

**Advantage Employee Assistance Program  
Intake Information**

1. Client's Name: \_\_\_\_\_  
Relationship to Employee: \_\_\_\_\_  
Employee's Name: \_\_\_\_\_  
Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Length of Employment: \_\_\_\_\_ Full Time ( ) Part Time ( ) Retired ( )
2. Is this the first time you are using the EAP benefit? Yes ( ) No ( )  
If no, when was your last visit here \_\_\_\_\_.

**COMPLETE THE FOLLOWING ONLY IF YOU ARE THE EMPLOYEE**

3. Were you referred to EAP by your Supervisor? Yes ( ) No ( ) NA ( )
4. If yes, name of Supervisor: \_\_\_\_\_  
Phone: \_\_\_\_\_
5. Have you received disciplinary action/probation/suspension?  
Yes ( ) No ( ) N/A ( )
6. During the past 30 days: Number of job accidents: \_\_\_\_\_  
o Number of sick days used: \_\_\_\_\_  
o Number of times tardy or left early (unplanned): \_\_\_\_\_

Explain:

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## Client Rights and Responsibilities

The Advantage Employee Assistance Program (EAP) is provided without cost to you to assist in clarification of personal problems and identification of appropriate resources or services in the community for resolution of the problems you discuss with the EAP personnel. The EAP will monitor that service to ensure that your needs are being met. It is your responsibility to pay for services provided by any outside resources. Consult your group insurance office if you have any questions on your insurance coverage.

**CONFIDENTIALITY-** The EAP will not reveal information that you disclose to EAP personnel to anyone outside the EAP except in the following circumstances: (1) you consent in writing; (2) the law requires disclosure (generally, the law does not require information to be released unless life or safety is seriously threatened); (3) the EAP discerns a threat to security of the company or to national security; and/or (4) insurance verification/claims certification is required.

**EMPLOYER/SUPERVISOR REFERRALS-** The EAP will not advise your employer/supervisor of your participation in the EAP unless you are referred by your employer/supervisor because of a work performance problem. Should that be the case, the EAP counselor will request that you sign a release of information form and then confidentially advise your employer/supervisor that you are coming to the EAP and are, or are not, in compliance with a plan to work on the problem.

**VOLUNTARY PARTICIPATION-** Participation in the EAP is solely at your discretion. In the event you have been offered EAP services, refusal to accept or utilize the EAP is not, in itself, a cause for disciplinary action. However, such refusal or failure to accept help may be taken into consideration when evaluating subsequent unsatisfactory performance or behavior. Furthermore you are also advised that participation in the EAP does not constitute a waiver of your employer's right to take disciplinary measures in the event of unsatisfactory performance or behavior prior to, during or subsequent to your participation in the EAP.

**FINANCIAL RESPONSIBILITY-** Services provided by the EAP counselor are free. However, if the EAP counselor refers you to an outside resource, payment will be your responsibility. The provisions of your medical insurance govern any possible reimbursement for outside services.

I hereby certify that to the best of my knowledge, I have not been terminated from employment with my employer.

I have read this statement and understand the content.

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Signature

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Date

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Witness

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Date