



[www.Connectionseap.com](http://www.Connectionseap.com) or 800-779-6125

# A Manager's Guide to Making a Formal EAP Referral



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## WHAT IS AN EAP REFERRAL?

An **EAP referral** is typically a matter of agreement between the employer and the employee. Employers often provide information on **EAP** services to employees when there are performance issues or when the employee has disclosed to the employer that he or she is having difficulty dealing with personal issues.

**An EAP referral is a win-win.** It is intended to re-direct personal problems away from work, restoring the focus on productivity at work and positive well-being for the employee.

## INFORMAL VS FORMAL EAP REFERRAL

There are two types of EAP referrals, **INFORMAL** and **FORMAL**.

### *Informal Referral*

An informal referral is typically ***NOT associated with a work-related performance concern***. An informal referral is simply a recommendation made to the employee letting them know EAP services are available and may be able to help. Informal referrals often lead to a “self-referral” for the employee. User statistics show that 55% of all self-referrals come after a supervisor has made an informal referral. Informal referrals are most effective when provided with written EAP contact information for Connections EAP.

### *Formal Referral*

A formal referral ***is typically associated with a work-related performance concern***. When an individual’s work performance begins to suffer as a result of personal problems, a formal referral may be necessary. A formal referral is an attempt by the employer to help the employee restore job performance to a satisfactory level by addressing personal issues that may be interfering with their work. There are three types of formal referrals highlighted on the following page.

## THREE TYPES OF FORMAL REFERRALS

There are **three** types of **FORMAL** referrals.

### 1. *Good Faith*

A **Good Faith** referral sets an expectation that the employee makes a “good faith effort” to complete an EAP assessment in the interest of furthering his/her own career. A good faith referral is typically provided after counter-productive behavior has been observed, but before formal corrective/disciplinary action is warranted. Like a warning ticket for speeding, it is in writing, an expectation of compliance exists, but no formal corrective action is taken.

### 2. *Condition of Employment*

The **Condition of Employment** referral (often called mandatory or required formal referral) is an extension of your organization’s normal documentation of corrective or disciplinary action and should be incorporated into the organization’s disciplinary document and placed in the employee’s personnel file as necessary.

A condition of employment referral will not be necessary for every individual employee receiving a formal piece of corrective/disciplinary action. This type of referral is best served when an employee has shared personal problems that may be affecting his/her work or if the employer has reason to believe personal problems may be affecting an employee’s work performance.

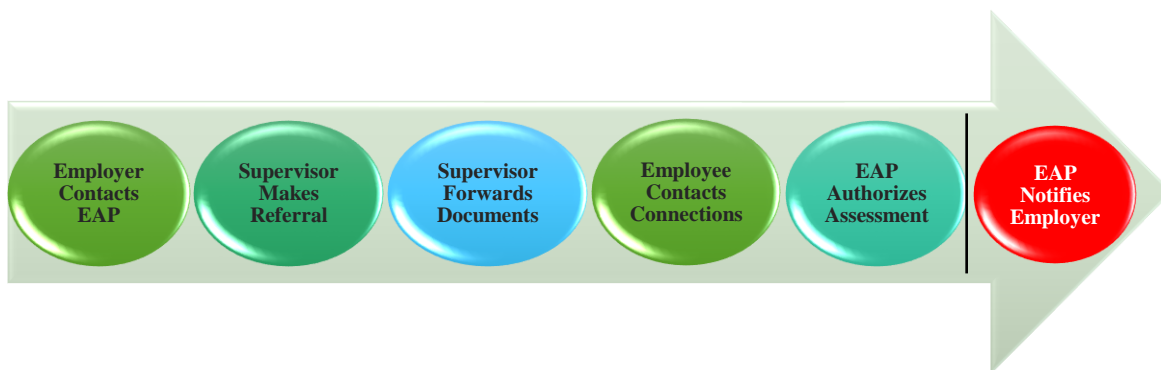
### 3. *Condition of Employment: Following a Positive Drug/Alcohol test*

A **Condition of Employment Referral – Following a Positive Drug/Alcohol Test** is administered in response to a positive drug/alcohol test and may accompany an employer’s “last chance agreement”. The verbiage for a referral following a positive drug/alcohol test should be incorporated into the organization’s disciplinary document.

***\*Note: Recommended verbiage for all 3 types of formal referrals are available in the addendum. The verbiage must be edited for individual situations and placed on official company letterhead before sharing it with the employee.***

## THE FORMAL REFERRAL PROCESS

The goal of any type of formal referral is to help the employee address issues that may be negatively impacting his/her work performance and improve the likelihood of their success. The employee will have an opportunity to address these issues outside of work in a neutral and confidential environment. It also provides an opportunity for the employer to document their efforts in helping the employee improve their performance.



- Step 1:** Employer notifies the Connections of the upcoming formal referral (800-779-6125)
- Step 2:** Supervisor administers the formal referral and requests the employee sign a “Release of Information” consent form
- Step 3:** Supervisor forwards a copy of the formal referral memo and release of information to Connections (Fax or email)
- Step 4:** Employee contacts Connections by 4pm the following business day and provides basic information to start the scheduling process
- Step 5:** Connections authorizes an EAP assessment with a local provider who then works directly with the employee to schedule an assessment
- Step 6:** *The EAP can only notify the employer of the employee’s progress in completing an EAP assessment IF the employee has signed a “Release of Information” consent form. This form can either be signed at the time of the formal referral or at the time of the assessment. If the employee refuses to sign the consent form, the EAP is legally barred from sharing any employee information with the employer.*

## EMPLOYEE EXPERIENCE

Once an employee has received a formal referral they will be expected to contact Connections by 4:00pm the following business day. Upon contacting Connections:

- The employee will speak with a Connections associate who will gather basic information to provide the counselor and/or assessment facility
- Connections will authorize an assessment with a local provider in the area
- The assessment facility will then work directly with the employee to schedule an appointment (usually within 3-5 business days)
- The employee will attend their first EAP assessment session and will be asked to sign a “Release of Information” (if not collected during the formal referral)
- The EAP counselor will then work with the employee to assess the situation and address any issues that may be negatively impacting their work performance
- After the assessment is complete, the clinician may recommend ongoing services for continued evaluation, education, counseling, or treatment

## EMPLOYER EXPERIENCE

After a formal referral has been administered, the employer must decide whether or not to allow the employee to return to work in accordance with their own policies and procedures.

Some options may include:

- Allow the employee to return to work in full capacity
- Allow the employee to return to work with restrictions
- Suspend the employee until an EAP assessment has been completed
- Suspend the employee until all recommended treatment has been completed

**IF** the employee has signed the “Release of Information” consent form, Connections will notify the employer of:

- The employees contact with the EAP and the completion of an EAP assessment
- The facility/contact person for any treatment beyond the EAP assessment
- Work schedule accommodations pertaining to treatment following EAP assessments

***Upon completion of the EAP assessment, the clinician may recommend an ongoing treatment plan. The employer must then determine whether or not they will continue monitoring the employee’s progress. If yes, the employer will work directly with the provider to receive progress updates.***

## Addendum

### GOOD FAITH - FORMAL REFERRAL

Below is suggested verbiage for a "Good Faith" formal referral. This verbiage should always be delivered on official employer letterhead and edited as necessary.

*Formal referral to our employee assistance program (EAP)*

*This memo documents observations made at work leading to concern about your work. I am formally referring you to our EAP in the interest of restoring your job performance to acceptable levels. This is not a disciplinary action and will not go into your personnel file. However, the workplace problems described below harm our mission and require improvement.*

*Date/Time/Conduct/Observation: INSERT*

*Impact on task & mission/standards for adequate performance: INSERT*

*My supervisory notes indicate that we have spoken about similar discrepancies on (Insert Date/time/Situation and/or attach applicable documentation)*

*In the interest of restoring your functions at work to acceptable levels, I am expecting you to complete an employee assistance program (EAP) assessment and any recommended treatment or services arising out of such assessment. Completion of the EAP assessment will be an important demonstration of your good faith effort here at work. The EAP is designed to help you sort out whatever it is that is interfering with your work. Please sign the release of information following this memo so I can be informed of:*

- *Your contacts with EAP and completion of an EAP assessment.*
- *The facility/contact person for any treatment beyond EAP assessment.*
- *Work schedule accommodations pertaining to services or treatment.*

*You are expected to contact Connections EAP before 4:00pm on the business day following the date of this memo.*

*Supervisor Signature:*

*Date:*

*Employee Signature (or Witness):*

*Date:*

*(Signature of employee indicates presence at meeting and receipt of this memo, not agreement with memo contents. If the employee refuses to sign, note the refusal and have a witness sign the document)*

## CONDITION OF EMPLOYMENT - FORMAL REFERRAL

The Condition of Employment referral (often called mandatory or required formal referral) is an extension of your organization's normal documentation of corrective or disciplinary action and should be incorporated into the organization's corrective action document. "Yes" answers to the following 5 questions are essential before proceeding:

1. Does company policy support written warnings which may include a mandatory EAP referral?
2. Do the legal codes in our state (province) support mandatory EAP referrals?
3. Does documentation identify precise counter-productive work behaviors?
4. Have I specified work performance as the primary reason for further job action up to and including termination?
5. Have I documented the logical connections between work success and the EAP assessment?

Additionally the disciplinary/referral memo should document observations that indicate serious stress and/or any self-disclosures of such stress made by the employee. Following is sample verbiage:

*In the interest of optimizing your work performance, I am expecting you to complete a formal employee assistance program (EAP) assessment.*

*INSERT documented observations and/or any self-disclosures made by the employee leading to the condition of employment formal referral. For example, "I have observed behaviors consistent with serious stress such as the incident this morning in which..." or "You have also spoken about your stress outside of work and its effect on you. Last week you shared ..."*

*You are also expected to complete any recommended treatment or services arising out of such assessment. Note that this formal referral is an attempt to assist you and is a condition of your continued employment. The EAP is designed to help you sort out whatever it is that is interfering with your work.*

*You are expected to contact Connections EAP before 4:00pm on the business day following the date of this memo. Please sign the release of information following this memo so I can be informed of:*

- *Your contacts with EAP and completion of an EAP assessment.*
- *The facility/contact person for any treatment beyond EAP assessment.*
- *Work schedule accommodations pertaining to services or treatment*

Supervisor:

Date:

Employee (or Witness):

Date:

*(Signature of employee indicates presence at meeting and receipt of this memo, not agreement with memo contents. If the employee refuses to sign, note the refusal and have a witness sign the document)*

Connections Inc. EAP, 925 Westview Drive, Rock Valley, IA 51247  
Toll-free Ph. 800-779-6125 Fax: 712-476-2464  
Website: [www.connectionseap.com](http://www.connectionseap.com) (2009-nonDOT)

## CONDITION OF EMPLOYMENT – FOLLOWING POSITIVE DRUG/ALCOHOL TEST

Below is suggested verbiage for a condition of employment formal referral following a positive drug/alcohol test that will need to be edited specific to your situation. Always use official company letterhead for formal communications with employees including this formal referral to the Employee Assistance Program:

*This memo documents job action in response to a positive test for addictive mood-altering chemicals while at work. This is a violation of our workplace policy and a threat to safety in our workplace. This violation of policy constitutes an unacceptable threat to a safe, cooperative, and productive workplace.*

**\* Optional: If there are additional counter-productive behaviors observed at work, document those in this section. For example: “In addition, you have missed time at work 4 out of the last 7 Mondays, arriving at work 2-4 hours late each time. This pattern is concerning, and it cannot continue.”**

*This meeting and this memo are to let you know that these problems cannot go on. You have demonstrated that you can make a valuable contribution at work. We are choosing to give you an opportunity to deal with these problems and the personal judgment you have exhibited regarding use of mood altering/addictive chemicals.*

*This last chance agreement requires you to successfully complete an Employee Assistance Program (EAP) assessment and all rehabilitation treatment, including post treatment protocols, arising out of your EAP assessment. Your return to work must conform to our published employee drug, alcohol and safety policies requiring you to be unimpaired at work.*

**\*Optional language if the relevant employee policies so indicate: “Protocol upon your return to work may include unannounced drug and/or alcohol testing while on duty in the interest of maintaining a safe work environment”)**

*The EAP is designed to provide an assessment and solution plan regarding the issues noted above, optimizing your opportunity for personal and vocational success. The assessment/solution plan is provided by our benefit plan via Connections Inc. Employee Assistance Program.*

*(NOTE: Commercial Drivers and additional federally defined safety sensitive positions require extended and specific assessment parameters. Protocol defined by DOT rules can be found on this web site: <http://www.dot.gov/odapc/part40> and a disqualified driver must immediately turn in the CDL credential. If a subject wishes to attempt to requalify for a CDL license in the future, Connections will assist in finding a federally qualified evaluator [SAP] and an employee may be responsible for a portion of the costs associated with requalification).*

*You will be required to successfully complete any and all treatment which is recommended in the EAP assessment. Such treatment will be by your own arrangement and at your own expense. You may be eligible for assistance for treatment from a medical benefit plan. You will arrange to have reports of your assessment and treatment progress provided to the workplace through-out this*

process. Any indication that you are not meeting your treatment and post treatment goals will be cause for immediate termination.

**You are expected to contact Connections EAP before 4:00pm on the business day following the date of this memo.** Please sign the release of information following this memo so I can be informed of:

- Your contacts with EAP and completion of an EAP assessment.
- The facility/contact person for any treatment beyond EAP assessment.
- Work schedule accommodations pertaining to services or treatment

Please have a treatment provider notify us when you have actually begun the treatment arising out of your EAP assessment. At that point, arrangements can be discussed about a timely return to work.

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Employee (or Witness): \_\_\_\_\_ Date: \_\_\_\_\_

(Signature of employee indicates presence at meeting and receipt of this memo, not agreement with memo contents. If the employee refuses to sign, note the refusal and have a witness sign the document)

**Connections Inc. EAP, 925 Westview Drive, Rock Valley, IA 51247**

**Toll-free Ph. 800-779-6125 Fax: 712-476-2464**

**Website: [www.connectionseap.com](http://www.connectionseap.com) (2009-nonDOT) P**

**RELEASE OF INFORMATION**

**Fax Back to 712-476-2464**

**AUTHORIZATION TO RELEASE EAP ASSESSMENT INFORMATION TO EMPLOYERS AND SUPERVISORS**

Connections, Inc. Employee Assistance Program, 925 Westview Drive, Rock Valley, IA 51247

Client Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

The undersigned hereby authorizes Connections, Inc. Employee Assistance Program to release information from the employee assistance evaluation obtained while served by Connections, Inc. Employee Assistance Program to:

Employer/Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

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

The information is to be released for the specific purpose of responding to a formal EAP referral. Information released may include name, social security number, age, sex, name of persons and agencies providing EAP Assessment services, dates EAP assessment was initiated and completed, the facility and contact person to whom you are referred for any treatment beyond EAP assessment, and whether recommended treatment would require time off from regular work hours or other schedule accommodations.

I understand that I have the right to inspect the disclosed information at any time and to obtain a copy of this release form.

I understand that I may revoke this consent at any time by providing a written request to do so except in the case where action has already been taken and that this consent will automatically expire 90 days following the termination of treatment. I do not authorize further release to any other third party.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Client

\_\_\_\_\_

Parent or Guardian

\_\_\_\_\_

Relationship to Client

\_\_\_\_\_

Witness

THIS INFORMATION HAS BEEN DISCLOSED TO YOU FROM RECORDS WHOSE CONFIDENTIALITY IS PROTECTED BY FEDERAL AND STATE LAW. THESE LAWS PROHIBIT YOU FROM MAKING FURTHER DISCLOSURE OF IT WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS, THEIR LEGAL REPRESENTATIVE, OR AS OTHERWISE PERMITTED UNDER CHAPTER 228 OF THE IOWA CODE. A GENERAL AUTHORIZATION FROM THE RELEASE OF MEDICAL OR OTHER INFORMATION IS NOT SUFFICIENT FOR THIS PURPOSE. UNAUTHORIZED DISCLOSURE OF MENTAL HEALTH INFORMATION IS UNLAWFUL AND MAY RESULT IN CIVIL DAMAGES AND CRIMINAL PENALTIES.

