

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA  
EMPLOYEE ASSISTANCE PROGRAM

INFORMED CONSENT AND RELEASE FORM

A. CONFIDENTIALITY

A number of laws deal directly with confidentiality issues. Some of these laws have not been tested in the courts and accordingly, their applicability in some situations is not clear. The School Board understands the importance of confidentiality in terms of your willingness to discuss problems honestly and has agreed that Employee Assistance Program (EAP) records will be kept confidential to the extent permitted by law. This means that members of the press or the general public will not be permitted access to medical or psychological records contained in your EAP file. School Board personnel or others will not have access to your records except as noted in Section B.

B. CIRCUMSTANCES THAT DO NOT PROVIDE  
CONFIDENTIALITY PROTECTION UNDER  
FEDERAL OR STATE LAW AND REGULATIONS

There are limits regarding confidentiality which you should be aware of before your discussion with the EAP staff. The following situations, conditions and/or statements may require the release of information to appropriate authorities by the EAP staff with or without your consent:

1. A court order to release information;
2. Sale or exchange of illegal drugs on School Board property or to School Board employees and/or students;
3. Carrying in personal possession or concealment of guns or dangerous weapons on School Board property or premises;
4. Verbal statements, threats or physical acts which present clear, present or imminent danger to oneself or another (including child abuse or neglect), or that threatens significant damage to School Board property, or involves a criminal act against the School Board and/or School Board employees;
5. The commission of acts that violate the Code of Ethics of the Education Profession in Florida and the Principles of Professional Conduct for the Education Profession in Florida;
6. All confidential records are subject to the provisions of Sections 231.292(3)(a)(5)(b) and (c), Florida Statutes (1993), which require that confidential medical records, including psychiatric or psychological records, be made available to law enforcement personnel in connection with lawful criminal investigations and to authorized School Board personnel in the exercise of their duties;
7. In the event that an employee's attorney, or union representative raises an issue(s) related to an employee's participation in the EAP in a grievance or arbitration proceeding or litigation, confidentiality is waived so that the School Board may respond to the issue(s) raised or supply information requested by the employee's legal or union representative.

C. CONFIDENTIALITY FOR ALCOHOL AND DRUG ABUSE

1. The confidentiality of alcohol and drug abuse client records maintained by this program is protected by Federal law and regulations. Except as to employees who fall under United States Department of Transportation regulations governing the operation of commercial motor vehicles, the program generally may not say to a person outside the program that a client attends the program or disclose any information identifying a client as an alcohol or drug abuser unless:
  - (a) The client consents in writing;
  - (b) The disclosure is allowed by a court order; or
  - (c) The disclosure is made to medical personnel in a medical emergency.
  - (d) An audit or evaluation of the program is performed. Any research, audit or evaluation of this program's activities could only be conducted if the personnel involved legally agree that they will never identify any program client in any way.
2. **SEPCIAL PROVISIONS FOR EMPLOYEES SUBJECT TO U.S. DEPARTMENT OF TRANSPORTAITON REGULATIONS**

If your job with the School Board requires you to have a commercial driver's license in order to drive a vehicle, you are subject to stringent alcohol and controlled substance testing requirements mandated by Federal law.

If you have already been directed to submit to alcohol or controlled substance testing, seeking assistance from the EAP at this time will have no effect upon the consequences of a positive test result. The EAP is required by law to disclose any information you provide which indicates that you are unable to perform "safety-sensitive" functions which include driving a covered vehicle.

Examples of such information include possession or use of alcohol while on duty; reporting for work within four (4) hours after using alcohol; or recent use of any controlled substance except pursuant to the instructions of a physician. The School Board is prohibited by Federal law from permitting you to perform or continue to perform safety-sensitive functions once it has actual knowledge of such drug or alcohol use.

Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to the United States Attorney in accordance with Federal regulations. This program is committed to respecting the Federal law and regulations.

Federal law and regulations do not protect any information about a crime committed by a client either at the program or against any person who works for the program or about any threat to commit such a crime.

Federal law and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

Except for the unusual circumstances and noted above, or equally serious circumstance, I understand that information concerning my participation in the EAP will only be released with my written consent and that I may withdraw any consent given at any time.

D. REFERRALS

1. I understand the EAP may recommend that I receive assistance from special agencies or persons such as a credit counseling program, treatment agency or psychologist.
2. I also understand that every agency or person that the EAP may refer me to is independent from the School Board and that I cannot hold the EAP or School Board responsible in any way for the methods or quality of assistance afforded me by independent organizations or persons.

E. ACKNOWLEDGEMENT AND CONSENT

My physical and/or electronic signature below signifies that I have read, understand, and accept the limits on confidentiality and referral liabilities and have had the opportunity to discuss confidentiality with the EAP staff prior to my interview. I specifically understand and consent to any disclosure which may be made by EAP staff members for the purpose of compliance with United States Department of Transportation regulations regarding my possession or use of alcohol or controlled substances to authorized School Board personnel. I understand that I am under no legal obligation to sign this consent form or to disclose any information to the EAP staff. The consent will remain in effect for six (6) calendar months after the date I sign it or as long as I am an EAP client, whichever period is longer, unless I revoke it in writing or orally at an earlier date.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of EAP Staff

\_\_\_\_\_  
Date

Revised 04/01/20