

Mandatory Referral Steps

Symmetry Wellness Staff

When you find it necessary to make a mandatory referral to Symmetry Wellness, a division of Harbor Behavioral Healthcare, please follow these steps:

1. With the employee in the office, please call **Symmetry Wellness** at **(419) 475-5338** or **(800) 422-5338** to request an appointment. Please be sure to state, “**This is a mandatory referral**” and give some information about the reason and purpose of the referral. It is very important that you use the term “mandatory referral”.
2. The company/organization’s main contact person informs the employee that he or she needs to sign the Symmetry Wellness Authorization to Disclose/Obtain Confidential Information form, allowing the EAP consultant to report back attendance at sessions, treatment planning, and follow-through.
3. The main contact person at the company completes two Harbor forms:
 - A Symmetry Wellness Authorization to Disclose/Obtain Confidential Information form; and
 - A Symmetry Wellness Mandatory Referral Form (See Numbers 4 and 5).
4. The main contact person at the company completes the Symmetry Wellness Authorization to Disclose/Obtain Confidential Information form with the employee in the office and has the employee sign the form before faxing it with the Mandatory Referral Form. (then handwrite the following information:
 - a) Employee’s full name
 - b) Date of Birth
 - c) Social Security Number
 - d) Full name of the individual and company with address and specific information to be disclosed (i.e. dates of attendance, assessment recommendations, and pertinent information).
 - e) Purpose for the disclosure -- comprehensive treatment is checked, if for any other purposes, please check appropriate box.
 - f) Expiration date is 90 days from today’s date. For example, 90 days from 2/4/03 would be entered as 5/4/03.
 - g) Have the employee sign and date the form; and as the contact person, sign your name as the witness.
 - h) Disregard the bottom section which pertains to revocation of a signed Authorization form.

5. The main contact person completes a Mandatory Referral form (click here for Mandatory Referral form and print).
6. Immediately following the meeting with the employee and before the employee arrives for an assessment, the main contact person should complete a Mandatory Referral Form and fax it along with Harbor's Authorization form to Symmetry Wellness: **419-479-3833**. This checklist provides important information to the EAP Consultant on the nature of the supervisor/company concerns. PLEASE NOTE: IN ORDER TO VIEW HARBOR'S AUTHORIZATION TO DISCLOSE/ OBTAIN CONFIDENTIAL INFORMATION AND MANDATORY REFERRAL FORMS, YOU MUST HAVE ADOBE READER INSTALLED ON YOUR COMPUTER. If you don't have Adobe Reader on your computer (this is free software), please click on the Adobe Reader link located to the right in the Basic Information box.
7. The EAP assessment takes place. The employee may be seen within Symmetry Wellness's EAP for subsequent appointments or may be referred to a specific program or treatment resource. In the latter case, the Symmetry Wellness EAP Consultant will inform the company main contact person of the referral and any pertinent information. Symmetry Wellness will follow-up with the referral resource to determine that the employee kept the appointment, status of progress, etc.
8. Symmetry Wellness will continue to communicate with the main company contact person regarding the ongoing status until the employee is returned to work.

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