



# Human Resources Information and Referral Process and Forms

## Workbook

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## Administration Information and Referral Procedures:

The Penn Behavioral Health program is a service for employees and their dependents. The program is also a valuable resource and support for supervisors to utilize when confronted with poor and declining on-the-job performance of employees with previously acceptable productivity records. In addition, Penn Behavioral Health assists the Human Resources and Medical Departments (Administration) when there are crisis issues that require immediate intervention and follow-up debriefing.

The program has five workplace objectives:

- 1) to encourage employees with personal problems to seek help
- 2) to recommend appropriate resources
- 3) to restore productivity
- 4) to retain valuable employees
- 5) to ensure a safe and healthy workplace

Penn Behavioral Health is available to assist supervisors and administrative staff who are concerned about troubled employees. Your organization is concerned with the work performance and the health and welfare of its employees. When personal problems affect performance, employees should be reminded of all possible resources available to them. When these problems become life threatening and jeopardize the employee's well-being, it is important to reduce the risk to the worksite. The success of the program in helping these workers and preventing further problems may very well hinge on supervisory and administrative cooperation and involvement.

The following material is designed to provide a clear and practical understanding of the role each company representative has in using and accessing Penn Behavioral Health. The issues may range from a simple decline in performance to eminent threat of danger, but in each situation, the concern is for effective intervention with the troubled employee(s) and the ultimate resolution of the problem. Second only to the employee, the company has the most to gain from identifying the problem early and making a prompt referral to the appropriate resources before disciplinary action or more forceful intervention is required. However, there may be situations where the behavior of the employee mandates an immediate response of discipline, clinical support and possible police involvement.

It is vital that every company representative understand that referrals to PENN Behavioral Health are for the purpose of assisting the employee in resolving personal issues and not as an extension of the disciplinary measures utilized by the company. Any use of the PENN Behavioral Health program as a tool of discipline will ruin the integrity of this benefit and sever the trusting relationship of the employee assistance program. Early identification and treatment of problems on a self-referred basis is the most effective use of this program.

When a formerly high-functioning employee begins to exhibit performance problems, we recommend that supervisors follow the O.D.I.R. Process (Observe, Document, Inform, and Recommend). The recommendation is an informal reminder that the employee can seek assistance through the PENN Behavioral Health program. Human Resources and/or Occupational Health are the only channels through which a more formal referral may be made: where the employee is *expected* to seek assistance through PENN Behavioral Health.

When an advanced intervention is warranted, we suggest you follow the G.C.D.F. Process (Gather, Consult, Direct, and Follow-up). The steps involved are:

**Gather:** Talk with the referring supervisor or manager regarding the documented behavior. If there is no supervisor or manager involved, you will need to follow the O.D.I.R. Process. Speak with the employee to obtain his or her story. Assess the impact this situation has on the organization. Consider the safety issues involved.

**Consult:** Consider the situation in terms of your company's policies and procedures (e.g., send employee home, perform drug test, involve security, obtain police assistance, involve medical department, etc.). Assess what resources you have. Consult with the appropriate personnel.

***Consult with a PENN Behavioral Health counselor for assistance.***

**Direct:** Using PENN Behavioral Health suggestions, as well as internal policies and procedures, make a direct intervention with your planned course of action.

**Follow-up:** At a predetermined point in time, assess the situation (e.g., employee suspended, terminated, warned, etc.).

The five major issues that are seen most often and require immediate intervention are:

- Advanced performance decline
- Aberrant behavior
- Substance abuse
- Impairment
- Violence

As a recap of the steps you may have taken, you would have:

- secured the safety of workplace
- gathered information regarding situation and policies
- consulted Employee Assistance Program (Management Consultation)
- directed appropriate intervention
- followed-up

The appropriate intervention and follow-up will depend on the type of referral. There are four levels of referrals which can be made by those using the Employee Assistance Services as follows:

1. **Self-Referrals.** An employee who is experiencing a problem which may be interfering with work performance, personal life, relationships or general well being, my contact the PENN Behavioral Health EAP for help. The EAP lines are staffed 24 hours a day by qualified professionals. An employee who recognizes or suspects a problem may contact the EAP on a confidential basis.
2. **Supervisory Recommendations**
  - a. **Informal:** An employee who is performing poorly or behaving in ways inconsistent with previous behavior at work may be given resources by the supervisor including the option of considering the EAP. Informal supervisory referrals are also appropriate when an employee performing the job well approaches the supervisor to discuss a personal problem.
  - b. **Formal:** Refer to Human Resources
3. **Human Resources Referrals**
  - a. **Formal:** A formal referral may be made when employee behavior affects work performance. Under this circumstance, the supervisor or manager notifies human resources that they believe that the employee should have a formal referral to the EAP. Human resources reviews the case and if they agree they (Human Resources) notifies the employee that a formal referral is being made to the EAP. A copy of any relevant written documentation involving a management referral should be forwarded to the EAP prior to making the first referral. Upon referral, specific issues of concern are discussed between the employee and the EAP counselor and an action plan is developed. Professional services are available to help the employee resolve or cope with the problem. The supervisor will be informed of the employee's cooperation or non-cooperation with the EAP, but not the specifics of the case, diagnosis or treatment.

It is up to the employee to accept or reject Employee Assistance supportive services. The EAP cannot be used as a disciplinary action but rather a supportive measure to facilitate improvement in the employee's performance. Regardless of acceptance or rejection of EAP services by the employee, the employee will continue to be accountable for job performance. The employee will not be exempt from the standard administrative practices applicable to job performance requirements while participating in the Employee Assistance Program.

- b. **Mandatory:** In extreme cases, such as when the behavior or performance of an Employee jeopardizes the health and safety of others or of the workplace, Human Resources may require the employee to seek EAP help as a condition of employment. Refusal to do so may result in termination

## Administration Referral Process

When an advanced intervention is warranted, we suggest you follow the G.C.D.F. Process (Gather, Consult, Direct, and Follow-up).

**GATHER:** Talk with the referring supervisor or manager regarding the documented behavior. If there is no supervisor or manager involved, you will need to follow the O.D.I.R. Process outlined in the introduction/overview section of this document. Speak with the employee to obtain his or her story. Assess the impact this situation has on the organization. Consider the safety issues involved.

### Gathering Pertinent Information

**WHAT IS OCCURRING?**

Description of the event

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**WHO IS INVOLVED?**

Names and Departments

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**WHERE IS THIS TAKING PLACE?**

Location(s) and Safety Issues

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**WHEN DID IT HAPPEN?**

Date(s) and Time(s)

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**HOW IS IT BEING HANDLED?**

Resources Available and Policy Issues

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**TO WHAT EXTENT IS IT DEVELOPING?**

What is the Current Situation?

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**Checklist of Gathered Information**

- Situation Understood
- Workplace Safety Secured
- Key Participants Interviewed
- Internal Departments Consulted
- Policy and External Departments Consulted
- Follow-up Disciplinary Measures Discussed
- Resources Identified
- Initial Action Plan Determined
- Point Person Identified
- Employee(s) Information Collected
- Management Consult Form Completed

**CONSULT:** Consider the situation in terms of your company's policies and procedures (e.g., send employee home, perform drug test, involve security, obtain police assistance, involve your medical department, etc.). Assess resources and ask appropriate personnel.

## Consultation with PENN Behavioral Health

### 1. Prior to Consultation:

- A. Identify primary performance problems and workplace issues
- B. Identify support resources (e.g. testing sites, medical dept., and police).
- C. Consult appropriate company departments (e.g. Safety, Legal or Medical).
- D. Increase observations, documentation of employee performance behavior, complete Management Consultation form (see appendix).

### 2. Management Consultation Process:

- A. Call PENN Behavioral Health for Management Consultation.
  - ☐ Establish corporate point person (from Human Resources, Medical, and Security) who will be the point of contact throughout the process.
- B. Type of Intervention Discussed is Based on:
  - ☐ Type of crisis and intensity
  - ☐ Available resources
  - ☐ Company Policy
  - ☐ Legal Implications (may need to involve legal department)
- C. Type of Intervention is Chosen, Based upon Management Consultation and Employee Assistance Policy (as listed earlier in regard to referral types):
  - ☐ **Type I:** Discussion and referral to EAP Informal/Formal
  - ☐ **Type II:** Suspension/Discussion/Formal EAP Referral
  - ☐ **Type III:** Suspension/Disability/Immediate Formal EAP Referral with Possible Testing.
  - ☐ **Type IV:** Fitness for Duty  
Suspension/Termination/Disability/Security Intervention/Psychiatric Evaluation
  - ☐ **Type V:** Police Intervention (911)/Immediate Evacuation

3. **After Management Consultation you should:**

- A. If appropriate, have employee sign Release of Information.
- B. Contract with employee regarding follow-up.
- C. Call PENN Behavioral Health to notify that employee will be calling and explain circumstances of call.
  - ⇒ Request Sign of Release.
- D. Follow-up with employee regarding issues and mandated corrective activity.
- E. Give employee's zip code to PENN Behavioral Health Clinician.

4. **If Psychiatric Evaluation is Needed for Fitness for Duty:** In extreme cases, such as when the behavior or performance of an employee jeopardizes the health and safety of themselves, others, or the workplace, Human Resources may require the employee to seek a psychiatric evaluation before they are able to return to the workplace. The goal of the psychiatric evaluation would be a fitness for duty determination by the Psychiatrist regarding return to work and possible restrictions.

This would be considered a mandatory referral as described in Employee Assistance Program Policy (as listed earlier in regard to referral types):

- A. Coordination of a Psychiatric Evaluation is the responsibility of your company.
  - ⇒ If requested, PENN Behavioral Health will provide you with the name of a Psychiatrist in the area that you may choose to utilize.
- B. Recommend Psychiatrist option to employee.  
Fax Fitness for Duty, Signed Release of Information form, and possible employee's job description.
  - ⇒ Advise employee to contact Psychiatrist for appointment, and while there, sign a Release of Information form.
- C. Follow-up with Psychiatrist regarding Fitness for Duty results.
- D. Recommend PENN Behavioral Health to other eligible employees involved in incident.

**DIRECT:** Based on PENN Behavioral Health suggestions and your internal policies and procedures, make a direct intervention with your planned course of action. At this point there should be clarity between you and PENN Behavioral Health regarding options. A decision should be made regarding responsibilities of each group involved. One or more of the following options should be chosen.

**CORPORATE OPTIONS:**

- No Action
- Verbal Warning
- Written Warning
- Suspension
- Leave of Absence
- Termination
- Security/Police/911

**CLINICAL OPTIONS:**

- No Action
- Informal Referral
- Formal Referral
- Medical Evaluation
- Psychiatric Evaluation
- Duty to Warn

**EMPLOYEE OPTIONS:**

- Sign of Release of Information
- Management Contract
- Testing
- Fitness for Duty
- Return to Work Conference
- On-Going Testing

**FOLLOW-UP:** Follow-up should be a continuous process beginning with the initial referral all the way through the resolution of the issue. There may be three different areas of follow-up. The clinical area may include feedback from the Intake Counselor (under PENN Behavioral Health) or feedback from the Psychiatrist (under Fitness for Duty). The corporate area may include up to nine different levels of response.

### **PENN Behavioral Health can indicate:**

- ☐ Compliance
  - ☐ Did employee call PENN Behavioral Health?
- ☐ With a signed *Release of Information*
  - ☐ Did employee attend session(s)?
  - ☐ Were recommendations made? (Yes/No)
  - ☐ Did employee connect with recommendation(s)? (Yes/No)

### **Under Fitness for Duty:**

- ☐ You will contact Psychiatrist who can indicate with signed *Release of Information*
  - ☐ Did employee call Psychiatrist?
  - ☐ Did employee attend session(s)?
  - ☐ What recommendation(s) were made?  
(Restrictions, non-restriction, not fit for duty)
  - ☐ Did employee connect with recommendation(s)? (Yes/No)

### **Levels of Response for Corporate Follow-up**

**Level 1:** The first level of response is stress management or Wellness Education. Employees and supervisors are given instruction on how to manage stressful situations in both their personal and professional lives. This would include instruction regarding both normal and crisis situations.

**Level 2:** The second level of response is "primary contact consultation." A designated key person who is the company's crisis manager would be able to call PENN Behavioral Health and receive professional counseling concerning the emotional well being of the company's employees. This could include personal counseling for the primary contact and/or referral resources for supervisors, individual employees and groups of employees.

**Level 3:** The third level of response is "management consultation." The supervisor could contact PENN Behavioral Health and receive professional counseling concerning the emotional well being of the employees he/she manages. This could include personal counseling for the supervisor, and/or referral resources for individual employees and groups of employees.

- Level 4:** The fourth level of response could include a \*designated professional counselor or counselors with expertise in the area of the critical incident stress debriefing who would come on-site to meet with employees or groups of employees in an expeditious manner. The counselor will not be on-site to control the situation or counsel individual employees. The counselor will be on-site to assist those affected by the situation by conducting critical incident stress debriefing group sessions. PENN Behavioral Health will not put counselors in “harms way.”
- Level 5:** The fifth level of response could include a \*designated professional counselor or counselors with expertise in the area of the critical incident stress debriefing who could meet with employees or groups of employees in an expeditious manner in the counselor’s offices.
- Level 6:** The sixth level of response might include a \*designated professional counselor or counselors with expertise in the area of the critical incident stress debriefing who would come on-site to meet with employees (and their families) or groups of employees (and their families) at a later time (mutually agreed upon by the primary contact and the PENN Behavioral Health professionals). *(This level of response will be charged to the site on a per hour basis).*
- Level 7:** The seventh level of response might include a \*designated professional counselor or counselors with expertise in the area of the critical incident stress debriefing who would come on-site and provide follow-up consultation with supervisors involved in a critical incident.
- Level 8:** The eighth level of response might include follow-up consultation for the primary contact or managers either by phone to PENN Behavioral Health or through face-to-face consultation with a counselor in the area.
- Level 9:** The ninth level of response would include a follow-up call by the Account Manager (who would be involved in the process of coordination from the beginning) who would ensure that all issues were professionally handled and that there was closure to the crisis intervention.
- \*NOTE:** Designated counselors would be chosen according to their training in critical incident stress debriefing intervention; briefed concerning the extent of the situation and related needs; and prepared to give referrals to appropriate resources (as needed).

## Issues of PENN Behavioral Health Intervention

The following is a list of actions that might be taken to handle the five major intervention issues.

1. **Advanced Performance Decline:** (Last chance agreement – **In this situation there would need to be greater consideration as to whether a referral should occur at all and should include legal counsel**)
  - Document
    - ☰ Note incidents as they occur. Be concise - list dates, times, and behaviors.
  - Strategize
    - ☰ Discuss internal options. **(This would include legal counsel)**
  - Inform
    - ☰ Inform employee of documented behavior, company policy, and options available.
  - Contract with Employee
    - ☰ Contract with employee regarding course of action, expectations and follow-up.
  - Refer (formal)
    - ☰ Immediately call PENN Behavioral Health to notify that employee will be calling and explain issues involved (give employee's social security number and zip code).
  - Request Sign of *Release of Information*
    - ☰ Request that employee sign a Release of Information so that follow-up can be made.
  - Follow-up
    - ☰ Expect follow-up from PENN Behavioral Health regarding compliance, recommendations, and aftercare.

2. **Aberrant Behavior:** (harassment, outbursts, major violations)

- Isolate
  - ☰ Isolate employee in another area.
- Document
  - ☰ Note incidents as they occur. Be concise - list dates, times, and behaviors.
- Strategize
  - ☰ Discuss internal options.
- Inform
  - ☰ Inform employee of documented behavior, company policy, and options available.
- Contract with Employee
  - ☰ Contract with employee regarding course of action, expectations and follow-up.
- Refer (formal)
  - ☰ Immediately call PENN Behavioral Health to notify that employee will be calling and explain issues involved (give employee's social security number and zip code).
- Request Sign of *Release of Information*
  - ☰ Request that employee sign a Release of Information so that follow-up can be made.
- Consider Possible Psychiatric Evaluation
  - ☰ Fitness for Duty determination.
- Follow-up
  - ☰ Expect follow-up from PENN Behavioral Health or Psychiatrist regarding compliance, recommendations, and aftercare.

3. **Substance Abuse:** (confession, positive test, indictment)

- Isolate
  - ☰ Isolate employee in another area.
- Document
  - ☰ Note incidents as they occur. Be concise - list dates/times/behaviors.
- Strategize
  - ☰ Discuss internal options.
- Consider Possible Testing
  - ☰ Follow company policy regarding substance abuse testing.
- Inform
  - ☰ Inform employee of documented behavior, company policy, and options available.
- Contract with Employee
  - ☰ Contract with employee regarding course of action, expectations, and follow-up.
- Refer (formal)
  - ☰ Immediately call PENN Behavioral Health to notify that employee will be calling and explain issues involved (give employee's social security number and zip code).
- Request Sign of *Release of Information*
  - ☰ Request that employee sign a Release of Information so that follow-up can be made.
- Follow-up
  - ☰ Expect follow-up from PENN Behavioral Health regarding compliance, recommendations, and aftercare.
- Hold Return to Work Meeting
  - ☰ Hold Return to Work meeting with employee and all appropriate staff to determine course of action.

**4. Impairment: (due to any cause)**

- Isolate
  - ⇒ Isolate employee in another area.
- Document
  - ⇒ Note incidents as they occur. Be concise - list dates, times, and behaviors.
- Strategize
  - ⇒ Discuss internal options.
- Access Resources
  - ⇒ Access additional resources to assist with situation (e.g., medical evaluation).
- Inform
  - ⇒ Inform employee of documented behavior, company policy, and options available.
- Contract with Employee
  - ⇒ Contract with employee regarding course of action, expectations, and follow-up.
- Refer (formal)
  - ⇒ Immediately call PENN Behavioral Health to notify that employee will be calling and explain issues involved (give employee's social security number and zip code).
- Request Sign of *Release of Information*
  - ⇒ Request that employee sign a Release of Information so that follow-up can be made.
- Consider Possible Psychiatric Evaluation
  - ⇒ Fitness for Duty determination.
- Follow-up
  - ⇒ Expect follow-up from PENN Behavioral Health or Psychiatrist regarding compliance, recommendations, and aftercare.
- Hold Return to Work Meeting
  - ⇒ Hold Return to Work meeting with employee and all appropriate staff to determine course of action.

**5. Violence: (to self, to others)**

- Isolate
  - ☰ Isolate employee in another area.
- Obtain Possible Assistance from Authorities
  - ☰ Assistance from the police may be necessary (911).
- Document
  - ☰ Note incidents as they occur. Be concise - list dates, times, and behaviors.
- Strategize
  - ☰ Discuss internal options.
- Access Resources
  - ☰ Access additional resources to assist with the situation.
- Inform
  - ☰ Inform employee of documented behavior, company policy, and options available.
- Contract with Employee
  - ☰ Contract with employee regarding course of action, expectations, and follow-up.
- Refer (formal)
  - ☰ Immediately call PENN Behavioral Health to notify that employee will be calling and explain issues involved (give employee's social security number and zip code).
- Request Sign of *Release of Information*
  - ☰ Request that employee sign a Release of Information so that follow-up can be made.
- Consider Possible Psychiatric Evaluation
  - ☰ Fitness for Duty determination.
- Hold Follow-up Meeting
  - ☰ Hold meeting with appropriate staff to discuss situation and its impact on the organization.

**MANAGEMENT CONSULTATION**

DATE: \_\_\_\_\_ NAME OF PENN Behavioral Health INTAKE COUNSELOR: \_\_\_\_\_

YOU'RE NAME W/TITLE: \_\_\_\_\_

COMPANY: \_\_\_\_\_ LOCATION/DIVISION: \_\_\_\_\_

EMPLOYEE'S NAME: (if applicable) \_\_\_\_\_ (S.S. #) \_\_\_\_\_

CORPORATE POINT PERSON: \_\_\_\_\_ (ZIP CODE) \_\_\_\_\_

REFERRAL PROCEDURES: (OBSERVE, DOCUMENT, INFORM EMPLOYEE, REFER)

**OBSERVE**

PRIMARY ISSUES: \_\_\_\_\_

**DOCUMENT**

WAS DOCUMENTATION DONE? \_\_\_\_\_ YES \_\_\_\_\_ NO

HOW SPECIFIC IS DOCUMENTATION?

IS THERE A PATTERN? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF "YES," DESCRIBE: \_\_\_\_\_

**INFORM EMPLOYEE**

ISSUES YOU HAVE ADDRESSED WITH EMPLOYEE?

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**POSSIBLE ISSUES**

- A. CONFUSION
- B. PLEA FOR HELP
- C. ANGER
- D. DENIAL
- E. REFUSAL

**POSSIBLE OPTIONS**

- A. PROVIDE CLARITY OR TRAINING
- B. PROVIDE IMMEDIATE REFERRAL
- C. STATE INTENT TO HELP OR STOP
- D. USE DOCUMENTATION
- E. NO RESPONSE OR CONTRACTING

**OPTIONS DISCUSSED**

INTERNAL OR EXTERNAL  
INFORMAL OR FORMAL  
IMMEDIATE OR LONG TERM

- ACTION STEPS:
- 1. \_\_\_\_\_
  - 2. \_\_\_\_\_
  - 3. \_\_\_\_\_
  - 4. \_\_\_\_\_
  - 5. \_\_\_\_\_
  - 6. \_\_\_\_\_

FOLLOW-UP PLAN: \_\_\_\_\_

**AUTHORIZATION FOR LIMITED RELEASE/EXCHANGE  
OF CONFIDENTIAL INFORMATION**

On this \_\_\_\_\_ day of \_\_\_\_\_, I \_\_\_\_\_  
(Day) (Month) (Name)

\_\_\_\_\_  
(Address)

authorize: PENN Behavioral Health or Clinical Representative of PENN Behavioral Health  
(\_\_\_\_\_)

(Name)

\_\_\_\_\_  
(Address)

to release limited confidential information to: SITE REPRESENTATIVE  
(\_\_\_\_\_)

(Name)

\_\_\_\_\_  
(Company Site Address)

The specific information to be released is limited to the following:

- A. EMPLOYEE COMPLIANCE WITH SETTING UP INITIAL APPOINTMENT & EVALUATION
- B. EMPLOYEE COMPLIANCE WITH ASSESSMENT AND/OR SESSIONS?
- C. FUTHER RECOMMENDATIONS.

Pertaining to services received during: MONTH(S) OF (\_\_\_\_\_)  
(Date)

This information is needed for the following purposes: FORMAL REFERRAL COMPLIANCE

\_\_\_\_\_  
**Signature of Site Representative**

\_\_\_\_\_  
**Signature of Client/Responsible Agent**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Relation to Client**

\_\_\_\_\_  
**Date**

- + The confidentiality of any information received or disclosed by the use of this authorization is protected by Federal Law 93-282. Federal Regulation (42 CFR Part 2, Section 2.32) prohibits any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations.
- + This authorization is void after 90 days from the date of client/responsible agent's signature.

**AUTHORIZATION FOR LIMITED RELEASE/EXCHANGE  
OF CONFIDENTIAL INFORMATION**

EMPLOYEE NAME				DATE OF REFERRAL		
EMPLOYEE DEPARTMENT	EMPLOYEE POSITION (ROLE)			HUMAN RESOURCES CONTACT		
NAME OF EAP CONSULTANT:				DATE OF CONSULTATION		
FORMAL REFERRAL DESCRIPTION						
ABERRANT BEHAVIOR DESCRIPTION						
WORKPLACE VIOLENCE DESCRIPTION						
ADVANCED PERFORMANCE DECLINE DESCRIPTION						
WORKPLACE IMPAIRMENT DESCRIPTION						
SUBSTANCE ABUSE DESCRIPTION	TEST DATE(S):	TEST TYPES:	BAC LEVEL	DRUG 1 - LEVEL	DRUG 2 - LEVEL	DRUG 3 - LEVEL

I, \_\_\_\_\_ of \_\_\_\_\_  
PRINT NAME ADDRESS

Authorize: PENN Behavioral Health or a Clinical Representative of PENN Behavioral Health

( \_\_\_\_\_ )  
(Name & Address of Facility, Treatment Provider, and/or EAP)

to release limited confidential information to: Human Resources and/or Occupational Health

( \_\_\_\_\_ )  
(Work Site Address)

The specific information to be released to Human Resources is limited to the following:

- D. EMPLOYEE COMPLIANCE WITH SETTING UP INITIAL APPOINTMENT & EVALUATION
- E. EMPLOYEE COMPLIANCE WITH ASSESSMENT AND/OR SESSIONS?
- F. FUTHER RECOMMENDATIONS.

This information is needed for the following purposes: Compliance / Follow-up to Formal Referral

\_\_\_\_\_  
**Signature of Site Representative (Dept.)**

\_\_\_\_\_  
**Signature of Client**

\_\_\_\_\_  
**Date**

The confidentiality of any information received or disclosed by the use of this authorization is protected by Federal Law 93-282. Federal Regulation (42 CFR Part 2, Section 2.32) prohibits any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations.

This authorization is void after 90 days from the date of EMPLOYEE / site representative signature

**SAMPLE PERFORMANCE AGREEMENT  
FOR  
(Formal PENN Behavioral Health Referral)**

1. I acknowledge that I have exhibited the following behavior :( DESCRIBE THE BEHAVIOR REQUIRING THE AGREEMENT) \_\_\_\_\_  
\_\_\_\_\_
2. I agree to improve my performance or resolve the issue in the following ways:  
(DESCRIBE THE IMMEDIATE PERFORMANCE MANDATES) \_\_\_\_\_  
\_\_\_\_\_
3. I may seek counseling through the Company’s benefit known as PENN Behavioral Health in which case PENN Behavioral Health will be notified of my impending call and I will be responsible to make the call to PENN Behavioral Health as soon as possible.
4. If I use PENN Behavioral Health, I will sign the Authorization for Limited Release/Exchange of Confidential Information form now in the presence of these witnesses (a copy that is attached hereto). I will also sign the same form at the counselor’s office. (At that time, the name and accreditation of the counselor must appear on the release form.)  
  
\_\_\_\_\_

5. Time frame:
  - a. The initiation of the counseling services must occur within ( \_\_\_\_\_ ) \_\_\_\_\_ (s) from this date.
  - b. The completion of the full counseling evaluation and the initial counseling sessions must occur within ( \_\_\_\_\_ ) \_\_\_\_\_ (s) from this date.
  - c. I will attend final review of my evaluation by the counselor. At that time, there will be a review of the counselor’s recommendations and/or suggested future actions.
  - d. I will attend additional evaluation sessions as deemed necessary by the counselor.
  - e. An evaluation of performance relational issues, and any other ensuing problems, will take place after ( \_\_\_\_\_ ) \_\_\_\_\_ (s) from this date.
6. I realize if I do not comply with this signed agreement, either by refusing to sign this agreement or by violating the agreed upon terms, or if I engage in further behavior similar to that requiring this agreement, I will be subject to further disciplinary action, up to and including termination of my employment.

\_\_\_\_\_  
**Employee’s Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Supervisor’s Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Site Representative**

\_\_\_\_\_  
**Date**

**AUTHORIZATION FOR LIMITED RELEASE/EXCHANGE  
OF CONFIDENTIAL INFORMATION**

On this \_\_\_\_\_ day of \_\_\_\_\_, I \_\_\_\_\_  
(Day) (Month) (Name of Client)  
\_\_\_\_\_  
(Address)

authorize: PSYCHIATRIST ( \_\_\_\_\_ )  
(Name of Psychiatrist)  
\_\_\_\_\_  
(Address)

to release limited confidential information to: SITE REPRESENTATIVE ( \_\_\_\_\_ )  
(Name)  
\_\_\_\_\_  
(Company Site Address)

The specific information to be released is limited to the following:

- a. DIAGNOSTIC IMPRESSION (DSM IV)
- b. TREATMENT PLAN
- c. RECOMMENDATIONS: REGARDING RETURN TO THE WORK PLACE  
(RESTRICTED/NON- RESTRICTED)
- d. FOLLOW-UP PLAN
- e. COMPLIANCE

Pertaining to services received during: WEEK(S) OF ( \_\_\_\_\_ )  
(Date)

This information is needed for the following purposes: COMPLIANCE WITH FORMAL  
REFERRAL/ FITNESS FOR DUTY

\_\_\_\_\_  
**Signature of Site Representative**

\_\_\_\_\_  
**Signature of Client/Responsible Agent**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Relation to Client**

\_\_\_\_\_  
**Date**

- + The confidentiality of any information received or disclosed by the use of this authorization is protected by Federal Law 93-282. Federal Regulation (42 CFR Part 2, Section 2.32) prohibits any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations.
- + This authorization is void after 90 days from the date of client/responsible agent's signature.

**SAMPLE PERFORMANCE AGREEMENT  
FOR  
(Psychiatric Referral)**

1. I acknowledge that I have exhibited the following behavior :( DESCRIBE THE BEHAVIOR REQUIRING THE AGREEMENT) \_\_\_\_\_  
\_\_\_\_\_
2. I agree to improve my performance or resolve the issue in the following ways:  
(DESCRIBE THE IMMEDIATE PERFORMANCE MANDATES) \_\_\_\_\_  
\_\_\_\_\_
3. I may seek psychiatric counseling through the recommendation made by the Company's Site Representative in which case the Psychiatrist will be notified of my impending call and I will be responsible to make the call to the Psychiatrist as soon as possible.
4. If I use the Psychiatrist, I will sign the Authorization for Limited Release/Exchange of Confidential Information form now in the presence of these witnesses (a copy that is attached hereto). I will also sign the same form at the Psychiatrist's office. (At that time, the name and accreditation of the Psychiatrist must appear on the release form.)

5. Time frame:
  - a. The initiation of the psychiatric evaluation must occur within (\_\_\_\_\_) \_\_\_\_\_ (s) from this date.
  - b. The completion of the full counseling evaluation must occur within (\_\_\_\_\_) \_\_\_\_\_ (s) from this date.
  - c. I will attend final review of my evaluation by the Psychiatrist. At that time, there will be review of the Psychiatrist's recommendations and/or suggested future actions.
  - d. I will attend additional evaluation sessions as deemed necessary by the Psychiatrist.
  - e. An evaluation of performance relational issues, and any other ensuing problems will take place after (\_\_\_\_\_) \_\_\_\_\_ (s) from this date.
6. I realize if I do not comply with this signed agreement, either by refusing to sign this agreement or by violating the agreed upon terms, or if I engage in further behavior similar to that requiring this agreement, I will be subject to further disciplinary action, up to and including termination of my employment.

\_\_\_\_\_  
**Employee's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Supervisor's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Site Representative**

\_\_\_\_\_  
**Date**

**SAMPLE FITNESS FOR DUTY CONTENT**

- I. JOB TITLE, POSITION AND DESCRIPTION/DUTIES
- II. IDENTIFICATION OF THE REASON FOR REFERRAL/PRECIPITATING EVENT
- III. PERTINENT FAMILY/MEDICAL/MEDICATION HISTORY AS IT RELATES TO THE REASON FOR REFERRAL
- IV. PRESENT MEDICAL ILLNESS/MEDICATION AS IT RELATES TO THE REASON FOR REFERRAL
- V. PRESENT ALCOHOL/SUBSTANCE ABUSE
- VI. MENTAL STATUS (IDENTIFY ANY REMARKABLE AREA AS IT RELATES TO THE REASON FOR REFERRAL)
  - APPEARANCE
  - ATTITUDE
  - MOTOR ACTIVITY
  - SPEECH
  - MOOD
  - THOUGHT PROCESS - QUALITY AND CONTENT
  - AFFECT
  - SUICIDAL/HOMICIDAL/INTENT/PLAN
  - ORIENTATION - HALLUCINATION/DELUSIONS
  - MEMORY
  - COGNITIVE FUNCTIONING
  - ABSTRACTION
  - JUDGMENT
  - INSIGHT
- ITEMS NEEDED FOR RETURN TO WORK:**
- VII. DIAGNOSTIC IMPRESSION (DSM IV)
- VIII. TREATMENT PLAN
- IX. RECOMMENDATIONS TO RETURN TO THE WORK PLACE (RESTRICTED/NON-RESTRICTED)
- X. FOLLOW-UP PLAN
- XI. COMPLIANCE