

## Consent for Participation

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

**OR**

As a non-California resident, I understand that Employee Assistance is a professional service available Monday through Friday, 8am - 5pm Pacific Time which 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 the 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 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 may contact the UHS Tang Center Privacy Officer at [myuhsprivacy@berkeley.edu](mailto:myuhsprivacy@berkeley.edu) or 510-642-3748 if I have any concerns about the services I have received as a result of my participation.

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.

*[Initial here if you wish to **decline** all email communication \_\_\_\_\_]*

I understand that by signing below I am acknowledging that 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.