



PO Box 1032  
York, PA 17405  
Phone: 800-364-6352  
Fax: 717-851-1414  
[www.questbh.com](http://www.questbh.com)

## Supervisory Referral Process

The supervisor should initiate the Supervisory Referral Process after it has determined an employee should be the subject of a formal supervisory referral.

- 1) The referring supervisor should complete the Supervisory Referral Informed Consent form. This form allows the supervisor an opportunity to describe the reason for the referral. The employee and supervisor sign this form in the designated spaces. If the supervisor needs additional space to describe the reason for the referral, he/she can attach an additional sheet of paper with the supporting documentation.
  - a. If additional documentation is included, the employee must sign EACH page with a statement indicating he/she is aware that this documentation will be forwarded to Quest EAP and the provider.
- 2) Communication from Quest EAP of information pertinent to the supervisory referral will be limited to the Primary and Secondary HR Contact(s) noted on the Supervisory Referral Informed Consent form.
- 3) The supervisor and/or HR staff should encourage the employee to contact Quest at 800-364-6352 to speak with a Care Manager (CM). A CM will assist the employee in locating an appointment with a Quest contracted provider. After the initial appointment is scheduled, a member of Quest's Supervisory Referral team will the notify HR contact(s) of appointment date and fax the Supervisory Referral Informed Consent to the assigned provider.
- 4) After each appointment, the provider will complete an Employee Status Report form and submit to Quest. A member of Quest's Supervisory Referral team will contact the designated HR contact(s) with the status of the appointment and date of the next scheduled appointment, if applicable. This step will repeat until the employee attends all authorized EAP sessions.
  - a. At no time during the supervisory referral process will Quest staff disclose information to the referring supervisor unless he/she has also been designated as the primary or secondary HR contact on the Supervisory Referral Informed Consent form.

**For additional information regarding the Supervisory Referral process, please refer to [www.questbh.com/employers](http://www.questbh.com/employers).**



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## **Supervisory Referral Guidelines for Documentation**

### **Documentation of a performance or behavioral problem should:**

- 1) Include specific dates, times, and locations.
- 2) Include a detailed description of the nature of the incident or performance problem.
- 3) Cite the violated policy, procedure, or other work rule.
- 4) Note the impact of the behavior or problem on the employee's overall work performance and/or operation of the unit.
  - a. Include past response(s) of the supervisor to the incident or problem and possible disciplinary action(s).
- 5) If you need additional space for your narrative, please include an addendum signed by both the employee and referring supervisor indicating the employee's knowledge and consent to sharing information with Quest EAP and the assigned provider.

### **In addition to the above elements of documentation, the supervisor should also reference the following:**

- 1) Record the incident or situation as soon as it occurs; this ensures the greatest degree of accuracy.
- 2) Be objective and focus solely on the job.
- 3) Do not diagnose nor speculate as to the cause of the problem.
- 4) Keep all information confidential.

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## Supervisory Referral Informed Consent (Please complete both pages in full)

I hereby authorize Quest EAP to disclose information to:

<i>Primary HR Contact Name</i>	<i>Contact Telephone and Fax Number</i>	<i>Primary HR Email Address</i>
<i>Secondary HR Contact Name</i>	<i>Contact Telephone and Fax Number</i>	<i>Secondary HR Email Address</i>

**For the records of:**

<i>Employee Full Name</i>	<i>Date of Birth (mm/dd/yyyy)</i>
<i>Street Address</i>	<i>City</i>
<i>Primary Contact #</i>	<i>Alternate Contact #</i>
<i>State / Zip</i>	<i>Type of Medical Insurance</i>

### Type of Referral

- Standard:** Use of available EAP sessions with a Quest credentialed provider.
- Return to Work Evaluation:** Brief written recommendation provided by a Quest credentialed provider. Employee must verify with provider that they are able to perform this service prior to scheduling.
- Fitness for Duty (Additional cost):** Formal evaluation by a doctoral level licensed psychologist.
- Department of Transportation / Substance Abuse Professional (DOT/SAP) (Additional cost):** Evaluation for operators and CDL drivers needing to return to duty.

**Additional Comments** (information will be released to Quest EAP provider):

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### Work-related issues (check all that apply):

<input type="checkbox"/> Decreased productivity	<input type="checkbox"/> Impaired judgement
<input type="checkbox"/> Erratic work pattern	<input type="checkbox"/> Inability to concentrate
<input type="checkbox"/> Excessive or unexcused absences	<input type="checkbox"/> Increased errors
<input type="checkbox"/> Failed drug/alcohol test	<input type="checkbox"/> Lower quality of work
<input type="checkbox"/> Failure to meet schedules/deadlines	<input type="checkbox"/> Physical or verbal Aggression
<input type="checkbox"/> Other (describe)	



