



PROVIDER'S GUIDE TO CONDUCTING A FITNESS-FOR-DUTY OR RISK ASSESSMENT

Definition of Fitness For Duty Evaluation/Risk Assessment:

A fitness for duty evaluation is an assessment, requested by an employer, to determine if a current employee is or is not able to perform essential job functions because of psychological or psychiatric conditions. A risk assessment encompasses the elements of a fitness for duty evaluation, with particular emphasis on identification of characteristics that are associated with increased risk of harm to self or others.

Role of Independent Evaluator:

Professionals conducting fitness for duty evaluations and risk assessments are required to maintain a position of neutrality and advocate for neither the employer nor the employee. Your expert assessment is being requested to make an evaluation as to the employee's ability to perform his/her work duties, the existence of psychological difficulties that may interfere with an employee's ability to perform his/her work, or for assessment of risk for self-harm, harm to others, dangerousness, and/or the probability of recurrence of incidents related to work performance. As the employer's Employee Assistance Program, New Avenues has been asked to arrange an evaluation for the referred individual. New Avenues' services include facilitating the arrangements of such assessments and communicating the results to the employer. In order to maximize impartiality and objectivity, New Avenues will generally arrange evaluations with a professional who has not acted as a treating provider to the employee. Additionally, the employee generally will not be referred to the evaluator for follow-up treatment.

1. Authorizations for Release of Information.

It is critical that you obtain from the employee written:

- Authorizations for Release of Information for the exchange of information between yourself and New Avenues and
- Authorizations for Release of Information for the exchange of information between yourself and the employer.

2. Obtain an Informed Consent to the Assessment before the evaluation begins; include a dialogue with the client regarding: See Attachment A Informed Consent Form

- a. Purpose of the assessment.
- b. Notification of the parties who will receive the report (i.e., employer and New Avenues);
- c. Information most likely to be covered in the evaluation and the techniques; i.e., psychological tests, interview, etc.
- d. Information that will require disclosure, such as child or elderly abuse, potential harm to self or another person.



- e. The need to disclose professional judgment regarding employee's ability to perform work duties, work-related limitations, ability to return to work, and treatment recommendations.

3. Content & Length of Report.

The content should be directed specifically to the work-related question regarding fitness-for-duty or risk assessment.

See Attachment B for Outline of Fitness for Duty Report

- a. Does employee have psychological conditions or limitations that would interfere with his/her ability to perform the essential functions of his/her job?
- b. Are there specific tasks that the employee may not be able to complete successfully due to his/her condition? If so, what are the limitations/restrictions? If the employee cannot perform the essential job functions of his/her position, are there accommodations which might be made which may allow the employee to perform these functions?
- c. Does the employee present current risk of harm to self or others? Provider should be cautious not to enter into prediction of employee aggression, but rather exploration of risk factors:
 - ◆ Examine history of direct and implied threats;
 - ◆ Workplace behavioral
 - ◆ Past violent behavior at work or elsewhere
 - ◆ Information related to conflict between employee and coworkers/supervisor
 - ◆ Alleged harassment, grudges, difficulty with authority figures
 - ◆ Any trauma experiences on the job
- d. Are there any measures that the employer might consider to reduce likelihood of harm or other work-related problems?
- e. What is professional judgment of probability of recurrence and/ or circumstances that could trigger recurrence of incidents/difficulties related to work performance?
- f. Recommendations for any additional medical or behavioral health evaluation, treatment, and/or monitoring. (In giving recommendations, it is important to consider if follow-up appointments with a behavioral health provider would be beneficial in providing the employee a structure for addressing work related issues, therapy for addressing personal or psychological problems affecting work performance, and/or recommendations for oversight of any treatment.)
- g. Recommendations as to ability to return to work



- h. If applicable, recommended time off (whether for continuous leave or intermittent time off, reason and duration of leave including any restrictions, limitations, and/or recommended accommodation.)
- i. Identify employee behaviors that might signal need for further evaluation and/or intervention.
- The use of psychological or neuro-psychological testing may be indicated and should be appropriate to the assessment. **Testing will be pre-authorized** by the New Avenues Care Manager if applicable.
 - Please keep in mind the **importance of the privacy of the individual** by not disclosing unrelated personal history, diagnosis, medications, personal information not directly relevant to the employee's ability to perform his/her duties, the referral questions and treatment recommendations.
 - **If the employer has only asked for a certification of the employee's fitness to return to work**, then the statement should be brief and limited to your opinion to whether the employee is able to perform the essential functions of his/her job, date for release back to work, and any recommended limitations, restrictions (e.g., limitations) with regard to work schedule if applicable. Do not include any diagnosis, medications, medical information, descriptive history, etc.
 - **If the employer has requested and the employee has authorized a more extensive report**, then the report should be rather **brief - usually 2-3 pages**, and address the specific questions presented by the employer in making the referral. See attached Fitness For Duty Assessment as a suggested format. The writing should be **directed to a layperson reader as this will be going to a human resource representative** of the employer.

4. Reimbursement of your Fees.

The employer determines which party – employee or company – is responsible for bearing the cost of this evaluation. Typically, the employer assumes responsibility for the cost of the evaluation. However, in some cases, the employer may expect that the employee will assume responsibility for the cost of such evaluation; under such condition, the employee may elect to use their insurance benefit or self-payment. A New Avenues Care Manager will specify to you the terms of payment and where to send the claim. Please also consult with the New Avenues Care Manager on the estimated number of hours and fees such that these can be planned and pre-authorized if necessary.

5. Disclosure.

Send your report to New Avenues who will send your full report on to the employer, unless the employer has asked for a direct receipt of the report. New Avenues does not disclose reports or findings to the employee. If the employee requests a copy of the report, it is up to the provider to supply such a report, or give the employee a verbal summary of the provider's findings.



6. Role of New Avenues.

New Avenues' role is to facilitate the referral, act as an intermediary in the communication of the findings, and at the employer's discretion, conduct follow-up for arranging and monitoring service for the employee for recommended treatment. The provider's assessment, findings, treatment recommendations, and determinations are communicated as the sole judgment of the provider performing the fitness-for-duty evaluation or risk assessment. New Avenues does not have any role or responsibility in the use of the findings by the employer. The employer makes the sole determination if the assessment shall be considered a condition of employment or a condition of continuation of employment.

If you have any questions please call New Avenues at 800-731-6501.



ATTACHMENT A

INFORMED CONSENT FOR FITNESS FOR DUTY ASSESSMENT

Employee: _____

Date of Evaluation: _____

Provider: _____

Purpose: You have been referred by New Avenues and/or your employer for an evaluation of a work related problem that has prompted a question as to your fitness to maintain or return to unrestricted duties in your work.

Procedures: You will be asked about the circumstances around the event or events leading up to the referral, your understanding of the problem, and your current and past psychological functioning. You may be given psychological tests or asked to complete forms that will assist me in learning more about you. It may be necessary for me to talk with representatives of New Avenues', your employer, family member(s), and/or review other reports to obtain additional background about you relevant to this evaluation.

Reporting: The information collected during the evaluation will be prepared for your employer in the form of a report. In most cases, the report will be sent to New Avenues' EAP, who will then provide it to your employer.

Limits of Confidentiality: Other than the report to the person(s) specified on the Consent to Release Information, all information given by you is treated as confidential except under the following conditions. This state requires that information related to known or suspected child or elderly abuse be reported to appropriate government officials/agencies. Also information may be released if you present a risk to yourself or someone else.

Possible Outcomes: The findings may result in a recommendation for treatment. Your employer also may take the findings into consideration as they relate to decisions regarding your employment.

I understand that I may see and copy the information described on this form if I ask for it, and that I get a copy of this form after I sign it.

I understand this authorization is voluntary and that I will not be denied health care or health plan coverage if I do not sign this form.

I understand that once the authorized information is disclosed, it may no longer be protected by federal privacy regulations.

I consent and agree to the terms of this authorization. However, I may revoke this authorization at any time by notifying this provider in writing, but if I do, it will not affect any actions this provider has already taken in reliance on it. If not previously revoked, this authorization will terminate one (1) year after the date of its execution.

I have been fully informed about this assessment and understand its purpose and use. Any questions have been answered to my satisfaction. I agree to participate in this evaluation.

Person's signature

Date

Professional

Date

Original copy to client



ATTACHMENT B

FITNESS FOR DUTY ASSESSMENT

Employee Name: _____

Date of Assessment: _____

Employer: _____

Social Security No.: _____

1. Employer's statement of reason for referral.

2. As a result of this assessment, the following conditions/limitations which could affect the employee's ability to perform the essential functions of his/her job were noted:

3. Risk Assessment: *(Answer this section only if applicable or check):* Does Not Apply.
Does the employee present characteristics that are associated with increased risk of harm to self or others? *(Include, as applicable, brief statement as to level of risk.)*

4. Based upon understanding of the employee's job description, can the employee perform the essential functions of his/her job (including ability to work safely in the work environment?) Yes No *(Please explain)*

5. If the employee cannot perform the essential job functions, are there suggested accommodations that might be made which would allow the employee to perform these functions? Please specify.



6. Is any additional evaluation or treatment recommended?

7. As a result of this assessment, it is recommended that the employee be off work?
No Yes

If Yes, Continuous: indicate leave for estimated number of _____ days,
starting _____ (date)

Intermittent basis? If so, please describe the general terms of hours per
day and/or number of days per week the employee may need off.

Signature of Evaluator: _____

Phone Contact Information of Evaluator: _____

Date: _____