

Extension Request

To: **Assure Programs** Fax No: **1800 329 327 (1800 FAX EAP)**
 Email: **info@assureprograms.com.au**

Contact Information:

Date of Request: _____ / _____ / _____ Date Required: _____ / _____ / _____
 Psychologist's Name: _____ Case # (if known): _____
 Client's Name: _____ Client DOB: _____ / _____ / _____
 Client's Organisation: _____

Details of Request:

_____ Current entitlement sessions used

_____ Additional sessions requested

_____ Total entitlement

Is the concern work related? YES NO

Nature of primary concern:

What will be achieved within the additional time, especially regarding maintaining the client at work (or returning to work)?

Will the client be referred to another service? NO YES (if yes, provide further details below)

Is the client currently at work? YES NO If 'no' expected RTW date: _____ / _____ / _____
 Is this a rehabilitation case? YES NO If 'yes' contact name: _____
 Contact number: _____

Client Consent:

Important information:

Most organisations are keen to gain some general understanding of work related issues impacting on individuals, especially those issues underlying the need for extended EAP support. To assist Assure to obtain an extension, where possible could you please seek the client's permission for the Assure EAP Psychologist to progress the extension with the organisation

Please complete **one** of the following consent options:

Consent for the Assure EAP Psychologist to **discuss the work related issues without releasing the client's name.**

Please request the client completes the below authorisation:

I authorise the Assure EAP Psychologist to discuss my work related issues with my organisational EAP contact as part of the extension process, without releasing my name.

Client Name: _____

Client Signature: _____ Date: _____ / _____ / _____

OR

Consent for the Assure EAP psychologist to **release the client's name to the organisation and discuss the work related issues.**

Please request the client completes the below authorisation:

I authorise the Assure EAP Psychologist to discuss my work-related issues with my organisational EAP contact as part of the extension process, including the release of my name.

Client Name: _____

Client Signature: _____ Date: _____ / _____ / _____