



Employee Assistance Program

HELPCNET MANAGEMENT REFERRAL PROGRAM PROCEDURES

HelpNet can support you in dealing with an employee whose performance has fallen below workplace expectations. Management Referrals are an additional resource available to an organization to motivate troubled employees to seek and accept professional assistance. The Employer/Director/H.R may refer any employee presenting a documented decline in work performance, or an on-the-job incident, to the Employee Assistance Program (EAP).

All Management Referral paperwork must be completed and signed by the Employer/H.R. and the employee, then e-mailed or faxed to HelpNet before we can begin the process. Failure to follow this procedure will result in HelpNet classifying the client's appointment as a self-referral. After the client attends their appointment, the company representative named on the release will receive feedback from the HelpNet Case Manager on the employee's attendance, progress, and compliance with recommendations as authorized by employee on the release of information. If you have any questions, please call 1-800-969-6162 or your Account Manager.

Employer/H.R. Referral Process:

1. Identifies employee with work performance issues
2. Contact your HelpNet Account Manager to discuss referral and next steps
3. Conduct face-to-face meeting with employee to review Management Referral expectations
4. Employer/employee completes and signs "Referral Form" and "Company/Client Release Authorization" and e-mail to HelpNet.Referrals@bronsonhq.org or fax to **(269) 343-8791**. (Forms must be received by HelpNet staff to schedule employee for an appointment.)
5. Employee calls to schedule appointment within 48 hours of referral to HelpNet

HelpNet Obligations Upon Receipt of Management Referral Forms:

1. Provide intake/assessment to explain and educate client of roles and responsibilities (and if appropriate, a referral to treatment provider)
2. Send communication to Employer/H.R. after initial intake/assessment appointment (disclosure limited to items checked on Client Release Authorization)
3. Provide confirmation of employee's attendance, acceptance of HelpNet recommendations, and compliance
4. Send a monthly report to Employer/H.R. regarding client's status
5. Decide appropriate length of time to monitor the Management Referral on a case-by-case basis (with feedback and consultation from all relevant parties)
6. Document and communicate to the company client's success/failure in completing the Program

Management Referral Obligations:

1. Meet with Employer and sign Referral Form and Company/Client Release Authorization
2. Contact HelpNet within 48 hours to schedule appointment; attend scheduled appointment(s)
3. Maintain contact/communication with HelpNet as deemed appropriate by HelpNet
4. Notify HelpNet if therapy process is disrupted/interrupted
5. Continue to meet all performance criteria in the workplace (involvement in HelpNet's Management Referral Program does not supersede employer's rules/policies)

****Note:** *Disciplinary actions related to client's non-compliance, unauthorized withdrawal from or unsuccessful completion of treatment is the sole responsibility of the Employer. HelpNet will not determine the consequences, if any, for the above situations.*



REFERRAL FORM

Employee Name: _____ Company Name: _____
Employee Position: _____ Safety/Security/Time Sensitive: Yes No
Employee Home Phone: _____ Employee Work Phone: _____ # Days Suspended: _____

Directions: Manager/Supervisor please evaluate the employee's behavior and work performance based on the criteria listed below. Check the response from 1 to 5 that most appropriately describes your level of concern.

Work Performance Issues	Concern				
	<u>Little</u> 1	2	<u>Moderate</u> 3	4	<u>Serious</u> 5

1. **Absenteeism**
2. **Tardiness and/or Leaving Early**
3. **Observance of Work Hours** (Lunch, Breaks, Vacation, Sick Leave)
4. **Quality/Quantity of Work** (Circle one or both)
5. **Safety Record** (Accidents, Injuries on the Job)
6. **Erratic Disruptive Behavior** (Excessive complaining, aggressive behavior, actions disturbing other employees, rule violations, etc.)
7. **Acceptance of Supervision** (Attitude, willingness to follow instructions, insubordination, etc.)
8. **Personal Presentation** (Appearance, Impression Given to Public, Communication Skills, Etc.)
9. **Other Behavior Unique to Employee** (Illness, Off-the-Job Injuries, Garnishments)
10. **Positive Drug Screens** [Name of Drug(s)]: _____
11. **Anything Not Previously Covered:** _____

For any concerns rated 3 or higher, list the number and describe the issue listing specific examples of the problem behavior that includes but is not limited to specific frequencies, intensity, and duration. If needed, please attach additional sheets to describe the issue in greater detail.

<u>Date(s) of Discipline</u>	<u>Verbal/Written/Termed</u>	<u>Reason for Discipline</u>
_____	_____	_____
_____	_____	_____

What behavioral changes/improvements do you expect from this employee in the future? _____

Employer/H.R. Signature

Date

Employer/H.R. Phone Number

Employer/H.R. Fax Number

I certify that I have reviewed the content of this referral form and that I accept a referral to the EAP.

Employee Signature: _____ Date: _____

Please have the employee fill in the zip code area he/she would like to have their counseling sessions: _____



Phone: 1-800-969-6162
 FAX: 1-269-343-8791
 or 1-269-245-3899

COMPANY/CLIENT RELEASE AUTHORIZATION

Management Referral EAP Voluntary

Client Name: _____ Employed by: _____
 Date of Birth: _____ Confidential Phone Number: _____

By signing this form, I give my permission for *HelpNet EAP* to exchange limited confidential information to and from the individual(s) listed below, only under the conditions marked:

1) Employer/HR Representative Name: _____ **Confidential Phone:** _____
Secure Email: _____ **Confidential Fax:** _____
Address (City, State, Zip): _____

2) Employer/HR Representative Name: _____ **Confidential Phone:** _____
Secure Email: _____ **Confidential Fax:** _____
Address (City, State, Zip): _____

Information to be disclosed while in the mandatory referral program is limited to:

- 1. Employee attendance compliance and dates of service
- 2. Agreed course of action and compliance with EAP recommendations
- 3. Other (Please specify): _____

By checking any of the following, I authorize the release of any medical information (optional), if contained in my medical record:

- (For drug/alcohol referrals)** Alcohol and drug use treatment information, protected under the regulations in CFR 42, Part 2
- HIV/AIDS related information
- Information regarding communicable diseases/infections as defined by statute and Michigan Department of Health

The purpose of this disclosure:

Coordination of Services for: Management Referral Case Management EAP Voluntary Other:

Acknowledgement of Understanding

- This patient consent form is in accordance with all state and federal guidelines.
- A photocopy or fax of this signed consent form shall have the same force and effect as the client's original signature.
- I may withdraw this authorization at any time with written notice. Revocation of this authorization will not affect any information already released. This authorization shall expire without expressed revocation one year (12 months) from the date written below.
- I understand that if the person or entity that receives the information is not a health care provider or health plan covered by federal privacy regulations, the information described above may be re-disclosed and no longer protected by these regulations.

Client Signature _____ Date _____

Employer/HR Signature _____ Date _____

Printed Employer/HR Name _____