Making an EAP Referral

Workplace Consultants are available to help supervisors or HR clarify the strategies to help employees resolve conduct, safety and job performance problem behaviors.

Supervisors or HR must speak with a Workplace Consultant before RBH can initiate a management (required) referral. Here are the basic steps for making a management referral:

1. Supervisor/HR identifies job performance problems and calls RBH to clarify an intervention strategy.

2. The Workplace Consultant will discuss your situation and help you to complete the two required forms for making a management referral.
   a. Supervisor/HR completes Management Referral Form (p. 3).
   b. Employee signs Management Referral Form (p. 3) and Authorization to Disclose Information (p. 4).

3. Supervisor/HR gives signed copies of both forms to the employee (Management Referral Form and Authorization to Disclose Information).

4. Supervisor/HR faxes Management Referral Form and Authorization to Disclose Information to RBH.

5. Employee contacts RBH to schedule initial appointment.

6. RBH Workplace Consultant reports adherence information to supervisor/HR.
   a. Privileged communication begins when a client first contacts the EAP. Adherence information is privileged so RBH can only report adherence/non-adherence once it receives an Authorization to Disclose Adherence Information signed by the employee.
   b. When RBH receives the signed Authorization to Disclose Adherence Information, the EAP then has legal permission to contact the supervisor/HR manager.

Required Referrals

Conduct/Safety

Employee participation is required in an EAP assessment. Employment is contingent upon improving job performance, conduct, and/or safety. Adherence is reported with a signed Authorization to Disclose Adherence Information to the employer.

Substance Abuse

Employee participation is required in an EAP assessment. Employment is contingent upon improving job performance, conduct, safety, and adhering to treatment recommendations. Adherence is reported with a signed Authorization to Disclose Adherence Information to the employer.

* Employees regulated by the Federal Department of Transportation (DOT) are subject to the evaluation process set forth by the DOT regulations. Our DOT-certified Substance Abuse Professionals will clarify DOT regulations to supervisors as needed.

Recommendation the EAP

A recommended referral is intended to encourage people to resolve challenging life problems independently. No information is reported to the supervisor or HR to protect privacy, and no forms are required.

When recommending the EAP the goal is to provide support and encouragement. If you want to recommend the EAP, but not require participation, please call RBH to talk to a Workplace Consultant to discuss how the EAP can be most helpful. Supervisors have unlimited access to telephonic consultations to assist with all workplace issues and challenges.
# Universal Job Expectations Tool

Supervisors can use this tool to develop clear, behavior-based descriptions of job performance problems.

<table>
<thead>
<tr>
<th><strong>Job Expectations</strong></th>
<th><strong>Poor Performance Observations</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Quality of Work</td>
<td>□ Accurate; neat; attentive to detail; consistent; takes time to do it right; thorough; high standards; follows procedures.</td>
</tr>
<tr>
<td>2. Dependability</td>
<td>□ Consistent attendance, punctuality, and reliability; follows regulations completely.</td>
</tr>
<tr>
<td>3. Communication</td>
<td>□ Adept at oral/written communication; shares information with peers and supervisors; handles internal/external communications.</td>
</tr>
<tr>
<td>4. Relationships</td>
<td>□ Agreeable; constructive; flexible; helps without being asked; handles customers/vendors/outsiders; seeks and maintains good relationships; expedites orders and projects.</td>
</tr>
<tr>
<td>5. Judgment</td>
<td>□ Tactful; displays sensitivity; uses common sense; maintains confidentiality; makes sound decisions; sizes up situations, takes appropriate actions.</td>
</tr>
<tr>
<td>6. Organization</td>
<td>□ Sets realistic priorities and schedules; meets work/project deadlines; does not waste time; coordinates well with others.</td>
</tr>
<tr>
<td>7. Volume of Work</td>
<td>□ Keeps up with workload; meets sudden demands when necessary; steady; consistent; willing to put in extra effort.</td>
</tr>
<tr>
<td>8. Skills/Knowledge</td>
<td>□ Knows what has to be done; seldom needs instruction; works independently; proficient in technical aspects of job (equipment use); instructs, guides and trains others; understands and follows safety/security procedures.</td>
</tr>
<tr>
<td>9. Motivation</td>
<td>□ Genuine commitment to job; energetic; self-starting; shows initiative, commitment, positive attitude, enthusiasm, and high energy level.</td>
</tr>
<tr>
<td>10. Reaction to Stress</td>
<td>□ Dependable as pressures intensify; stays calm and effective despite irritation or changes in plans/policies; rarely loses temper; good frustration tolerance; handles irate customers/vendors.</td>
</tr>
<tr>
<td>11. Problem Solving</td>
<td>□ Troubleshoots; quick insight and able to learn; handles complex assignments; analytical; gets to the point quickly.</td>
</tr>
<tr>
<td>12. Creativity</td>
<td>□ Innovative; generates original solutions; develops new options and suggests improvements; willing to try new concepts.</td>
</tr>
<tr>
<td>13. Decisiveness</td>
<td>□ Willingness to make decisions; makes appropriate decisions; asks questions when needed.</td>
</tr>
<tr>
<td>14. Hygiene</td>
<td>□ Appropriate clothing (work clothes, uniform, etc.); clean, no offensive odors; appears healthy and clear-eyed – not flushed or pale; alert; physically capable (i.e., clear speech, awake).</td>
</tr>
</tbody>
</table>
# Management Referral Form

**Complete this page and FAX to RBH: 1-877-730-5113**

If you have questions or need assistance, call: **1-866-750-1327**

## 1. Contact Information

<table>
<thead>
<tr>
<th>Employee Name:</th>
<th>Employee Phone #:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Supervisor Name:</th>
<th>Supervisor Phone #:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Supervisor Fax:</th>
<th>Is Fax Confidential?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Company Name:</th>
<th>Insurance Plan:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

## 2. Performance Issues

*I have discussed the following job performance issue(s) with the employee and am making a “Formal Referral” to the EAP.*

- [ ] Substance Abuse - which substance(s):

  - [ ] Yes  |  [ ] No

- [ ] Conduct (see attached *Universal Job Expectations form* for definitions):
  - [ ] Quality of work  |  [ ] Skills/Knowledge
  - [ ] Dependability  |  [ ] Motivation
  - [ ] Communication  |  [ ] Reaction to Stress
  - [ ] Relationships  |  [ ] Problem Solving
  - [ ] Judgment  |  [ ] Creativity
  - [ ] Organization  |  [ ] Decisiveness
  - [ ] Volume of Work  |  [ ] Hygiene

Describe Problem Behavior:

[ ]

Expectations for Change:

[ ]

Consequences if job performance does not improve?

- [ ] No consequences
- [ ] Corrective action
- [ ] Termination

## 3. Referral Type

- [ ] Conduct/Safety
- [ ] Substance Abuse
- [ ] DOT/NRC (regulated by Federal Guidelines)

## 4. EAP Appointment Scheduling

Date first appointment must be scheduled by:

[ ]

## 5. Signatures

*I have reviewed the job performance behaviors noted on this form with the employee listed above and informed him/her that this document will be sent to the EAP.*

HR/Supervisor Signature

[ ]

Date:

[ ]

*I understand that I am being referred to the Employee Assistance Program. I authorize the EAP to release information to my employer verifying the date of my first EAP appointment.*

Employee Signature

[ ]

Date:

[ ]

Zip Code:

[ ]
Authorization to Disclose Adherence Information

Complete this page and FAX to RBH: 1-877-730-5113
If you have questions or need assistance, call: 1-866-750-1327

1. Client Information

Client Name: [ ]
Date of Birth: [ ]

2. Employer Information

I, the client, authorize the EAP to exchange information with:

Supervisor/Manager/HR:

Supv./Mgr./HR Phone:

Company Name:

Company Address:

3. Information to be Released

☐ Adherence
☐ Manager referral information

4. Purpose of Released Information

☐ Reporting adherence

5. Authorization Statement and Terms

The EAP requests authorization from you, the client, to use, acquire, or disclose your protected health information:

1. EAP cannot withhold services or treatment based on the receipt or non-receipt of this signed authorization;
2. You may inspect a copy of the protected health information to be used or disclosed;
3. You may refuse to sign this Authorization; and
4. We must provide you with a copy of the signed authorization.

You have the right to revoke this Authorization at any time, provided that you do so in writing and except to the extent that we have already used or disclosed the information in reliance on this Authorization.

Unless revoked, this authorization is limited to the following time period:

Commencing on the date shown below and ending 18 months from the date below or upon termination of treatment, whichever comes first. (In Washington State, the expiration date can be no longer than 90 days after this authorization is signed.)

To revoke this authorization, send a written statement to: Privacy Officer, Reliant Behavioral Health, 1220 SW Morrison St., Ste. 600, Portland, Oregon 97205; and state that you are revoking this authorization.

6. Signature

I have reviewed, and I understand this Authorization. By signing this Authorization, I am directing the EAP to disclose my health information to another person or organization that may not have or obey the same obligations to protect privacy as the EAP does under state and federal law. Therefore, the disclosure of the information specified above carries with it the potential for an unauthorized re-disclosure and loss of protection under state and federal law. I understand that the information used or disclosed pursuant to this Authorization may be subject to re-disclosure by the recipient and no longer be protected under federal law.

Client Signature [ ]
Date [ ]
# What You Need to Know as an Employee

- Your employer is requiring EAP assessment and treatment.
- Please read this page carefully to understand your responsibilities to meet adherence expectations.

## Treatment Adherence

Adherence with this process is determined by:

- **Participation with the EAP assessment process:**
  - Keeping scheduled appointments and answering questions in a cooperative, truthful manner. Successful participation in assessment and treatment is based on the motivation to find solutions that lead to safe, productive work.
  - The EAP assessment may require verifying facts with other people (i.e., past or present health care providers, supervisors, family members, Department of Motor Vehicles, etc.)

- **Participation with the treatment plan requires:**
  - Signing a limited release of information to your employer for the EAP to report adherence or non-adherence with the treatment plan.
  - Timely cooperation with drug tests as requested by your employer, EAP or treatment program. You may be responsible for the costs of subsequent drug tests.
  - Following completion of the EAP assessment, your progress will be monitored and reported to your employer according to the limited release of information. Missing appointments or not following through with treatment recommendations within the specified time period will be reported as non-adherence. Keeping appointments and following recommendations within the specified time period will be reported as adherence.
  - Your treatment plan may be modified as new clinical information emerges.

- **Participation with employer requirements may include:**
  - Meeting employer job performance, attendance, and conduct expectations.
  - If applicable, compliance with terms set forth in return to work/last chance agreement.

- **The cost of treatment, beyond that provided by EAP, is your financial responsibility. Health insurance may cover a portion of treatment costs.**

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**Call the EAP with questions or for assistance in making a management referral: 1-866-750-1327**

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CONTACT RBH

**CALL** 1-866-750-1327

**FAX** 1-877-730-5113

**EMAIL** clinicalmanager@reliantbh.com

**WEBSITE** www.MyRBH.com