



EviCore EAP

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STATEMENT OF UNDERSTANDING

The Employee Assistance Program (EAP) is provided by your employer to assist in resolving of any personal concerns that an EAP benefit eligible employee, or their dependents, may have that are affecting the work performance of the employee. These services may include EAP sessions or referrals to programs within the community. EAP counseling sessions will be provided at no cost to you. EAP is not considered comprehensive treatment and therefore, an EAP provider may suggest more appropriate referrals (Typically for mental health issues, such as, depression or anxiety or alcohol and drug treatment.) There is a cost for treatment services beyond the EAP. Health insurance plans may cover some of the costs associated with certain services. (If you have questions regarding the procedure for utilizing your insurance benefits, please call your insurance provider or contact your Human Resource Department)

CONFIDENTIALITY

The EAP Program will not reveal information that you disclose to anyone outside the EAP except in the following circumstances:

- (1) You consent in writing on the EviCore EAP Authorization to Release Information for Administrative referral
- (2) If there is an imminent threat of harm to yourself or others, for which a safety plan can not be agreed upon
- (3) If there is reason to believe that a child under the age of 18 is being abused or neglected
- (4) Receipt of a court order and a judicial subpoena
- (5) Medical emergency.

PARTICIPATION

Participation in the EAP Program is voluntary. However, at no time can such participation exempt an employee from adhering to the policies and procedures of the workplace. You are advised that participation in the EAP Program does not constitute a waiver of an employer's right to take disciplinary measures in the event of unsatisfactory job performance or behavior prior to, during, or subsequent to your participation in the EAP.

APPLICABLE TO ADMINISTRATIVE REFERRALS ONLY

An Administrative referral is utilized to assist you in resolving any concern that is impacting your workplace performance. Refusal to comply with an Administrative referral may indicate an unwillingness to improve performance. Disciplinary or corrective action will continue based on performance issues as covered by your workplace policies and procedures. Questions regarding these procedures should be addressed with your Human Resource Department.

In some instances, compliance with an Administrative referral may be deemed Mandatory by the employer, especially for serious violations of workplace policy and procedure, state or federal law, use of alcohol or drugs, or when the safety of an employee is jeopardized. The final decision to accept a mandatory referral will remain with the employee. However, continued employment may be contingent upon acceptance of the referral. Questions regarding the status of your employment should be discussed with your employer.

I have read and received a copy of this Statement of Understanding. My signature on this Statement of Understanding is NOT my consent for EviCore EAP to release or disclose my EAP information or records. EviCore EAP records are retained electronically for a period of 7 years from the final date of EAP services.

EAP Client Signature_____

Date____/____/____

Witness Signature_____

Date____/____/____



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Administrative Referral Form

Employer should retain original – employee should receive a copy – EAP should receive a fax

Employee Name:

D.O.B: Date: Employee Job Title:

Is compliance with this Administrative referral considered Mandatory? ☐ Yes

Length of employment: Employee Cell Phone #:

Employee Home Address:

Employer Name:

Person(s) Authorized to Receive Information regarding this referral:

Name of Employer Representative: _____

Department/Title: _____

Phone Number: _____ Email: _____

Name of Employer Representative: _____

Department/Title: _____

Phone Number: _____ Email: _____

Reason for Referral -specific job performance difficulties/policy violations – Please review with employee:

Has disciplinary action been taken? ☐ No ☐ Yes (Type of Action) _____

Has employee been put on leave of absence? ☐ Paid ☐ Unpaid ☐ N/A

Do you request Toxicology/Breathalyzer results? ☐ Yes ☐ No ☐ N/A

Services beyond the EAP benefit may be recommended at any time during the EAP process. Costs associated with such services are not included in the EAP benefit and the EAP customer is responsible for such costs.

Employee must contact the EAP Program within three (3) business days of referral date on this form. I accept, and have received a copy of this referral to EviCore EAP.

Employee signature

Date

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Authorization to Release Administrative Referral Information

A copy of this authorization must be given to the employee.

In signing below, I (employee) _____ confirm that I met with
(Supervisor/HR/Employer/EAP) representative _____ on (date)
____/____/____ regarding my work performance concerns that have resulted in this referral
to EviCore EAP.

I am willing to receive an EAP assessment to discuss what recommendations the EAP program has to assist me with addressing my situation. I also agree to the submission by my employer of the referral information included on the *"Administrative EAP Referral Form"* and any additional needed documentation to the EviCore EAP Program.

I understand that I must contact EviCore EAP at **1-888-276-6632** within three (3) business days and comply with the completion of an assessment and subsequently any recommendations made by the EAP and/or treatment provider. Additionally, I understand that EviCore EAP is required to communicate to my employer my contact and compliance with the EAP Program. I agree to this communication including date and time of my initial contact, willingness to complete the initial EAP Assessment, acceptance for referrals for assessment and treatment outside of the EAP benefit, results of toxicology and breathalyzer tests if applicable and continued compliance or non-compliance with EAP and/or treatment services as related to this Administrative Referral.

Employees retain the right to refuse a referral to the EAP program and/or treatment provider. For such refusals, workplace disciplinary and/or corrective action may continue, up to and including discharge as dictated by an employer's applicable policies and procedures.

This authorization is valid for one year from the date of signature and is subject to written or verbal revocation by me at any time, except to the extent that action has been taken in reliance upon it.

Employee Signature _____ Date: ____/____/____

Witness Signature _____ Date: ____/____/____

Photocopies and electronic facsimile copies of this authorization are considered valid as original.