Please print and complete the attached information forms and send them to the EACC via USPS mail, fax using the HIPAA approved fax sheet, or email at uabeacc@uabmc.edu. Please note, the EACC cannot guarantee confidentiality if you choose to email your paperwork.

Individuals age 14 and older who will be involved in counseling (individual or family) must complete the Intake Forms for themselves. Parents/guardians must print, complete and submit an Intake Form for children age 13 and under.

For individuals age 14-19, the EACC needs to have a direct line of contact to that individual. Please ensure that the individuals cell phone number (if they have one) and/or home number is on the Client Information Sheet where it requests home, work and/or cell phone numbers. Parents/guardians cell phone number can be written in the emergency contact section on the bottom right of the form.

Thank you.

UAB Employee Assistance and Counseling Center
2112 11th Ave South
Suite 330
Birmingham, AL 35242
205-934-2281 (p)
205-975-7367 (f)
uabeacc@uabmc.edu
Information about Children under Age 14

Parents — please complete the separate UAB Employee Assistance and Counseling Center Intake Form with information about yourself for our records.

Child's Name: ___________________________________________________________ Today's Date: _____________________

Date of Birth: ____________________________  Age: __________

School: ________________________________________  Grade: _________  School Performance: ____________________

Parents are (circle one):              Married              Separated              Divorced             Never Married

If parents are not living together, please complete the following section.

Custodial Arrangement: ____________________________________________________________________________________

Visitation Schedule: _______________________________________________________________________________________

Age of child at parent's separation or divorce: ______________

Have parents remarried?  Yes   No

Name of Stepparent: _____________________________________________________  Age of child at remarriage: __________

Please list all people living in household with child:

Name:________________________________________________  Age:______  Relationship:____________________________

Name:________________________________________________  Age:______  Relationship:____________________________

Name:________________________________________________  Age:______  Relationship:____________________________

Name:________________________________________________  Age:______  Relationship:____________________________

Name:________________________________________________  Age:______  Relationship:____________________________

Please list siblings, stepsiblings, and important family members NOT living in household with child:

Name:________________________________________________  Age:______  Relationship:____________________________

Name:________________________________________________  Age:______  Relationship:____________________________

Name:________________________________________________  Age:______  Relationship:____________________________

Name:________________________________________________  Age:______  Relationship:____________________________

Current medications: ______________________________________________________________________________________

Current diagnosis (circle one):     Learning Disability      ADHD      Depression      Anxiety      Behavior problems

                                      Autism Spectrum Disorder      Other: ________________________________

Reason for appointment: ___________________________________________________________________________________
UAB Employee Assistance and Counseling Center (EACC) — Client Information

TODAY’S DATE: / / 

AGE: 

GENDER: M F

CLIENT FIRST NAME (MI) (LAST) 

DATE OF BIRTH: / / 

EMPLOYEE FIRST NAME (MI) (LAST)

ADDRESS

CITY STATE ZIP

EMAIL

OK to Email? Y/N

OK to call Home? Y/N OK to leave VM? Y/N

OK to call Work? Y/N OK to leave VM? Y/N

OK to call Cell? Y/N OK to leave VM? Y/N

Health Plan

_Viva UAB
_Viva Choice
_Viva Access/Health
_Blue Cross
_Peehip Blue Cross
_Peehip Viva
_Peehip Blue Cross
_Other

Referral Source

1_Supervisor Formal
2_Supervisor/Personal Concern
3_Self
4_Family
5_Co-Worker
6_Other
7_Phyiscian

Have you been to the UAB Employee Assistance and Counseling Center before?

1_Yes
2_No

Work Performance Problems

(Put a #1 and #2 next to the top two that apply to you, with #1 being the most serious)

1_Absent
2_Tardy
3_Safety Violations
4_Problems Relating to Other Employees
5_Quality/Quantity of Work Decreased
6_Workers Comp Case
7_Alcohol/Drugs Suspected on the job
8_Theft
9_Other
10_N/A Family Member
11_No Work Performance Problem /Personal

Personnel Actions Taken

(Mark two most recent events #1 and #2, with #1 being the most recent)

1_Employee was counseled
2_Verbal/Written Warning
3_Suspension
4_Placed on Administrative Leave
5_Referred to EAP
6_Termination
7_Resignation
8_No Action Taken
9_N/A - Family Member
10_Other
11_Not Applicable

Have you lost time at work due to injury in last 12 months?

1_Yes
2_No
3_N/A Family Member

Are any of the following currently a problem?

1_Suicidal thoughts
2_Homicidal thoughts
3_Sexual Abuse
4_Physical Abuse
5_Comination of Above
6_None of Above

Circle one: CURRENT or PAST

How did you hear about the UAB Employee Assistance and Counseling Center?

1_Prior Participation
2_The UAB Reporter
3_Posters
4_Monday Mailing
5_Brochures
6_Supervisor Suggested
7_Co-Worker Suggested
8_Family Suggested
9_In-Service Training/ Orientation
10_Other

May we send you a confidential follow-up questionnaire by email?

1_Yes, send an email link connecting to a confidential survey
2_No, I do not wish to participate

Do you have children? Yes/No

If so, please list their ages:

Emergency Contact

Name: 

Phone: 

UAB EACC Intake Form — CHILDREN UNDER 14

Revised January 2019
What are you most concerned about today?

- Look at the following list and circle the two things that are concerning you most today.
- Please circle ONLY the top two concerns that are most important to you today, even if more seem to fit.
- Put a #1 by the issue that is most significant to you today.

**Substance Abuse or Other Addiction (client)**
- __ Alcohol Abuse/Addiction
- __ Drug Abuse/Addiction
- __ Gambling
- __ Sexual Addiction
- __ Eating Disorders
- __ Smoking
- __ Other____________________________

**Family Issues**
- __ Family Conflict
- __ Child
- __ Teen
- __ Parent/Child Relationship
- __ Domestic Violence
- __ Affected by Other’s Illness
- __ Affected by Other’s Abuse/Addiction
- __ Affected by Other’s Emotional Problem
- __ Family Other

**Marital/Partner Relationship Issues**
- __ Marital/Partner Relationship

**Stress/Emotional Issues**
- __ Depression
- __ Anxiety
- __ Grief
- __ Stress
- __ Anger Management
- __ Emotional Other

**Medical Issues**
- __ Medical Condition

**Trauma and Abuse**
- __ Physical Abuse
- __ Sexual Abuse
- __ Emotional Abuse
- __ Post-Traumatic Stress
- __ Trauma Other

**Work Related Issues**
- __ Relationship with Co-workers
- __ Relationship with Supervisor
- __ Work Place Violence
- __ Harassment
- __ Job Performance
- __ Work Related Other

**Work/Life Balance Issues**
- __ Financial Issues
- __ Childcare
- __ Older Adult Services
- __ Work Life Balance
- __ Education
- __ Work Life Other

**No Personal Issues**
- __ No Personal Issue

**Other Issues**
- __ Life Coaching
- __ Distance Counseling*
- __ Not Listed/Other

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*Available to Homewood employees and for VIVA and UAB School of Medicine employees who work at a clinic/location outside of Birmingham, and members of their immediate households.

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If this is an emergency, defined as suicidal thoughts, homicidal thoughts, abuse, and/or domestic violence, please call 911, or one of the numbers below. Or call the EACC front desk at 205-934-2281 during regular business hours to speak with a counselor.

**Birmingham Crisis Center:** 205-323-7777
**Alabama Domestic Violence Hotline:** 1-800-650-6522
**24hr National Suicide Prevention Hotline:** 1-800-273-8255
**24hr National Hopeline Network:** 1-800-784-2433

You can also go into any Emergency Room if you are feeling suicidal and seek assistance.
UAB Employee Assistance and Counseling Center — New Client Information

Date _________________   Legal Name__________________________________________________________

Preferred First Name __________________________  If student, name of school ______________________________

Gender Identity (please circle all that apply): woman / man / transgender / other____________________

Preferred Pronoun(s) ____________________ (example: he, she, they, ze, xie)

Married/Life Partner?   Yes     No        If yes, how long? ________  Spouse/Partner’s name _______________________________

Number of previous marriages/ partnerships ____________  Where did you grow up?___________________________________

Your occupation _______________________________   Spouse/Partner’s occupation __________________________________

How long have you worked in your current job? ________       How long have you worked for this employer? _______

Please describe the problem that caused you to seek help at this time: _______________________________________________

_______________________________________________________________________________________________________

_______________________________________________________________________________________________________

_______________________________________________________________________________________________________

When did you first notice this problem?_______________________________________________________________________

Have you ever been to counseling before? (circle one)    Yes      No      If yes, when? ______________________________

For what reason?___________________________________________________________   Was it helpful? ___________

Estimate the severity of the problem (circle one):        Mild          Moderate         Severe

Have you ever been hospitalized for psychiatric or substance abuse treatment? (circle one)      Yes          No

If yes, when? ________ where? _______________________________ for what? ______________________________________

Are you currently under the care of a physician and/or psychiatrist? (circle one)      Yes      No

Physician name __________________________________________________________________________________________

Please list any relevant medical conditions _____________________________________________________________________

_______________________________________________________________________________________________________

Please list current medications and their purpose ________________________________________________________________

_______________________________________________________________________________________________________
Circle any of the following that apply to you:

- Headaches
- Trouble making decisions
- Memory problems
- Feel angry
- Feel tense
- Shy
- Always worried
- Feel panicky
- Feel anxious
- Palpitations
- Tremors
- Trouble making friends
- Mood swings
- Feel sad
- Depressed
- Stomach and intestinal issues
- Trouble keeping a job
- Financial problems
- Feelings of inferiority
- Extended family discord
- Immediate family discord
- Sexual problems
- Unable to relax
- Unable to have fun
- Feel tired
- Insomnia
- Nightmares
- Drink too much
- Work too much
- Eat too little
- Eat too much
- Sleep too much

Circle all of the following stressors that have occurred within the past year:

- Death of spouse/partner
- Death of close friend/family
- New marriage/partnership
- Change in # of arguments with spouse/partner
- Marital/partnership reconciliation
- Marital/partnership separation
- Divorce
- Child leaving home
- Trouble with in-laws
- Change in family health
- Becoming a care giver for sick family/friend
- Pregnancy
- Gain of family member
- Outstanding personal achievement
- Beginning/ending school
- Minor law violation
- Jail term/probation
- Pending court case
- Change in finances
- Foreclosure on mortgage or loan
- Change in residence
- Change in work responsibilities
- Trouble with supervisor/co-workers
- Change in job
- Job loss
- Spouse/partner stopping work
- Retirement of self/spouse/partner
- Personal injury/illness
- Change in personal habits
- Sexual difficulties

AUDIT-C Questionnaire (circle one for each question):

How often do you have a drink containing alcohol?

- Never
- Monthly or less
- 2-4 times a month
- 2-3 times a week
- 4 or more times a week

How many standard drinks containing alcohol do you have on a typical day?

- 1 or 2
- 3 or 4
- 5 or 6
- 7 to 9
- 10 or more

How often do you have six or more drinks on one occasion?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily
At the UAB Employee Assistance and Counseling Center, we are proud to offer our clients the option of working with an advanced Master’s level or higher graduate counseling student. This approach is of benefit to clients by providing them the expertise and experience of the UAB Employee Assistance and Counseling Center clinical team while allowing advanced graduate students opportunities for supervised clinical experience to enhance their therapeutic skills. The client(s) would work with a graduate student and have a collaborative team of therapists, including an approved clinical supervisor, all working together for the benefit of the client. To enhance the therapeutic process, the clinical team collaborates on therapeutic goals and structures on an ongoing basis.

As with all therapy at the UAB Employee Assistance and Counseling Center, our clients’ confidentiality is protected. All aspects of your treatment will be treated with the confidentiality dictated by the ethics of the counseling profession and state and federal guidelines.

The UAB Employee Assistance and Counseling Center clinical team will determine the appropriateness of each client(s) for working with a Master’s level or higher graduate student in therapy.

Please indicate your interest in working with a Master’s level or higher graduate student below:

_____ Yes, I would like to work with a Graduate Student if considered an appropriate candidate.

_____ I would like more information about working with a Graduate Student to make my decision.

_____ No, I am not interested in working with a Graduate Student at this time.
Welcome to the UAB Employee Assistance and Counseling Center (EACC). We are pleased that you have decided to use our service. The EACC is a voluntary confidential employee assistance and counseling service. Our service is an employee benefit designed to provide employees and their immediate household members with resources for resolving work-related and personal problems. The EACC provides employee assistance, confidential counseling, life coaching, community referral, supervisor consultation, crisis management and a variety of educational programs. Licensed mental health professionals provide confidential individual, family and relationship counseling. Board Certified Coaches provide professional life coaching services. Our goal is to assist our clients in clarifying issues, exploring options, and finding solutions. Our service is provided as an employee benefit of UAB, UAB Medicine, VIVA and the Homewood School System at no cost to our clients.

ASSESSMENT
As a new counseling client, your assessment will take place via telephone with an intake counselor. The intake counselor will explore with you the reasons that caused you to seek counseling and the goals you hope to achieve. At the end of this session, the intake counselor will suggest an appropriate follow-up plan for you. A follow-up appointment may be scheduled at the end of your assessment visit. Please make note that our clinical staff works as a team, consulting with one another, to increase the effectiveness of our services to you. If you are seeking life coaching services, please call to schedule an appointment for an assessment with one of our board certified coaches. During the first session, you and your coach will establish a schedule of sessions based on your needs.

Should you have questions or need to reschedule and appointment, please call us at 205-934-2281, or toll free within Alabama at 1-877-872-2327.

COUNSELING
Counseling sessions are usually 45 to 50 minutes in length. Intervals between sessions will be scheduled dependent upon your needs. Should you decide to terminate the counseling relationship, we recommend that you consult with your counselor to tie up loose ends and to allow for feedback concerning the counseling process.

Children under the age of 15 may be referred externally for individual counseling unless seen within the context of family therapy.

LIFE COACHING
Life coaching sessions are usually 30 to 45 minutes in length. These sessions will occur in person at the EACC, over the computer using distance software, or over the telephone. You and your coach will establish how the sessions will take place during the initial assessment. If you do not make progress towards your established goals, your coach may recommend a 2-6 week hiatus of services.

SCOPE OF BENEFIT AND ELIGIBILITY
The EACC provides services for all eligible persons, without regard to race, color, age, religion, sex, sexual orientation, national origin, disability, or veteran status. If it is determined by the clinical staff that an individual's needs exceed the scope of service or expertise available at the EACC, we will assist you to identify an appropriate referral to meet your needs. Services provided to you at the EACC are a benefit at no cost to you by UAB, UAB Medicine, VIVA, and the Homewood School System. The EACC does not pay the costs of therapy or community resources/treatment services to which you may be referred. UAB, UAB Medicine, and VIVA employees and members of their immediate households are eligible for up to 12 sessions each year. Detailed information regarding Homewood School Systems benefits is located on our website, uab.edu/eacc.

Initial
CONFIDENTIALITY
We understand that confidentiality is essential to your counseling or coaching progress. Our counselors and coaches are licensed master’s level or higher mental health professionals who are ethically and legally bound to maintain your confidentiality. A written and electronic record (date, time, nature of meeting) of your contacts with the EACC will be maintained in a secure manner. Only EACC staff members have access to your clinical record, except as required by law or as described below. Should you need to access your file please contact your therapist or life coach. Your therapist or coach will review the file with you and provide a written summary if requested.

CONFIDENTIALITY AND PRIVACY OF CHILDREN
According to Alabama law (Section 22-8-4), children of age 14 and above may decide who has access to their mental health records and contract for services without informing their parent/guardian. For children under the age of 14, the EACC will treat therapy as private to protect the child’s ability to speak freely about their relationships and concerns regarding each parent/guardian. The therapist will keep all information learned from and about the child confidential, although the parent/guardian may be given a broad overview of concerns and updates about treatment. If the child agrees that information is to be shared with parent/guardian, then specific disclosures will be made available to the them.

COMMUNICATION WITH PARENTS
Parent/guardians should understand that telephone, face-to-face, email, or written communication from either parent/guardian/guardian may be shared as is clinically appropriate at the discretion of the therapist, with the other parent/guardian or with the child. Written communications, emails and telephone messages become part of the child’s permanent record. The EACC expects parents/guardians to inform each other about scheduled appointments. The EACC is not responsible for routine communication with parents/guardians who do not attend appointments. For example, EACC therapists cannot routinely contact the non-custodial parent/guardian after each appointment. The expectation is that parents/guardians will communicate with each other openly regarding treatment and that each parent/guardian will cultivate a healthy relationship and open communication with the child.

PROGRAM EVALUATION
The non-clinical data that you provide may be used for our EAP program evaluation research. You will not be identified and your information is anonymous.

LIMITS OF CONFIDENTIALITY
All information disclosed in counseling sessions and coaching sessions is strictly confidential and will be released ONLY with your prior written permission, except as otherwise required by law. The counselor’s or coach’s legal responsibility to disclose information includes, but is not limited to, the following conditions: suspected or known child, elder, or disabled person abuse or neglect, mandatory reporting of health care providers experiencing psychiatric or substance abuse disorders that may present a danger to self or others to their licensing boards, threat of danger to another individual, imminent threat of suicide by the client, legal subpoena to present records to comply with a court order, mandatory state and federal requirements, and in any emergency medical circumstance that requires immediate medical attention. If you receive couples or family counseling, records require a written release by all parties or a judge’s order to be released.

Due to the strict adherence to our policy of client confidentiality, we are unable to report suspected cases of sexual harassment in the workplace. If you believe you have a sexual harassment complaint, UAB Policy encourages you to promptly report this situation to the designated official. If you are a UAB employee, contact the UAB Office of Human Resource Management Relations at 934-4458, Room 260 Administration Building, to report sexual harassment. If you are a UAB Medicine, VIVA or Homewood School System employee, ask your Human Resource Office for information on how to report sexual harassment.

Initial
EMERGENCY CONTACT
In the event of a medical or psychiatric emergency, your signature below signifies your consent for any counselor or a staff member of the EACC to contact the person identified as your emergency contact on your initial intake paperwork. A psychiatric emergency is defined as any situation where an assessment or crisis stabilization is warranted as a result of a situation involving imminent risk to you or someone else in accordance with State law.

EACC DOMESTIC VIOLENCE POLICY
The EACC seeks to maintain an office environment that is free from violence or threats of violence against clients or potential clients. Therefore, partner violence between couples should be shared with your therapist in order to assist with safety planning. Partner violence is defined as any on-going physical violence, sexual violence, intimidation, and/or stalking behavior between persons within an intimate relationship. The EACC will not engage in couples or marital therapy with clients when such behavior is evident due to the volatile dynamics of the relationship, which may exacerbate the abuse. Individual therapy is the appropriate modality of treatment for both parties however, the EACC reserves the right to refuse treatment of one client to protect the wellbeing of another client.

FORMAL SUPERVISOR REFERRALS
If you have been referred to the EACC by your supervisor due to a work performance issue(s), you will be asked to sign a limited release. By signing the limited release, you are verifying that you attended one appointment with a counselor ONLY. An appointment card will be given to you as confirmation that you kept your appointment and should be given to your supervisor upon your return to work. The limited release also reiterates your rights to keep your personal information private. See the above paragraph regarding “Limits of Confidentiality” if you have further questions or concerns.

LEGAL TESTIMONY
It is not the practice of the UAB Employee Assistance and Counseling Center to provide legal testimony for EACC clients. Our therapists are not trained as forensic experts, so if you know that you will require the testimony of a therapist in a court case please let us know so that we can provide you with a referral to a therapist appropriately trained to represent your best interest in such situations. You will be responsible for a fee of $250 per hour should one of our therapist’s be called upon to provide testimony for you in a court of law. This fee also applies to any travel, preparation, and consultation time required of our therapist as a result of court action. The cost to you for record reproduction is $25 per page.

The EACC does not offer a court approved Anger Management Class. If a client has been court ordered to participate in Anger Management Classes and/or Counseling for domestic violence or any other reason, the EACC may provide counseling only if in addition the client participates in an Anger Management Class elsewhere.

YOUR RESPONSIBILITIES AS THE CLIENT
This service is provided to you as a benefit at no cost to you by UAB, UAB Medicine, VIVA, and Homewood School System. It is your responsibility to attend all appointments as scheduled and on time. If you are unable to attend an appointment, please call as soon as possible to cancel, as there are others who need our services. If you fail to show up for 2 scheduled appointments without calling to notify us, you may be placed on a waiting list for the next available appointment and you will need to speak with your therapist or coach regarding continued service or an appropriate referral.

As a client of the EACC, it is your responsibility to maintain the confidentiality and anonymity of other clients that you encounter while visiting our offices.

If at any point you have questions or concerns regarding your service provider or the counseling/life coaching process, it is your right and responsibility concerns to discuss those concerns with your counselor or coach.
INCLEMENT WEATHER POLICY
During inclement weather, the UAB Employee Assistance and Counseling Center will make every effort to maintain regular business hours (8 a.m. to 6 p.m.). However, when an announcement is made that the UAB campus is closed due to inclement weather, the EACC will also be closed. Such announcements are usually made on the UAB main webpage located at uab.edu, uab.edu/emergency, B-Alert, your local news stations, or WBHM radio (90.3 FM). Also, there may be rare occasions when the EACC office building (a non-UAB property) is closed due to weather or uncontrollable building-related circumstances to protect the safety of the public.

LATE APPOINTMENT POLICY
Tardiness to appointments can have an adverse effect on the therapeutic process if there is not enough time to discuss treatment concerns. If you are a current EACC client and you arrive 15 minutes late or more for your scheduled appointment, you will be asked to reschedule unless your counselor can accommodate you, if their schedule allows. This may mean you will have to wait until your counselor’s next available appointment which may be scheduled at least a week out or more. The EACC late appointment policy applies to life coaching clients as well.

Also, if you are a life coaching client and arrive at your scheduled intake appointment time 15 minutes late or more and have not completed your life coaching intake paperwork, you may be asked to reschedule your appointment. If you have not completed your intake paperwork as instructed, PLEASE arrive at least 30 minutes prior to your scheduled appointment.

DISTANCE LIFE COACHING
The EACC offers life coaching via face-to-face video conferencing to VIVA Health and Homewood City School employees and members of their immediate households. This service is available to clients who are assessed as being appropriate for life coaching after the initial face to face assessment.

Video conferencing coaching sessions are held via Zoom, which is HIPAA compliant and is encrypted to the federal standard. It is recommended that you sign on to your account at least 5 minutes prior to your session start time. You are responsible for initiating the connection with the EACC via the provided link at the time of your session.

Whenever there is communication that lacks visual or audio cues there is a risk of misunderstanding. When this happens, it is important to assume that your coach has positive regard for you, and to check out your assumptions with your coach. This will reduce any unnecessary hardship.

»Limitations of Distance Life Coaching
Distance life coaching should not be viewed as a substitute for face-to-face life coaching. It is an alternative form of life coaching with certain limitations.

By signing this document you agree that you understand that distance life coaching:

• May lack visual and/or audio cues, which may cause misunderstanding.
• May have disruptions in the service and quality of the technology used.

»Distance Life Coaching Backup Plan in Case of Technology Failure
The most reliable backup is a phone. Therefore, it is recommended that you always have a phone available and that your coach knows your phone number.

If you get disconnected from a video coaching session, restart the session. If you are unable to reconnect within ten minutes, please call your coach at (205) 934-2281.
I understand that it is my responsibility to read this information prior to my first counseling or coaching session and to ask an Employee Assistance and Counseling Center counselor to further explain any portions which I do not understand. I also understand that by participating in the UAB Employee Assistance and Counseling Center services, I am agreeing to abide by the guidelines set forth in the UAB Employee Assistance and Counseling Center Statement of Understanding. I hereby acknowledge that I have read and understand this Statement of Understanding. I acknowledge that I have received a copy of this agreement.

I hereby release and hold harmless the University of Alabama at Birmingham, the UAB Employee Assistance and Counseling Center, VIVA, Homewood City Schools, and their employees, agents, and assigns from any and all legal liability that may arise from my participation in the services offered by the UAB Employee Assistance and Counseling Center or by Homewood City Schools as part of its contractual relationship with the UAB Employee Assistance and Counseling Center. I certify that this release has been made freely, voluntarily and without coercion and the information given above is accurate to the best of my knowledge.

Participant Name (Please Print) __________________________________________________________________________ Date __________
Participant Signature __________________________________________________________________________ Date __________
Personal Representative Name (Please Print) __________________________________________________________________________ Date __________
Personal Representative Signature __________________________________________________________________________ Date __________

If you are signing this form on behalf of someone other than yourself, please enclose with this form proof of your authority to do so and attach written documentation (i.e. Guardianship Order, Custody Order, Court Order) as appropriate.

Witness __________________________________________________________________________ Date __________

Thank you for choosing the UAB Employee Assistance & Counseling Center. We look forward to working with you.

UAB Employee Assistance and Counseling Center
2112 11th Avenue South Suite 330, Birmingham, AL 35205
(205) 934-2281, FAX: (205) 975-7367
uab.edu/eacc