

DIRECTION for Employee Assistance
2650 Suzanne Way , Suite 120
Eugene, OR 97408
Phone: 541-345-2800
FAX: 541-345-4419

MANAGEMENT REFERRAL FORM

Employee Name: _____ Phone # _____

Job Title: _____ Company: _____

I understand that I am being formally referred to DIRECTION for Employee Assistance for assistance to resolve job performance, conduct or safety related problem behavior. My supervisor and/or Human Resources reviewed the job performance problem behaviors with me as noted on the second page of this document.

I hereby authorize DIRECTION 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 with DIRECTION.

DIRECTION 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'S SIGNATURE

DATE

A copy of both pages of this fully signed referral given to the employee: ___ Yes ___ No

For referring Supervisor and/or Human Resources:

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

Print Supervisor's Name Date Phone #

Print Human Resource Name Date Phone #

Print name of person for DIRECTION Fax #: _____ Confidential fax? Yes ___ No ___
to contact.

Please have employee call DIRECTION to schedule initial appointment.

Date first EAP appointment must be scheduled by: _____

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 DIRECTION (541-345-4419) prior to the initial EAP assessment

Call DIRECTION with any questions about the referral procedures

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I have discussed the following job performance problems with _____. I am initiating a "Management Referral" to DIRECTION 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*)

___Quality of work

___Organization

___Problem Solving

___Dependability

___Volume of Work

___Creativity

___Communication

___Skills/Knowledge

___Decisiveness

___Relationships

___Motivation

___Hygiene

___Judgment

___Reaction to Stress

Describe Problem Behavior(s):

Behavioral indications of improvement include:

Consequences if job performance does not improve?

___No consequences

___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 _____, 20__ and informed him/her that this document will be sent to the EAP. I understand that management information shared with DIRECTION will be entered into the employee's clinical record.

Supervisor/Manager/HR Signature

Date

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