

DOR

Formal Supervisory Referrals

1. The supervisor will make the initial contact with the intake counselor at **DOR**. If a supervisor contacts you directly, please refer him/her back to **DOR**.

2. The intake counselor will consult with supervisor and may suggest a formal supervisory referral. The intake counselor explains the formal supervisory process to the supervisor, and ask the employee contact **DOR** directly. When employee calls **DOR**, the intake counselor refers the employee to you, our local Employee Assistance affiliate.

In some cases, the counselor may suggest a coaching session for the supervisor to get support in working with this employee situation. This will be a separate referral to the local Employee Assistance affiliate.

3. The **DOR** intake coordinator will alert the affiliate that the employee will be calling to arrange an appointment because of a formal referral. The intake coordinator will review the clinical procedures and guidelines.

4. The Affiliate will receive documentation from the supervisors relevant to the referral. This documentation will explain:

- The employee's work performance issues.
- Any attempts at correction to date.
- The consequence should performance not improve.
- Number of visits available to employee for supervisory referral. These visits do not count as the employee's EAP visits.

5. Clinical Procedures when the employee arrives:

- Explain your role as the EAP counselor to the employee.
- Screen for issues i.e.: chemical dependency, depression, family problems etc.
- Screen for potential areas of strength.
- Relate problems to job performance.
- Discuss action steps and recommend referrals as needed.
- Help the client to connect to those resources.
- Have employee sign a **DOR release of information** for supervisor follow-up
- Call the supervisor at the end of the session to confirm the employee's attendance, and state the information on the release. It is often helpful to do this while the client is still in the room.
- Initiate case management and follow up as appropriate.

If you need to send any written information (other than the release of information) to the supervisor, please fax to **DOR** so that we can review it first.

Remember: Consultation with **DOR** is always available by calling 1-800-367-3271. As a **DOR** affiliate, you will be reimbursed for all documented case management.

12/02

DOR	Delivering Organizational Results	1660 South Highway 100 Suite 430 Minneapolis, MN 55416	612-332-4805 800-367-3271	Fax: 612-342-2422 www.doreap.com doreap@doreap.com
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**RELEASE OF INFORMATION FORM
SUPERVISORY REFERRAL**

I hereby authorize **DOR** and it's representatives to share the following information.

- 1) Confirm to employer dates of session attendance.

- 2) Please specify any additional information to be shared

with (company, agency, individual) _____

Address _____

I understand that such information will be confidential and used by professional persons interested in the welfare of the above named individual. I also agree that the photocopy of this release form has the same validity as the original. Material released by **DOR** is not to be re-released by the agency requesting such information.

Print Name

Signature of client, parent or guardian

Date

Valid Until _____

Signature of Counselor

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	Organizational Results	Suite 430 Minneapolis, MN 55416	800-367-3271	www.doreap.com doreap@doreap.com

Affiliate Invoice

Affiliate Name and Address: _____

Tax I.D. Number: _____

Month of: _____ **20**__

Date of Contact	Client Name	Company Name	No-Show	Fee Charged

With this invoice, we must receive the signed statement of understanding, completed client information sheet and a completed counselor form for *each* session. Submit the paperwork within 30 days of the last session.

DOR may reduce fees paid for late submissions as follows:

<u>After:</u>	<u>Reduction in payment</u>
90 days	50%
180 days	100%

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