



Statement of Understanding

FSAP Services

The University of Miami Faculty and Staff Assistance Program offers mental health and wellness assessment, consultation, referral and follow-up services to UM faculty, staff and retirees, as well as their domestic partners, spouses and dependents. Services provided are offered at no cost and are confidential. Mental Health services and/or assessments often provide significant benefits; however, they may also pose risks. In the course of addressing clients' concerns, consultations may elicit uncomfortable thoughts and feelings, or may lead to the recall of troubling memories for the participant. Sessions are conducted by Florida licensed mental health and employee assistance professionals who assess concerns, offer support and recommend helpful services. Referrals may be made to address a variety of concerns. Referrals to other health care providers may be covered under your medical health plan and, in most cases, require a co-payment. Individuals can expect to pay for services provided outside of the FSAP.

Confidentiality Policy

Professional ethics, as well as, state and federal laws determine the limits of confidentiality. Our counselors are legally required to maintain the confidentiality of client information. No information regarding your attendance will be disclosed to anyone including your employer without your knowledge and expressed written permission/consent, except in those circumstances where the law or ethics require that disclosure. The following are some of the exceptions and limits of confidentiality defined by state and federal laws:

1. If there is imminent risk that you will harm yourself or others.
2. If there is a mandatory reporting requirement, as in the case of a report of abuse or neglect of an incompetent or disabled person, an elder person, or to children under the age of 18.
3. If there is a lawful subpoena or court-order requiring production of records.

Records are maintained electronically in accordance with confidentiality protocols.

Emergency Procedures

The FSAP maintains regular office hours from 8:30am to 5:00pm, Monday through Friday. During the hours that the office is not open, a voice mail will allow you to leave a confidential message (that will be attended to the following work day). If your circumstance is an emergency, you may contact any of the following:

- In a life threatening or medical emergency, call 911 or go to the nearest hospital emergency room.
- If your circumstance is *not* a life threatening or medical emergency, you may contact the mental health portion of the UM health plan, Concordia at 1-800-294-8642.
- If your circumstance is *not* a life threatening or medical emergency, you may also contact Switchboard of Miami for telephone counseling and referral service at 305-358-4357.

I have read and understand the information stated above.

Signature of Client

Print Name

Date

Signature of person, or guardian, obtaining consent on behalf of a child, or incapacitated adult, client.

Print Name & Relationship to Client _____

Date



Faculty and Staff Assistance Program (FSAP)
Registration Form

Date _____

Name _____ UM ID (C number) _____

Home address _____
Number Street City State Zip Code

Home phone _____ Work phone _____ Mobile phone _____

If you wish to authorize our use of encrypted email to communicate with you for case management purposes, please initial _____ and enter desired email _____.

Enter Email Address

Preferred contact method (check all that apply): Home phone, Work phone, Mobile phone, Email, None

DOB _____ Age _____ Gender _____ Marital Status _____ Race/Ethnicity (optional) _____

Your job title _____ Work address _____

Campus Affiliation (please circle one) Coral Gables Medical UM Hospital RSMAS Other
Department or Company Name

Job Classification (please circle one)
Administrative/Professional (A01) Faculty (A02) Staff (A03) Research Scientist (A06) Retiree Unknown

Years working at UM _____ Health Insurance Carrier _____

Relationship to Employee (please circle one) Self Spouse Child Retiree Other

Name of UM Employee _____ DOB or UM C# _____

In the event of an emergency, whom should we contact?

Name _____ Relationship to you _____
Phone _____ Alternate phone _____

How did you learn about us? Check Primary Method
Benefits Fair _____ Brochure _____ Co-Worker/Colleague _____ E-Veritas/E-Update _____ Family/Friend _____ I used FSAP before _____
HR Representative _____ Mental Health Professional _____ New Employee Orientation _____ Newsletter _____ Primary Care
Physician _____ Seminar _____ Someone who used FSAP _____ Supervisor/Manager _____ Website _____ Other _____

Reason for today's visit _____

If you are currently in treatment, what is the name of your therapist? _____

Your signature _____

If you are under 18, your parent's or legal guardian's signature _____
Print name of legal guardian _____

Please initial _____ if you wish to be placed on the FSAP List-serv to receive quarterly FSAP newsletters and announcements of upcoming FSAP seminars via email _____. Participation may be withdrawn at any time.
Enter Email



Symptoms Checklist

Please enter a checkmark by the symptom you have experienced (within the past three months) which you believe is related to the concern(s) for which you are seeking FSAP consultation today.

Related to Concern(s)	Emotional
	Crying Episodes
	Feeling Hopeless, "Down," or "Blue"
	Feelings of Guilt
	Increased Anger / Frustration
	Increased Anxiety
	Increased Fear(s)
	Increased Irritability / Annoyance
	Lowered Self-Esteem

Related to Concern(s)	Social
	Increased Social Withdrawal
	Interpersonal Difficulties; Family/Friends

Related to Concern(s)	Financial
	Financial Pressure

Related to Concern(s)	Workplace / Vocational
	Decreased Focus at Work
	Decreased Productivity at Work
	Increased Absence from Work
	Increased Stress – Work Related
	Interpersonal Difficulties at Work

Related to Concern(s)	Mind / Mental Health
	Difficulty Making Decisions
	Difficulty Relaxing
	Increased Worry
	Negative Thinking or Pessimistic
	Racing Thoughts
	Trouble Concentrating
	Trouble Remembering Things

Related to Concern(s)	Symptoms of Concern - R
	Harm to Others
	Self-Harm
	Violence or Abuse at Home

Related to Concern(s)	Spiritual
	Decreased Sense of Meaning

Related to Concern(s)	Symptoms of Concern – SA, A
	Alcohol Abuse / Dependence
	Gambling
	Prescription Medication Abuse
	Recreational Drug Use
	Sexual Acting Out
	Tobacco Product Use

Related to Concern(s)	Physical
	Change in Appetite
	Change in Energy Levels
	Change in Weight
	Decreased Interest in Sexual Activity
	Disturbed Sleep
	Headaches
	Increased Concerns about Health
	Increased Stress – Not Work Related