

**FRANK HORTON ASSOCIATES  
EMPLOYEE ASSISTANCE PROGRAM**

**ATTENTION SUPERVISOR:** Before meeting with an employee, the first step in making a successful EAP referral is to call Frank Horton Associates at 919-850-3410 or 1-800-326-3864. We will take you through the process of appropriately referring an employee to the EAP.

**SUPERVISORY/MANAGEMENT REFERRAL  
Release of Information**

Name of Company: \_\_\_\_\_

Company Address: \_\_\_\_\_

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

Frank Horton Associates EAP due to \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that I must contact Frank Horton Associates EAP at 919-850-3410 or 1-800-326-3864 within \_\_\_\_\_ days to schedule an appointment for an assessment.

**I authorize Frank Horton Associates to release the following information to:**

\_\_\_\_\_  
*Name of Referring Supervisor/Manager/HR Liaison (Please Print)*

\_\_\_\_\_  
*Phone Number(s)* *Email address*

- Information to be released includes:
1. Scheduled appointments and attendance.
  2. Assessment, recommendations and compliance.
  3. Completion of treatment/education.

*I understand that this referral is part of an effort to improve job performance and/or attendance. I further understand that my return to work (if applicable) depends on successful completion of the recommended treatment plan by Frank Horton Associates and compliance with all other requirements of my company's policies and procedures.*

\_\_\_\_\_  
*Signature (Employee)* *(Print name)*

\_\_\_\_\_  
*Date signed by employee*

\_\_\_\_\_  
*Signature of Supervisor (Employer)* *(Print name)*

\_\_\_\_\_  
*Date Signed by Supervisor (Employer)*

**ATTENTION SUPERVISOR:**  
**PRIOR TO THE FIRST EAP VISIT**, please fax this form to Frank Horton Associates at 919-850-9825 (Raleigh office) or 336-691-9542 (Greensboro office).