



500 Perinton Hills, Fairport, NY 14450, (585) 383-4478, 1-877-327-2778 (fax)

**EAP Referral- FORM #1**

**This form must be completed by the EAP Coordinator and sent to Associates in Employee Assistance in order for the referral to be considered mandatory, and for the coordinator to receive updates.**

EMPLOYER \_\_\_\_\_

NAME OF EMPLOYEE \_\_\_\_\_ HIRE DATE \_\_\_\_\_

EMPLOYEE'S ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

Please describe the job performance concerns. Provide as much detail as possible. You may attach other documentation as well however, we require some information in the space below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long have these job performance concerns been present? \_\_\_\_\_

Results of employee's job performance reviews during the past 12 months.

Above average \_\_\_\_\_ Meets expectations \_\_\_\_\_ Satisfactory \_\_\_\_\_ Needs Improvement \_\_\_\_\_  
Un satisfactory \_\_\_\_\_

Date of corrective interview \_\_\_\_\_

Date you will meet to review progress with the employee \_\_\_\_\_ (Required)

I, \_\_\_\_\_ (name of employee) have had an opportunity to discuss my performance concerns with my employer, and to review the information above. I understand that this information is being sent to my Employee Assistance Program so that the counselor can fully understand the reasons why I am being referred. I also understand that information I share with the EAP counselor will remain confidential and that the counselor will confirm my attendance and follow through with my employer.

Signed: \_\_\_\_\_(employee) Date: \_\_\_\_\_

Witnessed: \_\_\_\_\_(coordinator) Date: \_\_\_\_\_



**Mandatory Referral Consent for Assessment/Counseling- FORM #2**

I understand that my employer has decided to mandate a referral for me to the Employee Assistance Program, due to concerns about my workplace performance. I am aware that sometimes personal concerns can have an impact on job performance. I also realize that attending EAP assessment/counseling is an opportunity for me to discuss in a confidential setting any contributing factors which may be having an impact on my job performance. I agree to cooperate with the EAP counselor in assessing the situation and in developing an action plan to resolve any personal problems that are identified. I understand that this may include either ongoing EAP counseling with the counselor or a referral to specialized treatment resources which the EAP counselor may identify.

Because this is a mandatory referral I am aware that the EAP will release the following information to my employer's EAP coordinator:

- 1) Dates of attendance or missed appointments
- 2) If a referral has been made
- 3) Whether I am cooperating/following recommendations.

Unless I sign a separate release of information with the EAP counselor, I understand that the name of the referral resource or any other information I discuss with the EAP counselor will remain confidential to the fullest degree provided by federal law (ie, HIPAA).

I understand that my attending EAP counseling does not protect me from further disciplinary action or termination. I also understand that those decisions are made by my employer and not the EAP counselor. I realize that I am responsible for my conduct at work, and that the EAP counselor will continue to monitor my performance at work for at least 3 months from the date of my initial EAP appointment.

I understand that I may return to the EAP on a voluntary basis once my mandatory contacts are complete. Voluntary use of EAP services means that no identifying information is given to my employer and they have no knowledge of my use of the service, unless I give written consent.

By signing this form I agree that I understand its content and have had a chance to discuss the matter with my employer. I also agree to cooperate with efforts to help me improve my performance at work. I understand that this consent will automatically expire on the date that the EAP counselor closes the mandatory case.

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
COORDINATOR SIGNATURE

\_\_\_\_\_  
DATE