



CONSENT FOR THE RELEASE OF INFORMATION

I, _____ (Name of employee), hereby authorize NuVantage Employee Resource to disclose certain portions of my Protected Health Information to my supervisor/employer contact.

Employer: _____

Employer Contact Name: _____

Address: _____

Telephone: _____ Email: _____

Information to be disclosed to the employer contact is limited to the following:

- Status of initial contact and scheduling with EAP counselor
- Summary of attendance of EAP sessions
- Summary of assessment information specifically related to job performance
- Follow through with recommendation(s)/referral(s) specifically related to job performance
- Other (provide details): _____

The reason for disclosing the information listed above is to let my employer/contact know whether I have complied with the terms of my supervisory/formal referral to NuVantage Employee Resource.

I understand that I may revoke my consent at any time, except to the extent that action will have been taken on information released prior to the revocation. I understand that my records are protected under State and Federal confidentiality regulations. I understand that information at NuVantage Employee Resource is limited to staff whose work assignments reasonably require access to my data within the purpose specified in the services provided.

I recognize the information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected. NuVantage Employee Resource is not responsible for such disclosures should they occur.

If not previously revoked, this authorization will terminate one year from date of signature OR

On the following date: _____

Signature of employee

Date

Signature of supervisor or employer contact

Date