



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 workday). 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, Aetna Mental/Behavioral Health at 1-800-424-4047.
- If your circumstance is *not* a life threatening or medical emergency, you may also contact JCS Helpline Services for telephone counseling and referral service at 211 or 305-358-4357.

I have read and understand the information stated above.

Signature of Client

Name

Date

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

Name & Relationship to Client _____

Date



Consent for Videoconferencing via Zoom for Healthcare for FSAP Services

The University of Miami (University) Faculty and Staff Assistance Program (FSAP) offers faculty, staff and eligible dependents the ability to communicate via the videoconferencing platform, Zoom for Healthcare, for the purpose of participating in virtual FSAP services.

This document is a consent for you to participate in telehealth sessions/meetings through Zoom for FSAP services. FSAP sessions/meetings may involve the delivery of virtual healthcare services by a licensed mental health professional (referred to as “Consultant” in this document) that is not in the same physical location/site as you through technology. Depending on the circumstance and nature of the service rendered, information that you provide during these sessions/meetings may be used for assessment, intervention, follow-up, education and/or referrals, and may include any combination of the following: (1) health information; (2) treatment history; (3) live two-way audio and video; and (4) interactive audio. While a Business Associate Agreement between University of Miami and Zoom is in place to protect your privacy through an end-to-end encryption connection (so that no video information or data is intercepted by outside parties), the University of Miami cannot and does not guarantee the complete privacy or security of any session content being sent over the Internet (e.g., people within your home walking into your meeting with a FSAP Consultant). In addition, electronic systems used will incorporate network and software security protocols to protect the confidentiality of identification and imaging data and will include measures to safeguard the data and to safeguard its integrity against intentional or unintentional corruption. Nevertheless, it is possible that there could be intrusions or disruptions to services due to technological difficulties.

To participate in FSAP sessions/meetings via Zoom, you understand that you will be responsible for having a computer, tablet or device with a camera for videoconferencing, speakers or headphones, and a good Internet connection or good telephone reception. You also understand that you are solely responsible for being in a private location during the encounter in order to ensure your privacy.

Since this may be different than the type of consultation with which you are familiar, it is important that you understand, acknowledge and agree to the following statements:

- I understand that I have undertaken to engage in sessions/meetings that may involve the exchange of my personal identifying information as well as health information.
- This consent will remain in effect until I withdraw it. I have the right to withdraw my consent at any time, which I may exercise by providing written notice to the University through the FSAP Consultant. The withdrawal of my consent will prevent me from using the FSAP’s telehealth services. But, it will not affect my right to future care or service should I seek it. Any withdrawal of my consent will be effective upon receipt of the written notice described above, except that such withdrawal will not have any effect on any action taken by the FSAP Consultant(s) in reliance on this telehealth consent before the FSAP received my written notice of withdrawal.
- I understand that there are limitations in the provision of mental health consultation and care via telehealth services and that I may not be able to receive consultation and referrals through telehealth services for every condition possible.
- I understand that the FSAP Consultant and/or other participant(s) will be at a different location from me.
- I understand that it is my responsibility to make relevant information or symptoms known to the FSAP Consultant as well as to make arrangements for follow-up care.
- I voluntarily consent to healthcare services provided to me which may include review of assessments, medications and consultation on pre- or post- mental health treatment considered necessary for consultation and referral services.

Initial:



Faculty and Staff Assistance Program (FSAP)

- I will be informed and given the opportunity to verbally consent before additional persons at either my or the FSAP Consultant's site are to be present.
- I understand that there are risks and consequences from receiving telehealth services, including, but not limited to, the possibility, despite reasonable efforts on the part of the University FSAP, that the transmission of my personal information could be interrupted by unauthorized persons, and/or the electronic storage of my personal information could be accessed by unauthorized persons.
- I understand that FSAP group "check-in" meetings are not psychotherapeutic support groups and that my participation in this meeting may involve (if I choose) the exchange of experiences meant to serve an educational purpose but may (directly or inadvertently) reveal my identity to others attending these meetings (who may or may not be work colleagues).
- I understand that using a form of communication technology other than University of Miami approved telehealth applications such as Zoom for Healthcare may compromise security protocols or cause information transmitted to be insufficient (e.g., poor resolution of images) to allow for appropriate medical decision making by the consulting healthcare provider. I understand that such communications may not be included as part of my record.
- If the FSAP Consultant is concerned about me, loses contact with me, or if I fail to attend a scheduled telehealth services session, I grant permission for the University to contact me by phone or email to check on my wellbeing.
- I have been given the opportunity to ask questions relative to my encounter, security practices, technical specifications, and other related risks

By signing this form, I certify:

- That I have read or had read and/or had this form explained to me;
- That I fully understand its contents including the risks and benefits of telehealth services; and
- That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.

I further agree, acknowledge and understand that if I or my child is in a crisis, emergency, or any party associated with this service is considering seriously harming self or others, I agree that I will dial 911 or go to the hospital.

If you are using Zoom or Zoom for Healthcare, you agree and acknowledge as follows: I have been informed of and understand the risks and procedures involved with using the videoconferencing technology, Zoom for Healthcare. I agree to the terms listed above and I hereby voluntarily consent to the use of Zoom for Healthcare for services with my FSAP Consultant. I agree that the University of Miami will not be held liable in the event that any outside party passes Zoom's security and discovers personal or confidential information.

Name: _____

Signature: _____

Date: _____

For more information about Zoom for Healthcare security and privacy, please see: <https://zoom.us/docs/doc/Zoom-hipaa.pdf>

Zoom videoconferencing services does utilize data. You are advised to utilize home Wi-Fi for meetings with your Provider. **If you elect to use mobile data for your meetings with your Consultant, this may result in you experiencing a data overage depending on your unique mobile phone plan. Because you may incur unexpected mobile device charges, we recommend that you utilize a secure Wi-Fi connection for all meetings.**



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 _____
Department or Company Name

Campus Affiliation: Coral Gables Medical RSMAS UHealth Satellite Other _____

Job Classification: Admin/Prof (A01) Faculty (A02) Staff (A03) Research (A06) Retiree Unknown

Years working at UM _____ Health Insurance Carrier _____

Relationship to Employee: 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? (Select Primary Method)

- Benefits Fair Brochure Co-Worker/Colleague News at the U 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? _____

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 _____.

Enter Email



Symptoms Checklist

Please indicate the symptom(s) 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)	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)	Spiritual
	Decreased Sense of Meaning

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

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

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