

## AssurePlus Extension Request

To: **Dean Garrett, Assure Programs** Email: **deangarrett@assureprograms.com.au**

### Contact Information:

Date of Request: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date Required: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Psychologist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Client Code: \_\_\_\_\_ Case # (if known): \_\_\_\_\_  
 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: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_