

EAP Manager Referral Form

The purpose for this information is to provide a manager a pathway to request EAP sessions and basic reporting for an employee. The employee understands they may revoke this consent to release information at any time and that upon fulfilment of the stated purpose(s) this consent will automatically expire 12 months from the signed consent without expressed revocation.

Section one:

Manager Details

| | | |
|----------------------|---------|--------|
| Name | | |
| Phone contact | Mobile: | Other: |
| Organisation | | |
| Email | | |

Employee Details

| | | |
|------------------------|---------|--------|
| Name | | |
| Phone contact | Mobile: | Other: |
| Email | | |
| Employee's role | | |

Referral Details (please be specific)

Reason for Referral

Desired Outcomes or Goals

Reporting Requirements – *please check the information that is to be reported:*

- ☐ Attendance
- ☐ Engagement

- ☐ Attendance
- ☐ Engagement
- ☐ Recommendations to support communication between Manager and Employee

The information will be released in the strictest confidence, between:

| | |
|-----------------------------|------------|
| EAP Service Provider | Instep EAP |
| Company Manager | |
| Attending Provider | |

Section two:

Employee Consent

This section ensures you're clear about the reasons for this referral, and the information that will be shared with your employer. *Your workplace has referred you to Instep EAP for the reasons outline in section 1 as above please read the below.*

A written report will be prepared and will include the following:

- Dates of sessions including unplanned nonattendance.
- Background information that related to this referral.
- Issues identified and addressed in your sessions.
- Possible risks in the workplace e.g., stress, environmental factors.
- Outcomes and recommendations as identified by you and your Instep provider.

Signing this form indicates you have read and understood the written request outlined by your employer in section 1, and consent to this information being collected and shared for the purpose of this referral.

Please note that you can withdraw your consent at any time, however this may affect your employment. This consent is automatically revoked after 3 months to protect your privacy. Instep may also disclose your personal information if it is required to do so by law or if we reasonably consider that your safety or the safety of others is at risk. If Instep disclose your personal information for these purposes, disclosure will be in line with the principles of the Privacy Act 2020.

Instep EAP is solely responsible for the content of the report, based on our assessment of the information you provide. However, you have the right to request access to, and correct this information under the Privacy Act 2020.

| | |
|----------------|--|
| Consent | |
|----------------|--|

I, _____ freely consent to the release of relevant information relating to my referral into EAP. I understand the reason I have been referred and I willingly participate in this process.

Employee Signature

| | |
|--------------------------|--|
| Date | |
| Manager Signature | |
| Date | |
| Witness Signature | |
| Date | |

Please contact Instep EAP on freephone 0800 284 678 if you have questions about this process.

Please send the completed form to admininstep@instep.nz.