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FORMAL REFERRAL PROCESS

A formal referral to the Employee Assistance Program (EAP) is appropriate when an employee demonstrates serious work performance problems, severe behavioral or safety issues. In addition, a referral can be made for a positive drug/alcohol test, refusal to test or if an employee self-identifies a substance use issue.

An Employer/Union Representative (Referral Contact) should meet with the employee to discuss the reason for referral. An authorization form to release information regarding services should be signed and dated by the employee. Please make sure that you print your name as the Referral Contact and the name of the employer/fund or agency you are representing. In addition, please make sure that the date on the form is the date the formal referral was initiated.

Only the information indicated on the form (see attached) will be disclosed to the Referral Contact. Please note that without the signed authorization, ComPsych will not be able to release any information regarding the employee's participation in the program. The form should be faxed to the Formal Referral Team at 312-705-6375.

Once the employee signs the form, the Referral Contact should contact ComPsych toll free number to initiate the formal referral process. The Intake staff will gather information regarding the reason for the referral, expectations regarding the referral, and contact information for the Referral Contact.

The employee should be instructed to call ComPsych toll free number within twenty-four hours of the meeting with the Referral Contact for a referral to an EAP Counselor. It is the employee's responsibility to schedule the appointment. The EAP Counselor will conduct an evaluation of the presenting issue and will determine the most appropriate course of action to help the employee address and resolve the issue.

Neither ComPsych nor the EAP Counselor will make return to work decisions or consider the employee to be off from work. It is the employer's responsibility to make all employment related decisions.

If you need additional information or assistance with a formal referral process, please contact ComPsych at your designated toll free number.

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AUTHORIZATION FORM: Formal Referral

I, the undersigned, hereby authorize ComPsych's Clinical Staff to release to:

_____
(Name of the Referral Contact)

_____
(Name of the Company/Agency)

the following information contained in my record maintained by ComPsych:

1. Date of the initial appointment
2. Treatment recommendations
3. Compliance/Non-compliance with recommendations
4. Completion of treatment recommendations
5. Results of Drug/Alcohol tests, if applicable
6. Other_____

My authorization for the release of the above information is effective on the date I sign this form and will remain effective for a period of one (1) year from such date.

The purpose of the disclosure by ComPsych to the recipient is: To report my compliance/non-compliance with the formal referral process.

I understand that ComPsych will not condition treatment or payment or the eligibility of my receiving services on the basis of my providing authorization for the requested use or disclosure, and that I may refuse to sign this authorization. To the extent that I do sign this authorization, I do so voluntarily. I understand that I have the right to inspect and copy the information that I have authorized to be used or disclosed as provided for under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") regulations found at 45 C.F.R.§164.524.

I understand that the information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient and may no longer be protected by law.

I understand that this authorization is valid for one (1) year, unless revoked by me before then. I understand that I may revoke this authorization at any time by sending written notice to ComPsych. I understand that if I revoke this authorization such revocation will not be effective to the extent ComPsych has already relied on it to disclose the information.

Employee Signature: _____ Date: _____

Employee Name: _____ Date of Birth: _____

Employee Address: _____

Photocopies and electronic facsimile copies of this authorization are considered as valid as the original form.