

The Johns Hopkins Risk Assessment Team Referral to FASAP

Date: [insert date]

To: [insert employee's name]

From: [insert name]

CC: FASAP; HR

Effective today, [insert date], you are being referred to the Johns Hopkins Faculty and Staff Assistance Program (FASAP) as part of a Risk Assessment Evaluation due to the events and/or behaviors described below:

The events and/or behaviors described above will be shared with the FASAP clinician in advance of your appointment.

Your appointment is scheduled for _____ (time), on _____ (day and date), at the following location:

_____.

In accordance with your referral to FASAP, you are required to:

1. Attend an appointment with a FASAP clinician;
2. Cooperate and comply with the FASAP process; **and**
3. Sign a Release of Information authorizing FASAP to discuss your evaluation with the Johns Hopkins Risk Assessment Team.

Failure to submit to your FASAP referral is considered a violation of HR policy and will subject you to disciplinary action, up to and including termination. If you refuse to comply with the terms of this referral, disciplinary action, up to and including termination, may be taken based on the events and/or behavior you displayed that warranted your FASAP referral.

Your work with the FASAP clinician will include two significant steps:

Step 1: The FASAP clinician will gather relevant information from you to understand the behaviors that precipitated the referral for evaluation. During this clinical interview, you will be asked questions about your behavior, language, or gestures, as well as background information such as personal information, medical history, and work history.

Step 2: You will be required to complete a psychological test which will help the FASAP clinician better understand who you are and the present situation. Throughout the

course of your clinician interview and during the psychological test you should answer questions openly and honestly.

Upon completion of your clinical interview and testing, FASAP will share its assessment with the larger Risk Assessment Team. FASAP and the Risk Assessment Team will work together to make recommendations regarding your continued employment. The Risk Assessment Process may result in a variety of recommendations including, but not limited to, a continued relationship with FASAP, administrative action, progressive discipline, a Last Chance Agreement, or termination of your employment due to your behaviors and actions precipitating your referral. **At no time will FASAP or the Risk Assessment Team share your assessment or any information you conveyed during your evaluation with your supervisor or anyone outside of FASAP or the Risk Assessment Team.**

If you would like more information regarding the Risk Assessment Team and FASAP, please visit:
http://www.safeathopkins.org/respond/program_components/risk_assessment_team/
and <http://www.jhu.edu/hr/fasap/>.

By signing below, the employee acknowledges:

I have received a copy of this referral and understand its terms.

I hereby give FASAP permission to discuss my assessment with the Risk Assessment Team.

Employee Signature

Date

Supervisor/Referring Person Signature

Date

Please fax (410-502-0404) or scan and email (safeathopkins@jhmi.edu) this signed acknowledgment to FASAP in advance of the scheduled appointment.