

ARCADA Employee Assistance Referral

Employee Contact Information:	
Name	
Street Address	
City, State, Zip Code	
Mailing Address	
City, State, Zip Code	
Phone	
Place of Employment	
Work Phone	
E-Mail Address	
Responsible Party for Billing:	
Address, if Different from Above	
Phone Number, if Different from Above	

Reason for Referral:
Services Requested:
<input type="checkbox"/> Drug Evaluation Network System (DENS) - Addiction Severity Index (ASI) \$125
<input type="checkbox"/> Substance Abuse Subtle Screening Inventory (SASSI) Evaluation \$80
<input type="checkbox"/> Motivational Counseling Sessions (1 hour) \$75
Number of Counseling Sessions Required:

Employer Contact Information:	
Business Name	
Street Address	
City, State, Zip Code	
Mailing Address	
City, State, Zip Code	
Phone	
Email Address	
Contact Person	
Title	

Employee Signature

Date

Company Representative Signature

Date

(Please Complete Other Side)

CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I, _____, authorize the Abilene Regional Council on Alcohol and Drug Abuse to disclose to

Company or Organization Name

City State Zip Code County

(If Specific Person, Name and Title)

Substance Abuse Evaluation (DENS-ASI and/or SASSI) results and recommendations
(Nature of Information)

The purpose of the disclosure authorized herein is to: Ensure appropriate referral, placement and/or case management of services and provide information related to completion of Employee Assistance Program requirements.

I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows:

Conditions upon expiration

Expires on this date

Client's Signature

Date

Signature of Parent/Guardian or Legal Representative

Date

Counselor's Signature

Date

(Please Complete Other Side)