The Counseling Team International
41750 Rancho Las Palmas Dr. Ste #O-2
Rancho Mirage, CA 92270
Ph: (800)651-1021 Fax: (760) 636-0437
Email: deaeapbilling@thecounselingteam.com

AUTHORIZATION TO EXTEND EAP SERVICES

(Beyond 6 sessions)

Case Number: ________________ Date: ______________

Admission Status *(check one)*: Employee Relative TFO

Presenting Problem:

____
____
____

Prior Mental Health History:

____
____
____

Treatment Plan description (include progress to date and difficulties encountered):

____
____
____

Long term treatment assessment and prognosis:

____
____
____

Rationale for Extension Request:

____
____
____

Requested number of extended sessions *(max 6 per request)*

Clinician: ______________________________ ___________________________________
(Type or print name) (Clinician Signature)

Approved *Denied*

Number of Sessions Approved: _________

EAP Administrator: ________________________

Date: _______________