



Treating people right

Request for Services

Services Requested:

- EAP (Counseling, Legal, Financial or Other personal or family concerns)**
- Managed Behavioral Health Care Services (Pre-Authorization for Mental Health Services for Health Plan Clients).**
- Substance Abuse Professional Services (Employees Referred Based on Employer's Substance Abuse Policy or DOT Regulations).**

Employee Name: _____

Services requested for: Self; Other, Name: _____

Person requesting services (if not Employee): _____

Address: _____

City: _____ State: _____ Zip: _____

Country (if other than U.S.): _____

Best phone number: _____ Best Time/Day: _____

Brief Description of Problem: _____

Services Requested: _____

Did anyone refer you to the EAP? No, Yes If yes Name and reason::

Name: _____ Telephone: _____

Relationship to you: _____ Reason for Referral: _____

Please submit this completed form to Human Behavior Associates via fax to (707) 747-6646. Do not send it electronically, as this is not a secure way to transmit confidential health information.