



## Authorization for Use or Disclosure of Information for Formal or Mandatory Referrals to the EAP

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### Read this information first

The purpose of this form is to grant ValueOptions permission to report your compliance and/or non-compliance with a formal or mandatory referral to the EAP from your employer. This authorization will remain in effect until (a) all follow-up associated with your referral to ValueOptions is complete; (b) one (1) year from date signed; or (c) the date you withdraw your permission; whichever date occurs sooner.

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### Step 1: Complete the demographic information for the person receiving services:

- |                  |                         |
|------------------|-------------------------|
| 1. _____         | 2. ____ / ____ / _____  |
| Name             | Date of Birth           |
| 3. _____         | 4. (____) _____ - _____ |
| Address          | Home Phone Number       |
| 5. _____         | 6. _____                |
| Name of Employee | Employee ID #           |
7. Employed by: \_\_\_\_\_
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### Step 2: Tell us what information may be used or disclosed:

- Date that the employee contacted EAP;
  - Participation or non-participation in recommended plan of action;
  - Continuation or discontinuation in recommended plan of action; and/or
  - Other: \_\_\_\_\_
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### Step 3: Tell us who you are authorizing to use or disclose your information:

#### 8. ValueOptions Employee Assistance Program (EAP) and Contracted Counselors





## INSTRUCTIONS FOR AUTHORIZATION COMPLETION

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1. Please PRINT information in pen so it is easy to read.
2. Do not skip any steps. Fill all information in as completely as possible.
3. Step 2: The following are examples of what may be filled in where the form says “Only the following records or types of health information”: Other:
  - Results of drug and/or alcohol screens
  - Treatment plan
  - Aftercare plan
  - Specific information regarding noncompliance (e.g., nonattendance at aftercare meetings, missed appointments with treating provider, etc.)
4. You must sign and date #11 and #12.

**QUESTIONS: Call your EAP Care Manager if you have any questions or concerns regarding this authorization form.**