

ATTENTION SUPERVISOR: A first step in making a successful referral is to call The Village Employee Assistance Program (EAP) at 1-800-627-8220. We'll take you through the process of appropriately referring an employee. Completed forms can be emailed to referral@thevillagefamily.org or faxed to (651) 925-0057, Attn: Intake Department.

FORMAL SUPERVISOR REFERRAL TO THE VILLAGE EAP FOR DRUG-FREE WORKPLACE / D.O.T. ISSUES

Employee Name: _____ Employee's Job Title: _____ DOB: _____

Company Name: _____ Today's Date: _____

Primary Contact/Supervisor: _____ Title: _____

Phone: _____ Ext.: _____ Email: _____

Mail Address: _____

Violation of Drug-Free Workplace Policy (Attach copy of company policy)

Violation of D.O.T. Rules and Regulations

Was there a positive drug screen? Yes No

If yes, date of positive drug screen: _____

Substance detected in screen: _____ Level: _____

If no, describe nature of violation: _____

Conditions for returning to work: _____

Employee Signature and Release of Information

By signing below, I _____ hereby authorize Village EAP program staff and the
(print name)

supervisor listed above to exchange pertinent and relevant information regarding:

1. My drug and/or alcohol screening results.
2. Verification of my attendance of mandatory chemical dependency assessment.
3. Results and recommendations of my chemical dependency assessment.
4. Information regarding compliance with assessment recommendations.
5. Program involvement dates and program completion information.

Notice to whomever disclosure is made concerning addiction records:

This information has been disclosed to you from records protected by the Federal Confidentiality rules (42 CFR, Part 2). The federal rules prohibit you from making further disclosures 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.

My signature also serves as acknowledgement that the relevant policies and procedures affecting me as a result of a positive drug screen have been clearly explained to me.

Client/Employee Signature

Date

As a supervisor, I have explained the relevant policies and procedures described in this form. The employee has indicated his/her understanding of these issues.

Primary Contact/Supervisor Signature

Date

HR Representative Signature

Date

Village EAP Contact Person's Signature

Date



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AGREEMENT FORM

Employee Name: _____ Employee's Job Title: _____ DOB: _____
Company Name: _____ Today's Date: _____
Referred By: _____ Title: _____ Phone: _____

By signing below, I _____ understand:

- It is my responsibility to contact The Village EAP (800-627-8220) to schedule my initial appointment with intake staff
- That I will be moved to a non-compliant status if I have not scheduled the initial appointment within one week of referral
- That my file will be closed with a non-compliant status if I have not scheduled the initial appointment within two weeks of referral
- It is my responsibility to schedule any/all follow-up appointments in a timely manner (usually two weeks)
- This formal referral will continue until my counselor/evaluator and/or my employer say I have reached the goals they have set for me
- My participation and cooperation is expected in this process

Client/Employee Signature

Date

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