

eviCore EAP

p 716.712.2777 | f 716.712.2796 | e eap@eviCore.com

TREATMENT PROVIDER COMMUNICATION PACKET

TO: FAX: FROM: DATE:

______ of _____ has received an administrative referral to eviCore EAP for the following reason(s):

Please have employee complete a **release of information** to eviCore EAP at his/her first appointment.

- This employee has an appointment for an **out-patient chemical dependency** evaluation at your facility on ______ at _____
- Please ensure that this employee receives a drug screen/breathalyzer during the CD evaluation
- This employee has an appointment for an **out-patient mental health evaluation** at your facility on ______ at _____
- Treatment Provider Communication Form for completion and return
- Please include all toxicology/breathalyzer results

NOTE: Payment for these services is the responsibility of the employee. No billing documentation is to be forwarded to eviCore EAP for these services.

Please be aware that employers expect that employees take administrative referrals very seriously and that untimeliness or deficits in reporting of information as requested by the EAP may result in significant workplace consequences such as on-gong disciplinary actions up to an including termination from employment. All communication of employee compliance should be with eviCore EAP and NOT with the employer.

eviCore EAP

p716.712.2777 | f716.712.2796 | e eap@eviCore.com

TREATMENT PROVIDER COMMUNICATION PACKET

Treatment Providers should forward this to <u>eviCore</u> EAP by fax or e-mail

Date Case Opened:				
ClientName:				
Employer:				
Please complete in reference to the indicated time frame:			through	
Current treatment status (either substance abuse or mental health): Currently participating in an evaluation Completed evaluation. No treatment recommended Completed evaluation. Treatment will begin on Continues in treatment Completed treatment successfully on Withdrew from treatment on Terminated by treatment agency for non-compliance on				
Treatment Plan:	Individual Counseling Group Sessions			
Toxicology & Breatha Positive Results (date a				
Negative Results:				
Breathalyzer Readings:				
Status of client in trea explain)	atment: Compliant	Non-compliant	(please	add notes below to
Comments relevant to	o treatment compliance :			
				·
Treatment Provider S	ianature:		Date:	
	<u></u>			