Conflict Resolution Referral

Counseling & EAP

Employee Name:_____Phone:_____

Job Title:_____Company:_____

I understand that I am being formally referred to Cascade Health Counseling & EAP for assistance to resolve workplace conflict. My supervisor and/or human resources department has reviewed the information with me as noted on the second page of this document.

I hereby authorize Cascade Health Counseling & EAP to release information verifying my contact and participation in the EAP and adherence with the recommended treatment plan. I understand that this is a limited release of information to disclose participation in the EAP assessment, treatment plan, adherence with treatment and for my supervisor/HR to disclose information about job performance.

Cascade Health Counseling & EAP will take appropriate legal and ethical precautions to protect the confidentiality of my discussions with my counselor and that any information exchanged between my counselor(s) and my employer will be limited to clinical information relevant and necessary to an effective resolution of this job-performance situation.

Employee Signature:_____Date:_____

FOR REFERRING SUPERVISOR/HUMAN RESOURCES

I have discussed the workplace conflict with the employee and initiated a referral to EAP.

Supervisor's Name (print):_____Date:_____Phone:_____

HR Contact Name (print):_____Date:_____Phone:_____

Primary Contact Name (print):_____Relationship:_____

Fax:_____Confidential Fax Number? ☐ Yes ☐ No

Please have the employee call Cascade Health Counseling & EAP to schedule their initial appointment.

Employee must call to schedule by (date):_____

I have discussed the conflict issues on the following page with_____. I am initiating a "Conflict Resolution Referral" to Cascade Health Counseling & EAP to provide the resources to address and resolve individual, personal concerns or behaviors that may interfere with productive, safe job performance.

2650 Suzanne Way, Suite 120, Eugene, OR 97408
(541) 345-2800 ph (541) 345-4419 fax cascadehealth.org

Job performance problem behavior categories (see universal job expectations)

☐ Quality of Work	☐ Organization	☐ Problem Solving
☐ Dependability	☐ Volume of Work	☐ Creativity
☐ Communication	☐ Skills/Knowledge	☐ Decisiveness
☐ Relationships	☐ Motivation	☐ Hygiene
☐ Judgment	☐ Reaction to Stress	

Describe conflict:_____

_____

_____

_____

_____

Behavioral indications of improvement include:_____

_____

_____

_____

_____

Supervisor/Manager/ Human Resources Signature

I have reviewed the conflict and behaviors noted on this form with the employee on (date)_____and informed them that this document will be sent to the EAP. I understand that management information shared with Cascade Health Counseling & EAP will be entered into the employee's clinical record.

Supervisor/Manager/HR Signature:_____Date:_____

Employee Signature

Both pages of this form have been reviewed with me and I have received a copy. I also understand that this document will be sent to Cascade Health Counseling & EAP and will be entered into my clinical record.

Employee Signature:_____Date:_____

This information has been disclosed to you from records whose confidentiality is protected by federal law. Federal regulations (42 CFR, part 2) prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulation. 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.

Fax this completed form to (541) 345-4419 prior to the initial EAP assessment

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