



Client Information Sheet

Note: The information on this form is presented only for use in Directions EAP. Copying or distribution of this information for any other purpose violates laws regarding confidentiality.

Client name (if different than employee): _____

EAP Employer: _____

Employee Name: (if different than above) _____ M _____ F _____

Date of birth: ____/____/____ Age: _____

Home Address: _____ City _____ State _____ Zip _____

Home Phone: _____ Work Phone: _____

May we contact you: At: home work Please do not contact me.

May we leave a message: At: home work Please do not leave a message.

In case of emergency, please contact: _____ Phone Number: _____

Demographic Information:

Living Status: Married Single Separated Divorced Widowed Other: _____

Ethnicity: Alaskan Native American Indian Asian/Pacific Islander Black Hispanic (Optional) White Other: _____

Education Completed: High School GED Trade or vocational school College degree Graduate degree

Relationship to Employee: Self Employee's Spouse/Significant Other Employee's Parent Dependant Child Other: _____

Referred to EAP by: Self Supervisor Recommended Supervisor Mandated Other Management Human Resources Family Other: _____

Learned about EAP from: Company Literature Family Member Human Resources Other Management

Requesting Assistance for: Addiction Emotional/Stress Financial/Legal Medical/Physical Relationship(s) Work Issues Grief Other: _____

Health Insurance Provider: (requested for referral information only)

Please briefly describe why you came to EAP and what you hope to accomplish: _____

Has your work performance been impacted? If so how? _____

Has the reason you are seeking EAP help also resulted in disciplinary or personnel action? No Yes,
Please describe: _____

Have you been a client of Directions EAP before? No Yes Approximately how long ago? _____

Date Signature

CONSENT FOR TREATMENT & CONFIDENTIALITY

It is the policy of the Directions Employee Assistance Program (EAP) that information regarding clients is kept strictly confidential. As a general rule, we will not disclose to any person the fact that a client has requested or received services from the program, or any information that we learn about the client while providing services, unless disclosure is authorized by the client or required by law, subpoena, or court order. You have the right to confidential services in that information regarding your visits to the EAP will not be disclosed to anyone without your specific written consent with the exception of certain imminent life-threatening circumstances, including danger to yourself or others, child abuse, and abuse of incompetent or disabled individuals.

If there are any other individuals such as supervisors at work or your family members who must access, or whom you would like to have access, to information about your status in the program, you should discuss this need with your EAP counselor. You may sign an authorization form to allow us to release this information.

PROTECTING YOUR CONFIDENTIALITY IS OF HIGHEST PRIORITY TO US. ANY CONCERNS YOU HAVE IN THAT REGARD SHOULD BE DISCUSSED WITH YOUR COUNSELOR OR THE PROGRAM DIRECTOR.

I hereby acknowledge that I have received and have been given an opportunity to read a copy of the Directions, EAP LLC Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact my therapist.

By signing below, I acknowledge that I have read and understand this information.

Date Signature

Date Parent/Guardian Signature