

**EMPLOYEE ASSISTANCE PROGRAM
CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION**

I, *[employee]* _____, hereby authorize
the Employee Assistance Program (EAP) to release to *[the referring agent]*

the following information.

Please check the appropriate choice(s).

- dates of scheduled and/or attended appointments with the EAP.
- information that a referral for treatment has been made (i.e. family doctor, etc.).
- other information such as assessment and treatment summaries.

For the period: _____ to _____ .
(MM/DD/YY) (MM/DD/YY)

Signature of Employee

Signature of Referring Agent

Date (MM/DD/YY)

NOTE: Please send this information via courier or mail (but not by fax) to:

Employee Assistance Program
Peace Hills Trust Tower
5th Floor, 10011 – 109 Street
Edmonton, Alberta T5J 3S8