



Employee Assistance Program (EAP)

7180 SW Fir Loop, Suite 100
Portland, OR 97223-8023

Toll Free 800-433-2320
FAX (503) 620-3453
Attn: PBR Case Manager

PERFORMANCE BASED REFERRAL FORM

A Performance Based Referral is a formal process of referring an employee to the Employee Assistance Program (EAP). In order to best assist both you and the employee, please answer the questions below and return this form to us BEFORE the employee's initial contact with us. To expedite this communication, please transmit this form by secure email or confidential facsimile. Thank you for your time in completing this form.

To email securely, please use your company's secure email platform, or you can find ours at:

<https://securemail-canopywell.com/s/login?b=canopywell>.

Completed paperwork should be submitted to: pbr@canopywell.com.

Employers Please Note: This completed performance-based referral paperwork will become part of your employee's clinical file at Canopy. Under HIPAA, clients have the right to request or view their file at any time. Therefore, please be advised that your employee may request to view this paperwork. If you have information that you feel would be helpful that you are not comfortable including on this form, or any concerns, please call us at 800-433-2320 and a case manager will be happy to consult with you. This consultation will be confidential and will not become part of the employee's file.

Employer: _____ Date: _____

Your Name: _____ Your Title: _____

Your Relationship to Employee: _____

Your Telephone Number: _____ Ext: _____ Fax: _____

Employee Information

Name: _____ Title: _____

Date of Birth: _____ Length of Service: _____

What concerns do you have about the employee that led you to refer the employee to the Employee Assistance Program?

Please indicate any work performance problems that this employee is exhibiting which are not indicated above:

Has any progressive disciplinary procedure been initiated with this employee? If so, please describe and include a copy of documentation, if appropriate.

In an effort to track the helpfulness of our performance based referral process and to identify possible areas of improvement, we would appreciate it if you would take a few minutes to answer the following three questions.

1. Approximately how much time (in hours) has the employee's manager or Human Resources spent working on this performance issue? _____
2. On a scale of 1-5, with 1 being "not at all productive" and 5 being "exceeds productivity expectations", how productive is this employee?
3. Please respond to this statement: "Absenteeism is a concern for this employee" on a scale of 1-5 with 1 being "not a concern" and 5 being "this employee's level of absenteeism is not acceptable".

If you require information from the EAP regarding contact with this employee, this is considered a **Performance Based Referral, or Job Performance Referral**. We need to know who the designated contact person is and what kind of feedback you require. Generally, it may be enough for you to know the following:

1. **Whether or not the employee contacted the EAP as agreed**
2. **Whether or not the EAP professional has made recommendations to the employee, and**
3. **Whether or not the employee is following through with recommendations made by the EAP professional.**

(If you require information in excess of that listed above, please call the EAP to discuss further.)

The above information should be directed to:

(Name)	(Title)	(Phone)
---------------	----------------	----------------

Please tell your employee you expect the above information. The employee must sign an authorization for the EAP to release this information to you. A copy of our release form is included in this packet of information. You may want to utilize this form as part of your discussion with the employee when making the referral to the EAP.

If the employee is unwilling to allow feedback to you, we will not be able to share information due to legal and ethical obligations prohibiting such disclosure. In such a case, the counselor will contact you to let you know that he/she has been unable to obtain a release that would allow the counselor to discuss the employee.

Is the employee's acceptance of this Performance Based Referral to the EAP a Condition of Continued Employment or is this stipulation included in the language of a Last Chance Agreement? ☐ Yes ☐ No

If you answered "yes" to the above question, please attach a copy of that document with this form. It will help us serve your employee in a more productive and informed manner.

Please note any additional information which you feel would be important for us to know:

Please call or email if you have any questions or concerns about this process or any of the paperwork herein.

Authorization Form to Disclose Medical Records

This form when completed and signed by you, authorizes Canopy to release protected information from your clinical record to the person you designate.

This authorization must be written, dated and signed by the client or by a person authorized by law to give authorization.

I hereby authorize the release of information from the records of (employee name): _____

By:

Canopy Employee Assistance Program

Portland, Oregon 97223

To:

(Name of Designated Employer Representative)

(Telephone)

(Address)

(City, State)

(Zip)

The purpose of this authorization is coordination of services between the Employee Assistance Program and the Employer.

This authorization applies to the following types of information:

- (1) Dates and times of contact with the EAP.
- (2) Whether or not the employee completed the EAP evaluation.
- (3) Whether or not recommendations were made for treatment or other services.
- (4) Whether or not the employee is complying with recommendations for treatment or other services.

This authorization shall expire one year from date signed and is subject to revocation at any time by me in writing, except to the extent that action has been taken in reliance thereon. Photocopies and electronic facsimile copies of the authorization are considered as valid as the original.

Prohibition on redisclosure by recipient. This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR, Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR, Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

I understand that information used or disclosed pursuant to the authorization may be subject to redisclosure by the recipient of your information and no longer protected by the HIPAA privacy rule.

Date

Signature of Client

Date of Birth

Date

Signature of Authorized Representative
(if applicable)