



Deer Oaks EAP Services
Authorization to Obtain/Exchange Information

Employee Name

Date of Birth

Street Address

City

Zip Code

I hereby authorize:

(Deer Oaks EAP Clinician/Affiliate)

to exchange and/or disclose information regarding the evaluation and treatment of the above named person to:

(Name of HR representative and/or manager/supervisor and Name of Employer Group)

I specifically request that the following information be released/exchanged:

____ Attendance only

____ Agreed or disagreed to follow recommended services

Summary of attendance, treatment recommendations, and progress

____ Closure of EAP services

____ Other: _____

(Please specify particular instructions or restrictions for release of information)

Purpose:

I understand the information will be released/exchanged for the purpose of:

____ Assistance in making an appropriate referral

____ Arrangement of leave of absence from work

____ Coordination of services and assurance of continuity of care

____ Arrangement for return to work

Other: Compliance with Mandatory Referral Process _____

(Please specify particular purpose)

I understand this information will be used to notify the above person as to whether or not I am following through on resources and recommendations of the EAP and will not be used to disclose personal information such as the problem(s) I am facing or to identify the resource(s) I have agreed to utilize.

The doctrine of the informed consent has been explained to me and I understand the contents to be released, the need for information, and that there are statutes and regulations protecting the confidentiality of authorized information. I hereby acknowledge that this consent is voluntary and is valid for a period of time not to exceed one (1) year. I further acknowledge that I may revoke this consent at any time except where actions based on this consent have already been taken.

I agree that a photocopy/fax of this authorization is to be considered as effective as the original.

Signature of Employee

Date

Signature of Deer Oaks EAP Clinician/Affiliate

Date