

MONTGOMERY COUNTY PUBLIC SCHOOLS EMPLOYEE ASSISTANCE PROGRAM

STATEMENT OF UNDERSTANDING

Program

The Employee Assistance Program (EAP) of Montgomery County Public Schools is a confidential, voluntary service made available to all employees and retirees and their family members.

Fees

Meetings with the EAP specialist are offered at no direct cost to the employee, retiree or family member (client). Should the EAP specialist refer the client to a resource in the community, it is the responsibility of the client to pay for those services. Health insurance coverage may defray some or all of those costs.

Confidentiality

Information concerning a client's use of the EAP will not be disclosed to anyone outside of the EAP without the written consent of the individual, except as required by law or as described below, and will not be made a part of the employee's personnel record:

- *Dangerous situations.* If EAP staff believe that the client presents a danger to him/herself or another individual, the EAP staff may disclose information to prevent harm. EAP staff is also required by law to report suspicion of child abuse or neglect as well as the neglect, abuse or exploitation of vulnerable adults.
- *DOT covered employees.* If an employee with a CDL, covered by the Department of Transportation drug and alcohol testing regulations, reveals information about his/her alcohol or other drug use that causes EAP staff to be concerned for the safety of others, the EAP will take steps to ensure that the employee is relieved of safety sensitive responsibilities while provided with the opportunity to participate in treatment. The EAP will make arrangements to have the employee temporarily assigned to a non-safety-sensitive position, at the same rate of pay, while participating in treatment. *(These arrangements **do not** pertain to those individuals who access EAP services after submitting a sample which tests positive for alcohol or other drugs).* The confidentiality of the employee will be protected to the best of EAP staff ability.
- *Social Media and Mobile Device Location Services.* Due to the importance of confidentiality and the rules and regulations governing EAP Providers, EAP employees are not allowed to accept requests from current or former clients on any social networking sites (Facebook, LinkedIn, etc.). Please be aware that when location services are enabled on your mobile devices other people may have access to your location possibly compromising your privacy and confidentiality. If you choose, location services on your mobile devices can be turned off by you.
- *Telemental Health Care Services* There are benefits and risks associated with the use of telemental health. Benefits include convenience and flexibility. The risks associated with telemental health include disruption of transmission by technology failures, interruption, breaches of confidentiality by unauthorized persons, and/or limited ability by MCPS EAP to respond to emergencies. All information disclosed within sessions will be kept confidential to the extent allowed by law which includes written records. This information is protected under the Privacy Act and may not be disclosed without my written permission, except where disclosure is permitted and/or required by law. On occasion, sessions via telephone may be necessary due to technology failure or other circumstances.

Voluntary Participation

Participation in the EAP is voluntary. Employment or advancement in MCPS is not affected by an employee's decision to use (or not to use) the services of the EAP (unless the employee has entered into an agreement with the Office of Human Resources and Development specifying EAP participation as a special condition of employment). MCPS evaluates an employee on the basis of job performance criteria only, and not on the use of the EAP.

I have read this **Statement of Understanding** and understand its contents.

(Printed Name)

(Signature of client)

(Date)



EMPLOYEE ASSISTANCE PROGRAM

Confidential Information Questionnaire

Today's Date ___/___/___

Last Name _____ First Name _____

Are you a previous client at the Employee Assistance Program (EAP)? ☐ Yes ☐ No

Home Address _____ City _____ State _____ Zip _____

Birthdate ___/___/___ Gender _____ Pronouns _____ Marital Status _____

Phone Numbers Home _____ Work _____ Cell _____

How would you prefer to be contacted by the EAP? *(Check all that apply)*

☐ Home ☐ Work ☐ Cell ☐ E-mail: _____

Who referred you to the EAP? _____ Commercial Driver's License (CDL) ☐ Yes ☐ No

Race _____

Emergency Contact Name _____ Phone _____

Health Insurance Company _____

MCPS EMPLOYEE INFORMATION *(Optional)*

Last Name _____ First Name _____

Job Title _____ Work Location _____

Please list all members of your household. Please also list children who may not be living at home:

Name	Relationship	Birthdate	Occupation/ Grade in School	Living at home?
		___/___/___		☐ Yes ☐ No
		___/___/___		☐ Yes ☐ No
		___/___/___		☐ Yes ☐ No
		___/___/___		☐ Yes ☐ No
		___/___/___		☐ Yes ☐ No

Do you drink alcohol? ☐ Yes ☐ No **IF YES**, please answer the following questions:

- How often do you have a drink containing alcohol? *(check one)*
☐ Monthly or less ☐ 2-4 times per month ☐ 2-3 times per week ☐ 4 or more times per week
- How many drinks containing alcohol do you have on a typical day of drinking? *(check one)*
☐ 1 or 2 ☐ 3 or 4 ☐ 5 or 6 ☐ 7 to 9 ☐ 10 or more
- How often do you have five or more drinks on one occasion? *(check one)*
☐ Never ☐ Less than once per month ☐ Once per month ☐ Once per week ☐ Daily or almost daily

Please check any of the following that have been a concern to you within the past 6 months:

- | | |
|---|--|
| ☐ alcohol or drug use | ☐ grief |
| ☐ anger | ☐ health issues |
| ☐ anxiety | ☐ housing |
| ☐ bullying | ☐ legal concerns |
| ☐ career issues | ☐ other person's alcohol/drug use |
| ☐ couples/marriage problems | ☐ other persons' mental health problem |
| ☐ depression | ☐ relationship with coworker |
| ☐ disability | ☐ relationship with students |
| ☐ eating disorder | ☐ relationship with supervisor |
| ☐ eldercare | ☐ sex |
| ☐ family problems | ☐ sexual harassment |
| ☐ family violence | ☐ suicide |
| ☐ financial problems | ☐ trauma |
| ☐ gambling | ☐ workplace stress |
| ☐ other _____ | |

Over the past 2 weeks, have you had thoughts of harming yourself or anyone else?

Yes No

Please briefly describe the concerns or problems for which you seek assistance:

