



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

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.

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

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

- Whether or not the employee contacted EAP, including dates of contact;
 - Participation or non-participation in the EAP-recommended plan of action;
 - 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

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.