

CONFLICT RESOLUTION REFERRAL FORM



Employee Name: _____ Phone # _____

Job Title: _____ Company: _____

I understand that I am being formally referred to **Cascade Behavioral Health & EAP** for assistance to resolve workplace conflict. My supervisor and/or Human Resources reviewed the information with me as noted on the second page of this document.

I hereby authorize **Cascade Behavioral Health & 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 Behavioral Health & 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

For referring Supervisor and/or Human Resources:

I have discussed the workplace conflict and initiated a referral to EAP.

Print Supervisor's Name

Date

Phone #

Print HR Name

Date

Phone #

Print Name of primary contact person

Fax #

Confidential Fax: Yes No

Please have employee call **Cascade Behavioral Health & EAP** to schedule their initial appointment.

Employee must call to schedule by: _____

I have discussed the following conflict issues with _____. I am initiating a "Conflict Resolution Referral" to **Cascade Behavioral Health & 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 Conflict:

Behavioral indications of improvement include:

Supervisor/Manager/ Human Resources Signature

I have reviewed the conflict and 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 **Cascade Behavioral Health & 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 Behavioral Health & 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