

Employee Assistance Program (EAP) Mandatory Referral Form

EMPLOYEE NAME: _____

COMPANY NAME: _____ Location: _____

Mandatory Referral

The employee is required to contact EAP by (date) _____ and comply with the recommendations or face further discipline. The employee is expected to satisfy the on the job improvements that have been identified and their involvement with EAP does not protect the employee from disciplinary action. Your employer will receive feedback as to whether you are continuing/discontinuing with appointments and status of compliance with the counselor's recommendations.

The content of EAP counseling is confidential and your company representative **will not** be informed of the nature of your personal problems. However, the EAP **will** inform your company representative whether you have attended counseling, your level of participation, and whether you are following EAP recommendations. Your employer reserves the right to implement further corrective action based on your company's policy and your job performance. Attendance at the EAP does not excuse you from standard job performance expectations.

Company Representative Statement of Intent

As a company representative, I understand the purpose of the employee's referral to the EAP is to allow the employee the opportunity to seek out objective, professional assistance towards resolving the job performance concerns I have documented. I endorse the employee's use of the EAP and will support the employee's ongoing involvement in counseling or treatment if recommended by the EAP. I will continue to provide direct, objective, and timely feedback to the employee as to their job performance.

Company Representative/HR Signature: _____

Date: _____

CONSENT FOR LIMITED DISCLOSURE

I hereby give my permission for the EAP to inform the specific company representative(s) listed here:

Company Representative/HR Signature: _____

Phone: _____ Email: _____

Of the following limited information:

- (1) Whether or not I attend the program and the date(s) I met with EAP
- (2) My level of participation with the program and progress
- (3) Whether or not I am following with the EAP recommendations

The EAP will not inform any other party or disclose any other information without my written consent except as required by law, or if there is a threat of harm to self or others.

Employee Signature: _____ Date: _____

Employee declined offer or referral to EAP _____

Please email this form to: AGN-integreteap@ssmhealth.com. If you have any questions, please contact our office at

Thank you!

920-924-0614.

Thank you!