# Consent for Participation

I understand that Employee Assistance is a professional service available Monday through Friday 8am-5pm Pacific Time which, as a California resident, offers me assessment, short-term intervention, consultation, and referral services **OR** as a non-California resident, offers me consultation and referral services.

I understand that telehealth may include the delivery of all Employee Assistance services using interactive audio, video, and/or other data communications

I understand that my eligibility for participation is contingent upon my status as a current member of UC Berkeley or Lawrence Berkeley National Laboratory, which includes current faculty, staff, visiting scholars, and postdoctoral appointees, as well as significant others or adult dependents thereof.

I understand that all information discussed or obtained during participation is *confidential* and cannot be released to any individual or organization without my consent except when required by law.

Professional staff have a legal responsibility to disclose client information **without** prior consent when:
- There is an imminent serious threat to your health and safety or the health and safety of others.
- There is reasonable suspicion of abuse or neglect of children, dependent adults, or the elderly.
- Your physical or mental impairment prevents you from being able to care for yourself.
- There is a valid court order for the disclosure of your files

I understand that I am a full participant in this process and that the types of services and referrals I receive will be the result of a mutual decision between Employee Assistance staff and myself.

I understand that there is no cost for the services directly provided by Employee Assistance, and if referrals are made that are not fully covered by my medical plan benefits, any such costs will be my personal responsibility.

I understand that email is neither a private nor confidential form of communication. I authorize Employee Assistance to use my email to schedule appointments, provide resource/referral information, and send a client satisfaction survey.
**ONLY** *Initial here if you wish to **decline** all email communication*  _____

I understand that by signing below I am acknowledging that I have received the **Notice to Clients,** and I have read this **Consent for Participation,** and I agree to the terms, limits, and exceptions as stated, and that I may withdraw or terminate participation at any time.

Today's date: _____

**Employer** (please check one):  ☐ UC Berkeley        ☐ Lawrence Berkeley Lab

**Affiliation** (please check one):  ☐ Faculty        ☐ Staff        ☐ Family member

☐ Visiting Scholar        ☐ Postdoc

> *If family member, enter employee name and department here*
>
> *Name:* _____
>
> *Dept:* _____

## Your Personal Information

**Name**: _____  **Date of Birth:** _____

**Street Address**                                                           **City**                    **State**                    **Zip Code**

_____

**Best contact phone number:** _____        OK to leave a message?    ☐ Yes        ☐ No

**Email address:** _____        **Gender Identity:** _____

**Ethnicity:** _____        **Relationship Status:** _____

**Major medical plan:**

☐ UC Care        ☐ Health Net Blue and Gold        ☐ Health Net HMO (Postdoc)        ☐ IMG

☐ Kaiser        ☐ UC Health Savings Plan        ☐ Health Net PPO (Postdoc)        ☐ Other: _____

**Have you had an appointment with an Employee Assistance or Elder Care counselor previously?**        ☐ Yes        ☐ No

## Employment Information (*family members skip this section*)

**Department** (*please do not abbreviate*): _____

**Title/Position:** _____

**Work Status:** ☐ Career        ☐ Temporary        ☐ Contract        ☐ Other: _____

**Length of service at UC Berkeley or LBNL:** _____

**Is the problem that brings you to Employee Assistance impacting your ability to work?**        ☐ Yes        ☐ No

**If yes, how?** (please check all that apply):

☐ Conflict with co-worker(s)        ☐ Conflict with supervisor(s)        ☐ Discipline (formal)        ☐ Discipline (informal)

☐ Late to work        ☐ Leaving early        ☐ Making mistakes        ☐ Missed deadlines

☐ Work absence        ☐ Difficulty concentrating        ☐ Other: _____

## Additional Information

Would you like to receive our Employee Assistance newsletter?        ☐ Yes    ☐ No

Would you like to receive our Elder Care newsletter?        ☐ Yes    ☐ No

## How did you hear of Employee Assistance?

☐Co-worker    ☐Flyer    ☐Former User    ☐HR    ☐New Employee Orientation    ☐Occ Health    ☐ Ombuds

☐PATH to Care    ☐Supervisor/Mgr.    ☐UHS Staff    ☐Union Rep    ☐Website    ☐Workshop    ☐ Workstrong

☐Other: _____