

**Process Steps:** 1. Call Account Mgr, who fills out this form (boxes in red) and assigns a referral number

Dr. Carol Syperski --1-(877)-579-6468 / Dr. Bruce Hill (615-319-1084)



- 2. The completed form will be emailed to you immediately
- 3. Have the employee & the witness sign & date both pages
- 4. Fax the documents to (248) 680-4765
- 5. Have the employee call TEAM – 1-(877) 871-6274 with the referral number in order to make their appointment
- 6. You will receive email updates for every appointment

**METRO NASHVILLE GOVERNMENT - FORMAL REFERRAL FORMS**

Please fax these 2 documents to **(248) 680-4765**

Date: [redacted]

Referral # [redacted]

Employee Name: [redacted]

Subject: Referral to the **TEAM Employee Assistance Program**

This memo is to notify you that you are being referred to the TEAM Employee Assistance Program for any help you might need in addressing any problem(s) that may be affecting your recent job performance/work behavior/policy violation. The work performance problem(s) listed below are of concern.

**Job Performance Concern**

Describe: [redacted]

**Policy Violation**

- Harassment Policy
- Workplace aggression/violence policy
- Other

- Personal conduct policy
- Substance abuse policy

Describe: [redacted]

TEAM may assist you in addressing any problems that may be affecting your work performance. They are also available to discuss other matters as well. This referral is a result of your employer's concern for you as an employee and as a person. This is an opportunity for you to get assistance dealing with any concerns that may be interfering with your ability to meet expected job performance responsibilities.

We urge you to take advantage of the services offered by TEAM. The only information that will be shared by TEAM with the department is the information that you authorize TEAM to disclose. The following page details this information.

**Please call TEAM to schedule an appointment by the following date:** [redacted]. Failure to call within the time frame to schedule an appointment will be considered non-compliance with this formal referral.

**TEAM Employee Assistance Program  
1-877-871-NASH (6274)**

The reason for the referral and referral information has been reviewed with me.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Employee's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



**CLIENT INFORMATION RELEASE AUTHORIZATION**

I, [redacted], hereby authorize **Total Employee Assistance & Management, Inc. (TEAM)** to release information [via written, oral, fax or e-mail communication] obtained during my involvement regarding this Formal Referral with the Employee Assistance Program to the following individual(s)/organization and only under the conditions listed below:

**1. Name and title of person and organization to whom disclosure of client information is to be made:**

Name / Title: **Dept. HR Representative, [redacted] This rep will receive the email updates**

Name / Title: **Secondary Name**

Organization: **Metro Nashville Government**

**2. Specific type of information to be disclosed:**

- Attendance
- Contact with TEAM/provider re: seeking counseling.
- Availability for work; time off needed for treatment.
- Compliance with treatment recommendations.
- Referral beyond EAP has occurred. Type of referral not to be disclosed.

**3. The purpose or need for such disclosure:**

Grants permission to report your compliance and/or non-compliance with your employer's formal or mandatory referral to the EAP.

**4. This consent is subject to revocation** at any time except to the extent that the program which is to make the disclosure (TEAM) has already taken action in reliance on it. If not previously revoked, this consent will terminate upon:

- A. Date \_\_\_\_\_
- B. Event: 120 days after case has been closed.
- C. Condition \_\_\_\_\_

(What this means is, TEAM can release the information noted above until the date you cancel this release authorization or 120 days after this case has been closed.)

The EAP plan may not condition treatment, payment, enrollment, or eligibility for benefits on whether you sign this Authorization.

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Employee's signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**

This form is in compliance with title 42 of the code of Federal Regulations Part II and HIPAA. It does not authorize disclosure of information to a third party.