

• Why is EAP Important?

Most people experience some personal or emotional problems at one time or another. Usually people can handle these problems on their own. But sometimes, in spite of the person's best efforts to handle the situation, it continues or gets worse. When this happens, the problem can affect job performance. There might be time and attendance problems, low productivity, or trouble getting along with co-workers and supervisors. Eventually, there can be disciplinary actions and threats to job security. But, if an employee gets in touch with EAP in the early stages, chances are help can be arranged before the problem gets out of hand.

• How Does it Work?

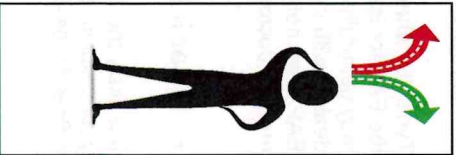
EAP is free, confidential and voluntary. This means there is no charge for your meeting with an EAP Counselor/Coordinator. It means your problems are not discussed with supervisors, personnel officers or union leaders. The voluntary nature of the program means the decision to participate in EAP is strictly up to you. A supervisor may recommend an employee seek help from EAP, but the employee is not required to do so.

• Who is the EAP Counselor/Coordinator?

The Counselor/Coordinator is a trained and experienced qualified mental health professional, with a degree in Social Work or Counseling. The EAP Counselor/Coordinator is bound by the EAP policy of total confidentiality.

• When is EAP Available to Me?

Your EAP provides services 12 months a year and is here for you during school vacations and throughout the summer. Both daytime and evening hours are available by appointment.



• Is EAP Confidential?

The confidentiality of every individual who uses the program is strictly upheld. The EAP acknowledges the right of all people to obtain quality, professional services in an environment that fosters respect, support and dignity. Give us a call, we can help!

• Additional Information

If you would like additional information regarding your EAP, you can call (631) 289-0480 or visit our website at www.esboeces.org/EAP and take a look at the EAP orientation video.

Ronkonkoma Office

5018 Expressway Drive South, Suite 204
Ronkonkoma, NY 11779
631-289-0480

Commack Office

154 Commack Road, Suite 210
Commack, NY 11725
631-218-5445

Hampton Bays Office

188 W Montauk Hwy, Suite E1
Hampton Bays, NY 11946
631-728-2008



www.esboeces.org/EAP

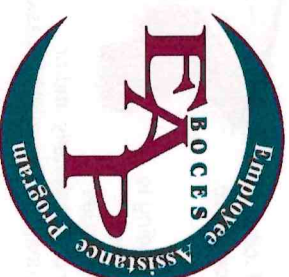
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When is EAP Right for Me?



Understanding and Accessing
Your Employee Assistance Program



One of the primary functions of the Employee Assistance Program (EAP) is to provide crisis intervention, assessment and referral services to employees, retired employees and their immediate family. Throughout the years, individuals, couples and families have come to get assistance with many different types of problems. Problems that, to some degree, were affecting the quality of their lives and/or the lives of people they care about. Additionally, individuals have come to the EAP to receive guidance in getting assistance for a coworker they are concerned about. Supervisors and union reps also utilize the program to explore effective mechanisms for referring employees who are experiencing difficulties affecting their job performance.



As you are deciding to take steps to seek assistance for issues affecting you professionally and/or personally, questions you might be asking are:

- How can anyone help me?
- What should I expect?
- Where do I start?

All of these questions are normal and important. These questions can take on a more powerful meaning when there is a sense of urgency and need. They can impact the decision to get help. Through neutral and confidential assistance, your EAP can assist you by helping to explore fully the presenting concerns and the factors that are influencing your emotional, physical and mental well-being.

- **Assessment and Referrals:**
 - Clarify the options available to address your specific needs.
 - Prioritize the steps necessary to address and resolve your concerns.
 - Advocate for quality and affordable assistance.

• **Can EAP Help Me with This?**

Below is a list of some types of problems for which individuals have sought assistance at the EAP over the years. Following a thorough assessment by an EAP Counselor/Coordinator, a customized referral will be made to a service or a private practitioner prescreened by the EAP counseling staff. At times, the EAP Counselor/Coordinator may determine that the presenting issue can be resolved in a brief counseling format, which will be provided at the EAP appointment.

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|---|---|
| <p>Mental health issues:
All Psychiatric Diagnoses
<i>Including:</i>
Alzheimer's disease and dementia
Attention Deficit Disorder/
Hyperactivity
Depression
Eating disorders
Postpartum depression
Post-traumatic stress/PTSD
Stress or Anxiety
Suicide: adults/children
Trauma</p> | <p>Support with Life Issues:
Aging
Adjustment problems
Bereavement
Career counseling
Child abuser/neglect
Children's issues: peers/school
Communication
Coping with medical issues
Family conflict
Health problems
Infertility
Loss and separation
Marital conflict
Menopause
Parenting
Pre-marital counseling
Relationship issues
Self esteem
Sexuality
Work-related problems</p> |
| <p>Addiction:
Alcohol/Drugs
Codependency
Family/Children of addiction
Gambling</p> | <p>Legal Referral/Support
Domestic violence
Sexual harassment
Sexual violence</p> |
| <p>Support for:
Adults/Children with Developmental Disabilities
Elderly and their families</p> | <p>Legal Referral/Support
Crime victims
Divorce
Domestic violence
Sexual harassment
Sexual violence</p> |

• **What About This?**

- | | |
|--------------------|---------------------------------|
| Budgeting | Mediation |
| Child custody | Nursing care |
| Debt counseling | Nursing home placement |
| Financial planning | Public transportation resources |
| Home health care | Respite |
| Homelessness | Runaways |
| Hospice care | Sleep disturbance |
| Legal assistance | Smoking cessation |

Although the EAP does not directly provide the services listed above, individuals seeking assistance with these types of situations will receive a thorough assessment from the EAP Counselor/Coordinator to assist in making an appropriate referral to a professional who specializes in providing the service.

• **What if I Need a Medical Referral?**

Typically, when individuals seek assistance from the EAP for issues related to medical problems, they generally need help coping with the illness or dealing with the issues related to caregiving. The EAP does not provide direct referrals to dentists or medical doctors (other than psychiatrists).

• **What if My Problem is not Listed?**

It is likely the EAP can assist you. If you do not see your problem or issue listed, please call one of the offices for assistance.

BOCES EMPLOYEE ASSISTANCE PROGRAM

Ronkonkoma: 289-0480 · Commack: 218-5445 · Hampton Bays: 728-2008

Authorization for Release of Health information Pursuant to HIPAA

Client Name	Date of Birth
Client Address	

I, or my authorized representative, request that health information regarding my care and treatment as set forth on this form:

In Accordance with New York State Law and privacy Rule of the Health insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:

This authorization may include disclosure of information relating to **ALCOHOL** and **DRUG ABUSE, MENTAL HEALTH TREATMENT**, except psychotherapy notes and **CONFIDENTIAL HIV* RELATED INFORMATION** *unless otherwise specified below.*

I hereby authorize the release of protected health information:

FROM: BOCES Employee Assistance Program (EAP), _____
5018 Expressway Drive South (Counselor Name)
Suite 204
Ronkonkoma, NY 11779
(631) 289-0480

TO: Name: _____
Title: _____
Address: _____
Phone: _____

I understand and acknowledge that this disclosure may include **ALCOHOL** and **DRUG ABUSE, MENTAL HEALTH TREATMENT**, or **HIV/AIDS related information**.

Information to be disclosed: Verification of appointment with BOCES EAP for assessment and referral. Verification that employee is willing to follow all recommendations made by EAP counselor for treatment, if any.

Specific Need for Disclosure: To verify contact with BOCES EAP and confirm employee's placement in treatment, if treatment is indicated.

I give my permission for the information listed above to be released to the above named requestor. I understand that I may revoke this authorization at any time, except to the extent that this action has already been taken to comply with it. This authorization will expire 90 days after the date signed. The requestor should not disclose my medical record to another party without further written consent.

I will not hold BOCES EAP or the above named counselor liable for any injury, whether mental or physical resulting from any misunderstanding of information in the released information as a result of my not asking for clarification of the information released.

Date:	Client Signature:
Date:	Witness Signature: