

# HealthPoint Employee Assistance Program Non-Employee Client Information

\_\_\_\_\_  
Last name

\_\_\_\_\_  
First name

\_\_\_\_\_  
Date of birth (MM/DD/YYYY)

\_\_\_\_\_  
Gender

\_\_\_\_\_  
Pronouns

\_\_\_\_\_  
Work phone

\_\_\_\_\_  
Cell/Home phone

\_\_\_\_\_  
Email

**Please list any way you consent for EAP to contact you:**  Work phone  Cell/Home Phone  **May we leave a voicemail?**  Email

Please be aware that the confidentiality of email cannot be guaranteed due to the nature of electronic media. However, all correspondence by email will be treated as private and confidential in the EAP office.

**How did you learn about this service?** Please select the one entry that most accurately represents your first introduction to EAP.

- Brochure  Family  HR/EAP website  Co-worker  EAP email  BCAL  Supervisor  
 HR staff member  HR training  Presentation  New employee orientation  Student Counseling Center  Other

**Ethnicity** (optional) - check all that apply

- African-American/Black  Caucasian  Native American  Asian/Pacific Islander  Hispanic  Other:

May we send you a *Client Satisfaction Survey*?  Yes  No If so, where?  Home email  Work email

Preferred email address: \_\_\_\_\_

\_\_\_\_\_  
Job title

\_\_\_\_\_  
Department

\_\_\_\_\_  
Campus mail code

Insurance:  UT Select  No university insurance

**Over the past 2 weeks, how often have you been bothered by any of the following problems?** **Not At All (0) Several Days (1) More Than Half the Days (2) Nearly Every Day (3)**

1. Little interest or pleasure in doing things?
2. Feeling down, depressed or hopeless?

\_\_\_\_\_  
Please briefly describe why you are seeking EAP services (optional):

## Information and consent

Our counselors are mental health professionals who will help assess and address your individual concerns. The counselor may recommend and/or provide short-term problem-solving counseling at EAP, consultation with another university office, consultation with a mental health professional or physician in the community, or other services relevant to your specific situation. EAP staff members are employees of the University and are not directly affiliated with your insurance carrier. Your contacts with EAP are private and CONFIDENTIAL as required by law. EAP records are NOT part of your Human Resources file or any other personnel file.

I have read the information about EAP. I understand and consent to services.

**I have received the notification of laws and office practices regarding privacy and confidentiality.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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