**Performance Based Referral and Release of Information**

**Phone** 800.383.1908
**Fax** 320.240.1501

Employee _____ Phone _____
Employer _____
Employer Contact _____ Phone _____
E-mail _____
Other Contact(s) _____ E-mail _____

This employee has been referred to VITAL WorkLife Employee Assistance Program as part of a performance improvement plan. This referral is viewed as an opportunity for the employee to receive assistance from the EAP to assess barriers to meeting performance expectations and develop an action plan to be successful in meeting the expectations required by the employer.

Please describe, as specifically as possible, why the employee is being referred. What specific changes are being required? *Attach additional information that would be helpful for the counselor to address work performance concerns, e.g. Performance Improvement Plans, written warnings, previous corrective action, etc.*

_____

_____

_____

_____

_____

Are there any specific requests or information sought by the employer following the referral, e.g. required number of sessions, specific documentation needed, etc.?

_____

_____

_____

**The employee is expected to contact VITAL WorkLife by _____ (date) to initiate setting up an appointment.** By signing this form, the employee authorizes VITAL WorkLife and/or contracted consultant to release and/or exchange pertinent information with their employer. If the employee fails to follow through with the appointment, VITAL WorkLife will notify the employer.

Information to be disclosed: ***Please strike out and initial any area you do not allow to be disclosed.***

- Attendance at EAP counseling session(s) at VITAL WorkLife and/or contracted consultant
- Engagement, investment and cooperation of employee throughout the EAP process
- Skill building being addressed and progress toward behavior change
- Recommendations of VITAL WorkLife EAP Counselor and/or contracted consultant

***I understand I may refuse to sign this consent, but refusal may have consequences which have been explained to me by my employer. I understand I may revoke this consent at any time and this consent expires upon fulfillment of the above indicated purpose(s) or one year after signature date, whichever occurs first. I understand revoking my consent may have consequences also.***

Employee Signature _____ Date _____

Employer Representative _____ Date _____

**Performance Based Referral Recommendations**

**Phone** 800.383.1908
**Fax** 320.240.1501

**Employee Name:** _____

**Counselor: Please complete and send to VITAL WorkLife no later than 3 days after all EAP sessions are concluded. Attach additional information as necessary.**

Session Dates: _____ _____ _____ _____ _____ _____

Areas addressed and progress toward each area:

Skill Building Addressed/Assigned:

Recommendations for continued Counseling, if applicable:

Recommendations for the Employer:

Counselor Signature _____ Date _____

☐ Recommendations have been shared with the employee