



EMPLOYEE ASSISTANCE & COUNSELING CENTER

The University of Alabama at Birmingham

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: (____) _____ - _____
OK to call Home? Y/N OK to leave VM? Y/N

WORK PHONE: (____) _____ - _____
OK to call Work? Y/N OK to leave VM? Y/N

CELL PHONE: (____) _____ - _____
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

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

- 1 ___ Yes
- 2 ___ No
- 3 ___ N/A Family Member

Education

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

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

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

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

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 _____

Job Type

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

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

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 _____

Relationship Status

- 1 ___ Single
- 2 ___ Married
- 3 ___ Divorced
- 4 ___ Separated
- 5 ___ Widowed
- 6 ___ Life Partner
- 7 ___ Living w/Someone

Work Status

- 1 ___ Full Time
- 2 ___ Part Time
- 3 ___ As Needed
- 4 ___ Temporary
- 5 ___ Displaced
- 6 ___ Other
- 7 ___ N/A Family Member

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

Length of Time in Current Relationship:

Relationship to Employee

- 1 ___ Employee (Self)
- 2 ___ Family/Household Member
- 3 ___ Other

Shift

- 1 ___ Days
- 2 ___ Evenings
- 3 ___ Nights
- 4 ___ Rotating
- 5 ___ Other
- 6 ___ N/A Family Member

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

Do you have children? Yes/No If so, please list their ages:

Emergency Contact

Name: _____

Phone: _____

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.

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

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

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

UAB Employee Assistance and Counseling Center — Relationship Survey

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:

You

Alcohol abuse/addiction

Drug abuse/addiction

Sexual addiction

Excessive spending/gambling

Eat too much

Eat too little

Other problematic behavior _____

Your spouse/partner

Alcohol abuse/addiction

Drug abuse/addiction

Sexual addiction

Excessive spending/gambling

Eat too much

Eat too little

Other problematic behavior _____

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)?



EMPLOYEE ASSISTANCE & COUNSELING CENTER

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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.

| | | | NUMBER OF HOURS | | | | |
|--|----|--|-------------------|-------------------|---------|----------------|----------------|
| AB | 1. | 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. | | | | | |
| INSTRUCTIONS FOR ITEMS 2-5 | | | STRONGLY DISAGREE | SOMEWHAT DISAGREE | NEUTRAL | SOMEWHAT AGREE | STRONGLY AGREE |
| 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. | | | | | | | |
| PR | 2. | My personal problems kept me from concentrating on my work. | 1 | 2 | 3 | 4 | 5 |
| WE | 3. | I am often eager to get to the work site to start the day. | 1 | 2 | 3 | 4 | 5 |
| LS | 4. | So far, my life seems to be going very well. | 1 | 2 | 3 | 4 | 5 |
| WD | 5. | I dread going into work. | 1 | 2 | 3 | 4 | 5 |

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1.800.433.7916 www.chestnutglobalpartners.org

UAB Employee Assistance and Counseling Center

STATEMENT OF UNDERSTANDING

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

UAB EACC STATEMENT OF UNDERSTANDING — CONT.

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

UAB EACC STATEMENT OF UNDERSTANDING — CONT.

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

UAB EACC STATEMENT OF UNDERSTANDING — CONT.

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.

Initial

I have received a copy of the EACC Statement of Understanding, which contains information concerning the EACC, the counseling process or life coaching, including but not limited to the following topics:

- Intake procedure
- Counselor assignment and process
- Scope of Benefit
- Legal Testimony
- "No Show" Policy
- Confidentiality for the counseling or coaching relationship
- The Limits of Confidentiality
- Verification of attendance in cases of supervisor referral
- Confidentiality expected of clients towards other Employee Assistance and Counseling Center clients
- Reporting of Sexual Harassment complaints

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**