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
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

HOME PHONE: (______) _______-___________ WORK PHONE: (______) _______-___________ CELL PHONE: (______) _______-___________
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 Viva
___Peehip Blue Cross
___Other

Referral Source
1__ Supervisor Formal
2__ Supervisor/Personal Concern
3__ Self
4__ Family
5__ Co-Worker
6__ Other
7__ Physician

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
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

Days Absent in Last 12 Months
1__ No Days
2__ 1 - 5 Days
3__ 6 - 10 Days
4__ 11 - 15 Days
5__ 16 + Days
6__ N/A - Family Member

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__ Combination of Above
6__ None of Above
Circle one: CURRENT or PAST

Education
1__ 8th grade or under
2__ 9th through 11th
3__ High School Graduate
4__ Some College
5__ College Graduate
6__ Advanced Degree

Ethnic Background
1__ American Indian or Alaskan Native
2__ Asian
3__ Black or African American
4__ Hispanic/Latino
5__ Native Hawaiian or Pacific Islander
6__ Two or More Races
7__ White
8__ Other

Employee’s Workplace
____ UAB Campus
____ UAB Hospital
____ UAB Callahan Eye Hospital
____ UAB Health Services Foundation
____ UAB Health System
____ Homewood School System
____ Certified or Non-Certified VIVA
____ Displaced

Job Type
____ Administrative/Support
____ Exec/Management
____ Faculty
____ Professional Non-Faculty Service
____ Skilled Crafts
____ Technical
____ Nurse
____ Physician
____ School System

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 — COUPLES/FAMILIES
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

*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.

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.
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
Date __________________________

Name:________________________________________ Spouse/Partner Name:________________________________________

Start of Relationship:________________________ Date of Marriage/Committed Partnership:_____________________________

1. Have you been married or in a committed life partnership before? If yes, at what age, for how long and the reason for divorce or partnership dissolution.

2. What are your reasons for choosing couples counseling at this time?

3. How have you tried to resolve your difficulties?

4. What are the major stressors for you, your spouse/partner, and family at this time?

5. How would you like your spouse/partner to change?

6. How would you like to change yourself?

7. What are the strengths and weaknesses of your marriage/partnership?
   
   **Strengths:**

   **Weaknesses:**
8. Have you considered divorce/separation? If so, have you discussed this with your spouse/partner?

9. What attracted you to your spouse/partner?

10. Do you or your spouse experience difficulty with any of these issues? If yes, please circle them:

<table>
<thead>
<tr>
<th>You</th>
<th>Your spouse/partner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol abuse/addiction</td>
<td>Alcohol abuse/addiction</td>
</tr>
<tr>
<td>Drug abuse/addiction</td>
<td>Drug abuse/addiction</td>
</tr>
<tr>
<td>Sexual addiction</td>
<td>Sexual addiction</td>
</tr>
<tr>
<td>Excessive spending/gambling</td>
<td>Excessive spending/gambling</td>
</tr>
<tr>
<td>Eat too much</td>
<td>Eat too much</td>
</tr>
<tr>
<td>Eat too little</td>
<td>Eat too little</td>
</tr>
<tr>
<td>Other problematic behavior</td>
<td>Other problematic behavior</td>
</tr>
</tbody>
</table>

11. Is verbal abuse, emotional abuse, physical abuse and/or sexual abuse present in your relationship? If yes, please describe the abuse.

12. Have you been to couples counseling before today? If yes, where and when?

13. Have either of you been in legal trouble? If yes, for what issue and when?

14. What is your current level of commitment to the relationship from 0 (no commitment, divorce/dissolution imminent) to 100 (fully committed, no plans to leave the relationship)?
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.
WORKPLACE OUTCOME SUITE 5 ITEM VERSION

GENERAL INSTRUCTIONS
Below is a series of statements that refer to aspects of your work and life experience that may be affected by the personal problems you want to address at the EAP during the past 30 days. Please read each item carefully and answer as accurately as you can.

<table>
<thead>
<tr>
<th></th>
<th>NUMBER OF HOURS</th>
</tr>
</thead>
<tbody>
<tr>
<td>AB 1.</td>
<td>For the period of the past 30 days, please total the number of hours your personal concern caused you to miss work. Include complete eight-hour days and partial days when you came in late or left early.</td>
</tr>
</tbody>
</table>

INSTRUCTIONS FOR ITEMS 2-5
The following statements react what you may do or feel on the job or at home. Please indicate the degree to which you agree with each of the statements for the past 30 days. Use the 1-5 response key to the right.

<table>
<thead>
<tr>
<th>PR 2.</th>
<th>My personal problems kept me from concentrating on my work.</th>
<th>STRONGLY DISAGREE</th>
<th>SOMewhat DISAGREE</th>
<th>NEUTRAL</th>
<th>SOMewhat AGREE</th>
<th>STRONGLY AGREE</th>
</tr>
</thead>
<tbody>
<tr>
<td>WE 3.</td>
<td>I am often eager to get to the work site to start the day.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>LS 4.</td>
<td>So far, my life seems to be going very well.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>WD 5.</td>
<td>I dread going into work.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

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For more information contact: Richard Lennox, Ph.D. lennox@chestnut.org 919.933.0797 Dave Shaer, Ph.D. dshaer@chestnut.org 309.820.3570

1.800.433.7916 www.chestnutglobalpartners.org
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.

**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.
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.
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.

Initial
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
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