

BEST CARE EMPLOYEE ASSISTANCE PROGRAM

Authorization to Release Information

I, _____, do authorize and request that
(Name of Best Care EAP Client)

Best Care Employee Assistance Program (EAP) release to and receive information from (please check all that apply):

- Employer/Human Resources/Supervisor _____
- Referral Resource _____
- Treatment Provider _____
- Other (please specify) _____

The following information (check appropriate area):

- Attendance Only
- Attendance, Clinical Assessment, Counseling/Treatment Recommendations, and Compliance/Progress with Recommendations
- Substance Use, Abuse, and Dependency Information
- Psychological or Psychiatric Information
- Re-release of Information (please specify) _____
- All Available Information
- Other (please specify) _____

For the following purpose (check appropriate area):

- Communication between Best Care EAP and my employer on my counseling and workplace issues.
- Provision of case-related information to enable specialized or long-term counseling or for psychological, psychiatric or Substance Use treatment.
- Monitoring of counseling or treatment progress following referral by Best Care EAP.
- Other (please specify) _____

This authorization is effective for twelve months from the date signed, or on _____ as I have requested, to fulfill the purposes of this authorization, unless sooner revoked. Information released according to the authorization may be subject to redisclosure by the recipient and may no longer be protected by privacy regulations. I understand I may revoke this authorization at any time by notifying my Best Care EAP counselor or the Manager of Clinical Services of my revocation of this authorization. Release of information will cease upon receipt of my revocation. I understand such revocation will not apply to information that may have been released prior to revocation. Best Care EAP and its affiliates cannot condition services based on signature on authorization for disclosure.

Date

Client Signature

Date

Witness Signature