

**FIRSTHEALTH OF THE CAROLINAS
EMPLOYEE ASSISTANCE PROGRAM (FHC-EAP)
Self-Referral Acknowledgement Form**

Affiliate (“Consultant”): Did you offer yourself or anyone in your agency as a referral resource for further treatment beyond FHC-EAP? **(If so, please complete this form.)**

Affiliate Office & Consultant: _____

Employee: _____

Family Members: _____

This is to confirm my/our understanding that assessment and referral services have been completed at or through FHC-EAP with _____
Consultant /Affiliate

After full discussion of my/our concerns, it is agreed that additional resources are needed, and that given our needs and provider preference, FHC-EAP consultant has offered several resource options (at least two) listed here: _____

At this time, I/we decide it is in our best interest to work independently with _____
Self-referring consultant's name
through an arrangement with him/her in his/her private counseling practice, and I/we assume full responsibility for payment for such services.

If, in the future, it may be appropriate to re-contact FHC-EAP for additional services, this request will be reviewed and approved by the Director of FHC-EAP, who will make a decision about the most appropriate consultant/counselor assignment at that time.

Signatures:

Employee: _____ Date: ____/____/____

Family Member: _____ Date: ____/____/____

Affiliate/Consultant: _____ Date: ____/____/____

FHC-EAP Director: _____ Date: ____/____/____