/Friend		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Family Member <input type="checkbox"/> Human Resources <input type="checkbox"/> Dept. Medical/Occ. <input type="checkbox"/> Health Dept. Other <input type="checkbox"/> Separated <input type="checkbox"/> Living Together <input type="checkbox"/> Other	
Ethnic Background <input type="checkbox"/> Hispanic <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Asian/Pacific Is. <input type="checkbox"/> Alaskan/Indian <input type="checkbox"/> Other		Insurance Name and Phone of Insurance _____ Member #: _____ Group #: _____ Insurance Type HMO PPO POS Other	
Statement of Understanding			
<p>The EAP is provided by your employer to help you and/or your household members with issues that affect the quality of your life and/or your productivity at work. Although you may be referred to the EAP, the decision to receive services is strictly voluntary. We provide assessment, problem resolution, and referral services for a wide range of personal and job-related problems.</p> <p>Your BHS EAP provider will communicate verbally and in writing with your BHS Care Coordinator to discuss your assessment, progress and referral options. EAP services are free; however, if a problem is assessed to require specialized or extended services beyond those provided by the EAP, a referral will be made to other resources for which you will be financially responsible. In many cases, part of the cost for additional sessions will be covered by your health insurance. BHS, its prime contractors, and its customer organizations are not responsible for the treatment costs and/or services for which you may be referred to beyond the EAP sessions.</p> <p>Employees' job security and promotional opportunities will not be affected as a result of seeking EAP assistance. However, participation in EAP services does not prevent your employer from following the company's standard disciplinary procedures regarding unacceptable employee work performance or behavior. Your attendance at the EAP and the information you share is protected against disclosure by Federal Confidentiality Laws, except under the following conditions: 1) If the EAP becomes aware of threats of suicide or homicide 2) If the EAP suspects a child or vulnerable person has been abused or neglected 3) If you have an active worker's compensation claim 4) If your records are subpoenaed for court. You may choose to sign a release of information in order to involve third parties, who may be able to assist in the goals of the EAP.</p> <p>Upon telephone intake, BHS offers to send you a copy of our "Notice of Privacy Practices" form which describes how your protected health information may be used and disclosed and how you can get access to this information. You may obtain additional copies by contacting BHS at 1-800-765-3277 or by downloading it from our web site at www.bhsonline.com.</p> <p>Any video conferencing will be done through Zoom (https://zoom.us), which is encrypted to the federal standard. Video and/or telephonic sessions are only offered to clients whose needs are assessed as being appropriate for this form of service. These alternative forms of assistance have certain limitations, including disruptions in the service and quality of the technology used. It is recommended you always have your phone (or a land line for telephonic sessions) available and you and your provider know each other's phone numbers. If you get disconnected from a video conference, restart the session. If you are unable to reconnect within 5 minutes, call your provider. You are responsible for initiating the connection with the BHS provider at the time of your session. So that we are able to get you help in the case of an emergency, you must inform your BHS provider of the location in which you will be during each session.</p> <p>I have read and understand this statement, and I have had the opportunity to receive/review a copy of BHS' Notice of Privacy Practices. Any areas of concern have been discussed with my counselor</p>			
Client's Signature: _____		Date: _____	
Counselor's Signature: _____		Date: _____	