

Employee Referral Form for EAP Services



Section 1: Organization Details:

Organization Name:	City of Melbourne	Department:	
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Section 2: Referring Manager(s):

1. Referring Manager Name		Email:	
		Telephone:	
2. Referring Manager Name		Email:	
		Telephone:	

Section 3: Employee Information:

First Name:		Last Name:	
Telephone:		<input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work	<input type="checkbox"/> Messages are permitted <input type="checkbox"/> Do not leave messages
Date of Birth:		Job Title:	
Email:		Address:	

Section 4: Reason for Referral:

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Section 5: Terms regarding the release of confidential information:

The completion and submission of this form allows Deer Oaks EAP to confirm only to the referring manager(s) listed above whether or not contact has been successfully made with this employee and the agreed course of action established, such as referral to EAP counseling or referral to outside resources. Any additional information, such as appointment dates, confirmation of attendance, treatment goals as related to the reason for referral, or recommendations will only be shared with the express consent of the employee as detailed in Section 6.

Is additional information required? Yes (Please go to section 6) No (Please go to section 7)

Section 6: Employee consent for release of additional information:

I, the above named employee, consent to the following information to be released as it relates to the reason for my referral both during the course of the referral **and** in a confidential report to the referring manager(s) listed above, at the conclusion of the referral:

- Appointment dates and attendance
- Progress made toward counseling goals
- Agreed goals for counseling
- Recommendations and Referrals

- Yes, I agree this information may be released to the referring manager(s) listed above.
 No, I do not wish this additional information to be released.

DOT/SAP Referral: For Department of Transportation/Substance Abuse Professional needed for employees in safety sensitive positions or fall under DOT, ***please check this section and check "Yes" for section 5 and 6.***

Section 7: Agreement to terms of referral (please note that an employee signature is required):

I understand that this authorization may include previous contact and participation with Deer Oaks EAP, as related to the reason for this referral, and will expire automatically one year from the date of the employee signature below or upon receipt of written notification to Deer Oaks EAP.

Employee Signature:		Manager Signature:	
Date:		Date:	

Submit completed forms to ManagerConsult@workplaceoptions.com or via fax: (866) 240-3933. As all referrals contain Personal Identifying Information (PII), email communication between Referring Manager(s) and Manager Referral Specialist(s) will occur through secure email system called Barracuda.