

Management Referral

Counseling & EAP



Employee Name: _____ Phone: _____

Job Title: _____ Company: _____

I understand that I am being formally referred to Cascade Health Counseling & EAP for assistance to resolve job performance, conduct or safety related problem behavior. My supervisor and/or human resources department has reviewed the information with me as noted on the second page of this document.

I hereby authorize Cascade Health Counseling & EAP to release information verifying my contact and participation in the EAP and adherence with the recommended treatment plan. I understand that this is a limited release of information to disclose participation in the EAP assessment, treatment plan, adherence with treatment and for my supervisor/HR to disclose information about job performance.

Cascade Health Counseling & EAP will take appropriate legal and ethical precautions to protect the confidentiality of my discussions with my counselor and that any information exchanged between my counselor(s) and my employer will be limited to clinical information relevant and necessary to an effective resolution of this job-performance situation.

Employee Signature: _____ Date: _____

Employee Email: _____ Phone: _____

FOR REFERRING SUPERVISOR/HUMAN RESOURCES

I have discussed the job performance problem behavior(s) and initiated a formal management referral to EAP.

Supervisor's Name (print): _____ Date: _____ Phone: _____

Supervisor's Email: _____

HR Contact Name (print): _____ Date: _____ Phone: _____

HR Contact Email: _____

Fax: _____ Confidential Fax Number? Yes No

Please have the employee call Cascade Health Counseling & EAP to schedule their initial appointment.

Employee must call to schedule by (date): _____

I have discussed the job performance problems on the following page with _____. I am initiating a "Management Referral" to Cascade Health Counseling & EAP to provide the resources to address and resolve individual, personal concerns or behaviors that may interfere with productive, safe job performance.

Job performance problem behavior categories (see universal job expectations)

- | | | |
|------------------------------------------|---------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Quality of Work | <input type="checkbox"/> Organization | <input type="checkbox"/> Problem Solving |
| <input type="checkbox"/> Dependability | <input type="checkbox"/> Volume of Work | <input type="checkbox"/> Creativity |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Skills/Knowledge | <input type="checkbox"/> Decisiveness |
| <input type="checkbox"/> Relationships | <input type="checkbox"/> Motivation | <input type="checkbox"/> Hygiene |
| <input type="checkbox"/> Judgment | <input type="checkbox"/> Reaction to Stress | |

Describe problem behaviors: _____

Behavioral indications of improvement include: _____

Consequences if job performance does not improve?

- None Corrective Action Final Written Warning Termination

Supervisor/Manager/ Human Resources Signature

I have reviewed the job performance behaviors noted on this form with the employee on (date)_____and informed them that this document will be sent to the EAP. I understand that management information shared with Cascade Health Counseling & EAP will be entered into the employee's clinical record.

Supervisor/Manager/HR Signature:_____Date:_____

Employee Signature

Both pages of this form have been reviewed with me and I have received a copy. I also understand that this document will be sent to Cascade Health Counseling & EAP and will be entered into my clinical record.

Employee Signature:_____Date:_____

This information has been disclosed to you from records whose confidentiality is protected by federal law. Federal regulations (42 CFR, part 2) prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulation. A general authorization for the release of medical or other information is not sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Fax this completed form to (541) 345-4419 prior to the initial EAP assessment