



Faculty and Staff Assistance Program (FSAP)

Formal Supervisory/Management Referral Letter

I, \_\_\_\_\_, understand that I am being referred to the University of Miami  
(Name of Faculty/Staff)

Faculty and Staff Assistance Program (FSAP) due to the following reason(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand my participation with the FSAP is voluntary and that this referral is offered as a means of receiving assistance. I understand that I may contact the FSAP office at **(305) 284-6604** and that they are expecting to hear from me within 7 days to schedule an appointment for an assessment.

**Contact Person (Employer):**

\_\_\_\_\_  
Name of Referring Supervisor/Manager/Administrator/HR Liaison Telephone Number

I understand FSAP consultants may confirm with the above referenced contact person, when an initial appointment is not kept. Once the initial assessment is completed, the FSAP will not confirm attendance or compliance unless I sign a written consent; ordinarily obtained at the time of initial appointment. Written consent allows only the following information to be released to the referring agent.

- Whether or not I attended the FSAP visit(s).
  - Whether or not recommendations were given.
  - Whether or not I am complying with FSAP recommendations.
- (The nature of recommendations made, or the content of sessions, will not be released)**

I understand a signed copy of this referral letter will be sent to the FSAP office for their reference.

\_\_\_\_\_  
Signature of Faculty/Staff

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Print Name  
Relationship to Employee:

\_\_\_\_\_  
Date

**Attention Supervisor/Manager/Administrator/HR Liaison: Prior to the first FSAP visit, please**

- 1) Contact the FSAP office (305) 284-6604 to discuss the nature of the referral, AND**
- 2) Scan and e-mail this form to umfsap@miami.edu.**