Vidant Employee Assistance Program

**Supervisory Referral Form**

*Before making a Supervisory Referral*, please call **252-847-4357** or **877-843-7207** and then fax the completed form to **252-847-7843.**

**Name of EAP Counselor who Supervisor consulted with prior to referral: ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location:

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:

Referring Party: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title:

Employee Referred: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee DOB: \_\_\_\_\_\_\_

Employee Phone: Work # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #:

 Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Referral (complete or attach documentation describing reason/job performance issues). Please include workplace problem, time problem existed, what has been done to address the problem:

Has Human Resources been contacted: \_\_\_ Yes \_\_\_ No

Has Corrective Action been implemented: \_\_\_ Yes \_\_\_\_ No

Employee to call Vidant EAP within 3-business days of meeting with manager - Date:

Employee to have an appointment within 5-business days of their call to Vidant EAP - Date:

**To the Employee:** By signing this form, you are allowing Vidant EAP to release the following information:

-Attendance & Appointment Scheduling

To the following person(s):

 Name Title Email

 Name Title Email

Relation of above person(s) to client:

This release expires on the following date: **Maximum 1 Year**

 **Authorization ­­­­**

This authorization for use or disclosure of information is being authorized by me giving Vidant EAP permission to disclose information (checked off above) obtained in the course of assessment. I understand that the information to be released may contain information pertaining to appointment date, time & attendance to EAP.

**Employee’s rights:**

* You may revoke this Authorization at any time by submitting a written revocation to Vidant EAP
* A revocation will not apply to information that has already been used or disclosed in reliance on this authorization.
* You will be provided with a copy of this authorization form upon completion and execution if requested.

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Signature of Referring Party Date Signature of Employee Date