

**FIRST SUN EAP
FORMAL WORKPLACE REFERRAL
Release of Information**

The first step in making a successful EAP referral is to call First Sun EAP at 800-968-8143 or 803-376-2668 and ask to speak to a Risk Manager. We will take you through the process of making a formal referral to the EAP.

Company: _____ Date: _____

I, _____, understand that I am being referred to
(Name of Employee)

FIRST SUN EAP for the following reasons:

I understand that I must contact (Risk Manager) at FIRST SUN EAP at 803-376-2668 or 1-800-968-8143 by (Date/Time) to schedule an appointment.

I authorize FIRST SUN EAP to release the following information to:

Name of Referring Supervisor/Manager/HR Liaison (Please Print)

Phone Number(s) Email address

Information to be released includes but may not be limited to:

1. Scheduled appointments and attendance
2. Recommendations of my counseling or consultation through the EAP
3. Compliance with recommendations
4. Completion of treatment/education as appropriate

I understand that this referral is part of an effort to improve job performance and/or attendance. I further understand that my return to work (if applicable) depends on successful completion of the recommended treatment plan by FIRST SUN EAP and compliance with all other requirements of my company's policies and procedures. Should sessions be needed beyond EAP benefits to resolve workplace issues, I understand that I will be responsible for any applicable EAP or insurance co-payments. I also understand that I may be billed for sessions missed without prior cancellation.

Signature (Employee) (Print name) Date

Signature of Supervisor (Employer) (Print name) Date

PRIOR TO THE FIRST EAP VISIT

Please fax this form to (Risk Manager named above) at FIRST SUN EAP
FAX (803) 799-3772