

FORMAL MANAGEMENT REFERRALS

What is a Formal Management Referral?

A tool for Human Resources Departments to help an employee when performance or behavioral problems negatively affect their job performance, and when normal corrective actions by the employer do not resolve the problem. The process described here presumes that referring employers have policies for Formal Management Referrals within their established Employment Practices. JBG can offer sample policies for employers without such documentation.

Step One. Before submitting the Formal Management Referral form, a Human Resources representative can call JBG [520-575-8623 or 888-520-5400] to speak with a staff clinician about the employee's presenting issue[s], confirm that a referral is appropriate, or consider options for correcting the problem.

Step Two. If a Formal Management Referral is to be made, the employer and employee will complete the respective JBG forms [Employer Statement and employee-signed Release of Information]. Human Resources will instruct the employee to call JBG within 24 business hours to schedule an evaluation and treatment plan.

Step Three. Human Resources will fax [520-844-1156] or email [intake@jorgensenbrooks.com] completed forms to JBG.

Important Things to Know

HIPAA laws limit what JBG can report to the employer: That the employee scheduled and attended their evaluation [or did not]; the employee is participating in the prescribed treatment plan [or not]; completed the prescribed treatment plan [or not] in compliance with employer referral requirements. Any reporting to the employer requires a Release of Information signed by the employee prior to counseling.

JBG prefers that an employee participate in a minimum of two [2] EAP sessions in Formal Management Referrals. Whatever number of sessions are necessary [to EAP contract limits], the EAP counselor determines if and when the employee achieves the goals of brief therapy.

**FORMAL MANAGEMENT REFERRAL
EMPLOYER SUBMITTAL**

| | |
|---|------------------------------|
| Date Submitted: | |
| Employer (location): | |
| Employee Name: | |
| Position: | Safety-sensitive: Y N |
| Number of days employee has been absent in past 30 days? | |
| How has work performance been affected by the reported problem? Use numerical scale below. | |
| <small>(scale of 1 to 5, with 1 = no effect; 5 = extremely effected)</small> | |
| Referred to EAP by: | |
| Title: | Phone number: |
| E-mail: | |

REASON FOR REFERRAL:

| | |
|------------------------------|---------------------------------|
| Accident or Incident: | Violence or Threats: |
| Positive drug test: | Other (please describe): |

PLEASE IDENTIFY ANY OF THE FOLLOWING WORKPLACE PROBLEMS:

| | |
|------------------------------------|---------------------------------------|
| Absenteeism | Interpersonal problems at work |
| Tardiness | Violence or threat of violence |
| Erratic Performance | Accident |
| Interpersonal Relationships | Other: |

CURRENT DISCIPLINARY STATUS:

| | |
|--|-----------------------------|
| No Action: | Pending Termination: |
| Suspended: | Terminated: |
| Other: | |
| Confidential information (including attendance) may not be shared without written consent of the client. If client gives permission do you want to know if client attended? Yes No | |
| JBG communication regarding this referral to be provided to: | |
| Name: | Title: |
| Phone: | E-mail: |
| Please e-mail to intake@jorgensenbrooks.com or fax to 520-844-1156 | |

If you have any questions, please contact our Management Referral Team 520-575-8623 (Tucson) or 888-520-5400 (Toll Free)

Please have employee contact us within 24 hours of receipt of referral.

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|---|
| <i>For office use only</i> (scale of 1 to 5, with 1 = no effect and 5 = extremely effected) |
| Number of days employee has been absent in past 30 days after utilizing EAP services? _____ |
| After utilizing EAP, how has work performance improved? _____ |

**FORMAL MANAGEMENT REFERRAL
Employee Release of Information**

Client Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (home): _____ (work): _____ Date of birth: _____

I, _____, authorize Jorgensen Brooks Group to release limited information [*] to my employer regarding my participation in a Formal Management Referral to be provided through the Employee Assistance Program. It is my understanding that the information to be released will protect my personal information in accordance with Federal HIPAA guidelines; exempt from HIPAA protection are threats to my own safety or that of others, or behavior required by law to be reported to authorities.

Information that may be released to the employer may include:

- Clinical Assessment
- Clinical Treatment Plan
- Counselor's Progress Notes
- Treatment and Discharge Summaries
- Compliance with Clinical Recommendations
- Attendance at Counseling Sessions

Employer representative to receive information:

Name: _____

Phone Number: _____

Address: _____

Purpose of obtaining/releasing information: _____

This release shall be effective for one year, until the _____ day of _____, 2____.

Jorgensen Brooks Group is hereby released from any and all legal liability that may arise from the release of the information requested. I certify that this request for the release has been made freely and voluntarily. I understand that my records are protected under federal regulations 42 CFR Part 2, governing confidentiality and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically in one year from the time this form is signed.

| | | | | | |
|-------|-------------|-------|------------------|-------|------|
| _____ | Client Name | _____ | Client Signature | _____ | Date |
| _____ | Witness | _____ | Signature | _____ | Date |