

# ACTIVE CARE – INTERVENTION FOR STRESS RELATED ABSENCE

## EXTERNAL USE

The Active Care service from Health Assured provides an effective intervention on the very first day you receive a fit note from an employee citing a stress related absence.

Upon receipt of an Active Care referral form, Health Assured will arrange for an experienced clinician to contact the employee and complete a structured consultation.

The focus of the consultation will be to understand the individual's needs, ascertain triggers, treatment prescribed and offer recommendations for support in an impartial manner.

Subject to the employee's consent, a written report will be sent to the referring manager summarising the consultation outcome and recommended steps.

### **Questions to consider before referral:**

1. Has the employee been off for less than two weeks?
2. Has express consent been obtained from the employee for their contact details and a copy of their fit note to be provided to Health Assured for the purpose of an Active Care consultation?
3. Has the employee consented to a written outcome report being provided to the referring manager following the Active Care referral, and do they understand that they can withdraw their consent if they change their mind?

### **Employee Consent**

Health Assured is committed to the protection of all client data and the transparent and informed use of our services. Under the General Data Protection Regulation (2016/679) (GDPR), Active Care services are provided with the legal basis of legitimate interest and for the provision of preventive or occupational medicine. Further information regarding how Health Assured handle data is available in our Privacy Notice on our website - [www.healthassured.org/privacy-policy](http://www.healthassured.org/privacy-policy).

For the purpose of the Active Care referral, the employee must provide clear consent for their data to be shared with Health Assured for the purpose of the Active Care consultation. Consent to an Active Care referral can be withdrawn at any time.

Should the employee wish to, they can withdraw consent by calling Health Assured on 0161 836 9481; or by emailing [activecare@healthassured.co.uk](mailto:activecare@healthassured.co.uk).

Please send the completed form by email to:

**E:** [activecare@healthassured.co.uk](mailto:activecare@healthassured.co.uk)

## Active Care Call Request Form

### Section 1 - Employee Details

Name of employee:	<input type="text"/>
Employee date of birth:	<input type="text"/>
Employee address:	<input type="text"/>
Employee contact telephone number:	<input type="text"/>
Employee email address:	<input type="text"/>
Start date of absence:	<input type="text"/>
Best days and time to contact the employee? (i.e. am/pm/eve/any):	<input type="text"/>

**Please note:** referral will **not** be eligible for Active Care if the absence commenced more than two weeks ago

### Section 2 - Employer Details

Name of referring manager:	<input type="text"/>
Company name:	<input type="text"/>
Company address:	<input type="text"/>
Manager's contact telephone number:	<input type="text"/>
Manager's email address:	<input type="text"/>
Is the absence related to work, personal or both?	<input type="text"/>
Brief description of absence:	<input type="text"/>
Copy of 'fit note' attached?	Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick as appropriate)
Has express consent been obtained from the employee?	Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick as appropriate)

**Please Note:** An Active Care referral can only be made **if the employee has consented** to receiving our call.

**Employer declaration:** I confirm that the employee has consented to their contact details and a copy of their fit note to be provided to Health Assured Ltd for the purpose of an Active Care consultation. The employee is aware that a written outcome report will be provided to their employer once completed.

**Referring Manager Name**..... **Signature**..... **Date**.....