



Manager Assist Line: 1-877-249-4751
Please return this completed and signed form via
E-mail: ManagerConsult@DeerOaks.com or fax: 1-866-240-3933

Mediations are appropriate in situations where there are several employees (two to four) who have been involved in constant interpersonal discord to the point where it significantly interferes with their ability to perform their job duties, adversely affects other co-workers, and/or violates policies and procedures in regards to appropriate conduct. Upon receipt of this paperwork and through the intake process, our Manager Referral Specialists will help determine if this is the most appropriate service.

Date of Mediation Referral: _____

EMPLOYEE INFORMATION:

Employee Name: _____

Date of Birth: _____

Gender: Male / Female

Address: _____

Cell or Home number: _____ Can a message be left on voicemail? Yes / No

Work number: _____ Can a message be left on voicemail? Yes / No

Email: _____

Employee's position: _____ Department: _____

Current Employment Status (e.g., working, suspended, on paid or unpaid leave etc.): _____

COMPANY AND REFERRING MANAGER DETAILS:

Company Name: _____

Manager/HR Name: _____

Telephone: _____ Email: _____

Preferred forms of communication? Email: Yes / No Telephone: Yes / No Voicemail: Yes / No

Reason for the Mediation referral and expected outcome: _____

AUTHORIZATION TO RELEASE/RECEIVE INFORMATION-MEDIATION

I, _____, hereby authorize **Deer Oaks EAP**
(Client's Name)

Services to release / receive information contained in my case records regarding **Mediation** subject to the conditions below.

1. The name of the person(s), title, organization(s) to whom disclosure is to be made is (list each person):

2. The specific information regarding **Mediation** to be released to **Deer Oaks EAP Services** is*:

- Scheduled appointments and attendance
- Compliance with **Mediation** recommendations
- Referral to outside resources to address the problem further where appropriate
- After-care recommendations where appropriate

**(Mediations are not intended to provide the following: Fitness for Duty or Return to Work performance assessments.)*

3. The purpose of the disclosure I am authorizing is:

- To facilitate a referral for **Mediation**
- To provide feedback regarding my contact and participation with **Deer Oaks EAP Services**
- To acknowledge that I am agreeable to participate in **Mediation** with others.

4. I understand that this consent is subject to revocation in writing by me at any time except to the extent that **Deer Oaks EAP Services** has already taken action in reliance on this consent. If not previously revoked, the consent will terminate automatically upon **Deer Oaks EAP Services** designating that services are completed or one year from today's date (whichever comes first).

5. I understand that once information is released it is no longer within the control of **Deer Oaks EAP Services**, and there is the potential for re-disclosure by the recipient.

6. I understand that my decision to sign this authorization is voluntary. I understand that my decision not to provide authorization may result in **Deer Oaks EAP Services** being unable to provide any or all of its services.

Client's Name:
(Please print) _____

Manager/HR
Name:
(Please print) _____

Signature of
Client: _____

Signature of
Manager/HR: _____

Date: _____

Date: _____