

**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:

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.

Signature

Date

Witness

Date

Psychological Health Roanoke
Informed Consent for Telehealth

This informed consent for telehealth contains important information focusing on therapy by using the phone or the internet. Please read this carefully and let me know if you have any questions. This signed document represents an agreement between us.

Benefits and risks of telehealth

Telehealth provides psychotherapy services remotely using telecommunications technologies, such as videoconferencing or telephone. One of the benefits of telehealth is that the client and clinician can engage in services without being in the same physical location. This may be helpful in situations in which the client and clinician are not able to meet in person. Both the clinician and the client must be located in Virginia during the scheduled session. Telehealth, however, requires technical competence on both our parts to be helpful. Although there are benefits to telehealth, there are some differences between in- person psychotherapy and telehealth, as well as some risks.

For example:

- Risks to confidentiality- Because telehealth sessions take place outside of the therapist's private office, there is potential for other people to overhear sessions if you are not in a private place during the session. On my end I will take reasonable steps to ensure your privacy. But it is important for you to make sure you find a private place for your session where you will not be interrupted. It is also important for you to protect the privacy of our session on your cell phone or other device. You should participate in therapy only while in a room or area where other people are not present and cannot overhear the conversation.
- Issues related to technology- There are many ways that technology issues might impact telehealth. For example, technology may stop working during a session, other people might be able to get access to our private conference station, or store data could be accessed by unauthorized people or companies.
- Crisis management and intervention- Usually, I will not engage in telehealth clients who are currently in a crisis or may requiring high levels of support and intervention. Before engaging in telehealth, we will develop an emergency response plan to address potential crisis situations that may arise during our telehealth work.

Electronic communications

We will decide together which type of telehealth service to use. You may have to have certain computer or cell phone systems to use telehealth services. You are solely responsible for any cost to you to obtain any necessary equipment, accessories, or software to take part in telehealth.

For communication between sessions, I only use email communication and text messaging with your permission and only for administrative purposes unless we have made other arrangements. This means that email exchanges and text messages with my office should be limited to administrative matters. This includes things like setting and changing appointments, billing matters, and other related issues. You should be aware that I cannot guarantee the confidentiality of any information communicated by email

or text. Therefore, I will not discuss any clinical information by email or text and prefer that you do not either. Also, I do not regularly check my email or texts, nor do I respond immediately, so these methods **should not** be used if there is an emergency.

Treatment is most effective when clinical discussions occur at your regularly scheduled sessions. But if an urgent issue arises, you should feel free to attempt to reach me by phone. I will try to return your call within 24 hours except on weekends and holidays. If you are unable to reach me and feel you cannot wait for me to return your call, contact your family physician, psychiatrist, or the nearest emergency room. If I will be unavailable for an extended time, feel free to call our office. To reach a receptionist, call 540 –772–5140.

Confidentiality

I have a legal and ethical responsibility to make my best efforts to protect all communications that are a part of our telehealth. However, the nature of electronic communication technologies is such that I cannot guarantee that our communications will be kept confidential or that other people may not gain access to our communications. I will try to use updated encryption methods, firewalls, and backup systems whenever possible to help keep your information private, but there is a risk that our electronic communications may be compromised, unsecured, or accessed by others. You should also take reasonable steps to ensure the security of our communications. For example, only use secure networks for telehealth sessions and have passwords to protect the device you use for telehealth. The extent of confidentiality and the exceptions to confidentiality that was described in the Psychological Health Roanoke informed consent document still applies in telehealth. Please let me know if you have any questions about exceptions to confidentiality.

Appropriateness of telehealth

From time to time we may schedule in-person sessions to check in with one another. I will let you know if I decide that telehealth is no longer the most appropriate form of treatment for you. We will discuss options of engaging in in-person counseling or referrals to another professional in your location who can provide appropriate services.

Emergencies and technology

Assessing and evaluating threats and other emergencies can be more difficult when conducting telehealth than in traditional in-person therapy. To address some of these difficulties, we will create an emergency plan before engaging telehealth services. I will ask you to identify an emergency contact person who is near your location and whom I will contact in the event of a crisis or emergency to assist in addressing the situation. I will ask that you sign a separate authorization form allowing me to contact your emergency contact person as needed during such crisis or emergency.

If the session is interrupted for any reason, such as the technological connection fails, and you are having an emergency, do not call me back; instead, call 911 or go to your nearest emergency room. Carilion Clinic has the Connect program (540-981-8181 or 800-284-8898) for psychiatric emergencies. Call me back after you have called or obtained emergency services.

If the session is interrupted and you are not having an emergency, please disconnect the session and I will wait 2 minutes and then re-contact you via telehealth platform on which we agreed to conduct

therapy. If you do not receive a call back within 2 minutes, then call me on the phone number I have provided you. If there is a technological failure and we are unable to resume the connection, you will only be charged a prorated amount of actual session time.

Fees

The same fee rates will apply for telehealth as apply for in-person psychotherapy. However, insurance or other managed care providers may not cover sessions that are conducted via telecommunication. If your insurance, HMO, third-party payer, or other managed care provider does not cover electronic psychotherapy sessions, you will be solely responsible for the entire fee of session. Please contact your insurance company prior to our engaging in telehealth sessions in order to determine whether the sessions will be covered. Our financial office can provide assistance with this.

Records

The telehealth sessions shall not be recorded in any way unless agreed to in writing by mutual consent. I will maintain a record of our session in the same way I maintain records of in-person sessions in accordance with our policies.

Informed consent

This agreement is intended as a supplement to the general informed consent that we agreed to at the outset of our clinical work together and does not amend any of the terms of that agreement. Your signature below indicates agreement with its terms and conditions.

Client

Date

Therapist

Date