Supervisory Referral Process Step-by-Step Instructions

The EAP provides an opportunity for the employee to address job performance issues. Participation with the EAP is voluntary and does not mean an employee is immune from disciplinary actions if job performance issues continue.

How Do We Make a Referral?

Step 1: Based upon documented employee job performance issue(s), a determination is made by management/HR that a supervisory referral is needed.

Step 2: HR and/or Supervisor meet with employee to make referral. Employee and HR/Supervisor will sign Supervisor Referral Form and Informed Consent. Note: Remind employee that session content is confidential but that you will receive notice about their attendance at appointments & treatment recommendations.

Step 3: HR/Supervisor should fax completed forms and supporting documentation to WellSpan EAP Client Services at (717) 851-4493 (prior to employee calling to schedule their first EAP appointment).

Step 4: Referred employee should call WellSpan EAP Client Services directly (within 72 hours) at 1-800-673-2514 to provide necessary demographic information.

Step 5: WellSpan EAP will coordinate initial appointment with appropriate provider and notify employee of availability. Employee will need to call selected provider and CONFIRM appointment. It is recommended that employee notify WELLSPAN EAP of this confirmation.

What Should We Expect After Referral is Made?

Step 1: Via phone, WellSpan EAP notifies primary contact person listed on Informed Consent of the employee’s first scheduled appointment date.

Step 2: The employee will be asked by provider to sign a formal “Release of Information Form” at their first appointment to allow continued follow-up with primary and/or secondary contacts.

Step 3: A WellSpan EAP representative will call primary contact listed on form to provide updates regarding employee’s participation when available.

Step 4: A ‘Client Status Report’ completed by the provider and marked “confidential” will be mailed directly to the primary contact person listed on the release of information form.

We recommend continued discussion about performance issues as needed. Supervisor or HR are strongly encouraged to follow up directly with referred employee for information regarding their attendance at EAP sessions or to continue performance-related discussions.
Supervisory Referral Form

Dear WellSpan EAP Professional:

I have spoken with Mr./Ms. (employee's full name) regarding the following job performance issues (please provide specific details and include any documentation you have regarding these issues):

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

The progressive discipline process is at the following stage: (Please check all that apply)

☐ verbal warning
☐ written warning
☐ final warning
☐ other ________________________________

and I am suggesting that the employee seek help through the Employee Assistance Program for whatever problems may be contributing to the performance difficulties.

The employee understands that he/she will be requested to sign a consent for WellSpan EAP to speak with me so that we can work cooperatively. I am aware that information exchanged will be directly related to job performance or attendance at sessions.

I will notify you of any improvement, decline, or other change in job performance.

Mr./Ms. (employee's full name) is aware that seeking help through the EAP does not guarantee employment. Instead, continued employment is based on job performance.

____________________  ______________________  ___________
Employer's Printed Name  Employer's Signature  Date

____________________  ______________________  ___________
Employee’s Printed Name  Employee's Signature  Date

COMPANY MAKING REFERRAL ____________________________________________

Information should be faxed to:
Client Services Representative
Fax #: (717) 851-4493

Form 007/Revised: 7/2016
Informed Consent

Please note: this form only authorizes the EAP to inform the designated employer contacts when the employee has scheduled their first EAP visit (or if the employee no-shows/cancels, we can share that information). The employee will be asked to sign a formal release of information form at the first visit for continued communication regarding attendance.

I hereby authorize WellSpan EAP to disclose information to: ____________________________________
(Primary Contact Name/Phone Number)

_____________________________________________________
(Secondary Contact Name/Phone Number)

from the records of: ____________________________________
(Employee’s Name) (Social Security Number)

_____________________________________________________
(Home Address) (Home Telephone Number) (Date of Birth)

Information to be released: By my signature below, I recognize that the information to be released may include my attendance at EAP sessions used in addressing the reason for this referral, and recommendations that may be provided to me or my employer regarding this referral. Attendance at EAP sessions may include scheduled appointment dates and attendance at those sessions, missed appointments, etc. Recommendations may include, but is not limited to, suggestions made by my treatment provider regarding referral for treatment beyond EAP sessions, recommendations for follow-up drug/alcohol testing (if referral was made for substance use/abuse), and suggestions for my employer in assisting me with resolving the issue being addressed by this referral.

This information is being disclosed to the above person(s), organization or agency from records whose confidentiality may be protected by the Drug and Alcohol Abuse Control Act (Pennsylvania Law, Act 63) and/or the Mental Health Procedures Act (Pennsylvania P.L. 817) and/or Confidentiality of Alcohol and Drug Abuse Patient Record Regulations (Federal Public Law 93-282) or, in accordance with the state where you receive services. My signature below authorizes release of all such information by routine/express mail service or facsimile transaction.

I understand that I have no obligation whatsoever to disclose information from my record and understand that I may revoke this authorization at any time in writing, except to the extent that action based on this consent has been taken. I fully understand the contents of this authorization and voluntarily consent to the release of the information as stated.

This authorization shall expire one (1) year from the date executed unless otherwise specified by the client (employee).

(Print Employee’s full name) (Witness Signature) (Date)

(Signature of Employee/Responsible party) (Date)

COMPANY MAKING REFERRAL _____________________________________________________________________________

Note: This authorization will not be accepted unless it is completed in its entirety. A copy of the form will be accepted in Lieu of an original.

Form # 008/Revised 7/2016
What is a true Fitness for Duty evaluation?
A psychological FFDE is a formal, specialized evaluation by a qualified, licensed professional to determine whether the employee can safely and effectively perform his or her essential job functions. Evaluations of this type tend to be lengthy and expensive.

Can I obtain a Fitness for Duty evaluation through WellSpan EAP?
WellSpan Employee Assistance Program does not offer FFDE’s. This is beyond the scope of practice that our licensed mental health therapists perform under the WSEAP. Given the level of detailed assessment procedures and techniques involved, this comprehensive psychological evaluation falls outside of traditional EAP counseling sessions.

How can WellSpan EAP help?
If you have submitted a Supervisory Referral with the appropriate signed consent form, our EAP Team will communicate the following things with you: Date and Time of employee’s EAP appointment; if the employee has attended those sessions, including cancellations and rescheduling; recommendations by the provider (if any); and if the provider feels the individual is following those treatment recommendations.

What other options does WellSpan EAP offer?
Trained WellSpan EAP Coordinators can help facilitate “return to work” conversations between any combination of HR, management, affected team members and the employee to help set the stage for successful adjustment of the individual back to full duty. This type of on-site consultation service is available at an additional fee. Phone consultations with questions and helpful suggestions are available at no cost to you.

What if I have further questions?
If you have any further questions regarding Fitness for Duty evaluations, please give us a call at 1-800-673-2514.