

## PROVIDER SELF REFERRAL FORM

*When pursuing a provider self referral with an Advocate EAP client, please understand the following:*

1. The client is eligible to use the contract specific number of EAP sessions; however,
2. If a self referral from EAP to MHSA is necessary, the request should be determined no later than the 3rd EAP session.
3. The client must be offered several referral options.

### REFERRAL STATEMENT

I, \_\_\_\_\_ (counselor) am treating \_\_\_\_\_ (client) through **Your Advocate**. My clinical assessment indicates that the above client will require continuation of treatment beyond the allotted EAP sessions. I have discussed referral options with my client. Understanding the conditions listed above and in the best interest of the client, it is appropriate to continue the therapeutic relationship after the EAP case closing. Below is an outline of at least two cost-effective resources (*not including continuation of care with current counselor*) that were provided to the client:

- 1.
- 2.
3. Self Referral

By signing below, the client hereby declines the options listed above and chooses to continue treatment with \_\_\_\_\_ (counselor). Both the client and counselor understand that all sessions starting \_\_\_\_\_ (date) will not be paid by **Your Advocate**; therefore, all financial responsibilities move to the client.

\_\_\_\_\_  
(counselor)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(client)

\_\_\_\_\_  
(date)