



Counseling & Family Resources, Ltd.
EAP Preferred
Employee Assistance Services
Behavioral Health Services
2700 North 3rd Street, Suite 2008
Phoenix, Arizona 85004-4602
602-264-4600

Substance Abuse

Supervisory/ Management Referral – Release of Information

Name of Company (*Please Print*): _____

Company Address: _____

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

EAP Preferred due to _____

I understand that I must contact EAP Preferred at 602-264-4600, press 2, within _____ hours to schedule an appointment for an assessment.

I authorize the release of the following information below to:

Name of Referring Supervisor or Personnel Liaison (*Please Print*)

Phone Number(s) (Supervisor/Manager/Personnel Liaison)

1. Scheduled appointments and attendance
2. Assessment and treatment recommendation
3. Attendance at the recommended course of treatment by the EAP
(including dates of attendance)
4. U.A. results within Inpatient or Outpatient program
5. Compliant with treatment recommendation
6. Progress reports
7. Termination of the treatment plan

I further understand that my return to work depends on successful completion of the recommended treatment plan by EAP Preferred and I shall comply with all other requirements of my company's policy and procedures. I understand that my signature provides my consent to release information regarding my treatment process to the person(s) listed above.

Signature (Employee) (*Print Name also*)

Date Signed by Employee

Signature of Supervisor (Employer) (*Print Name also*)

Date Signed by Employer

**Copy is faxed to EAP Preferred PRIOR TO FIRST VISIT at 602 264-7325,
Attn: Roseanne Boyle or Maggie Winter.**

