



NOTICE OF PRIVACY PRACTICES/STATEMENT OF UNDERSTANDING

This notice includes a description of how medical information may be used and disclosed and how this information is accessed. Please review it carefully.

1. Program Overview

ESPȲR is a private employee assistance firm that offers assessment, short-term counseling and referral for a wide range of personal and job-related concerns. Services provided by ESPȲR are offered at no cost to eligible individuals. The employer has prepaid this benefit. Use of this benefit is voluntary. Contracted clinicians may provide certain EAP services.

Unless there is an emergency, you must cancel any scheduled appointments 24 hours in advance. Otherwise, it will be counted as one of your EAP sessions.

Referrals to services beyond the EAP may be recommended to help resolve problems. The cost of those services may be covered by your health insurance. However, it is your responsibility to determine whether or not services are covered under your plan. Any cost involved for those services is your responsibility.

2. Confidentiality

Federal and state law and regulations protect the confidentiality of your EAP record. The principal purpose of maintaining information about you is to document your assessment, intervention, and follow-up activities. The highest professional standards will be adhered to by the EAP in maintaining your record.

The two federal laws that protect your health information are the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Confidentiality Law 42 C.F.R part 2. Under these laws, ESPȲR and your EAP Counselor may not inform others that you attend the EAP or disclose any other protected information except as permitted by federal law.

DISCLOSURES OF INFORMATION

Under federal and state regulations, certain disclosures of information may be made:

1. When the client consents in writing. Any such written consent may be revoked by you in writing.
2. Pursuant to an agreement with a qualified service organization/business associate.
3. To other mental health practitioners who are involved in providing your mental health care, as long as information does not pertain to substance abuse.
4. When the disclosure is allowed by a valid court order.
5. When the disclosure is made to medical personnel in a medical emergency or when the disclosure is made in a non-identifiable form to qualified personnel for research, audit, or program evaluation.

6. If there is a situation where the safety of the public or an individual is concerned, the EAP may be required to notify the intended victim and/or law enforcement officials.
7. When there is suspected child or elder abuse and neglect.
8. When a crime is committed by a client at the EAP, or against any person who works for the EAP, or when there is a threat to commit such a crime.
9. For research, audit or evaluations

OTHER DISCLOSURES

Other instances when disclosures may be made without your written consent, in accordance with ESPȲR policies, are:

1. If an ESPȲR client is committing a crime against his/her employer, ESPȲR reserves the right to disclose that information to the client's employer.
2. To a private firm, individual, or group providing EAP functions contractually with ESPȲR.

Violation of the Federal and state law and regulations by the EAP is a crime. Suspected violations may be reported to appropriate authorities. You may complain to the ESPȲR Privacy Officer and the Secretary of the United States Department of Health and Human Services if you believe that your privacy rights have been violated under HIPAA. You will not be retaliated against for filing such a complaint.

3. Quality Management

With your consent, ESPȲR staff may follow-up with you by mailed questionnaire and/or telephone to evaluate the effectiveness of our program and your satisfaction with our services. This contact will assist us in monitoring and improving the quality of the program.

4. Your Rights

Under HIPAA you have the right to request restrictions on certain uses and disclosures of your EAP information. ESPȲR is not required to agree to any restrictions you request, but if it does agree then it is bound by that agreement and may not use or disclose any information which you have restricted except as necessary in a medical emergency.

You have the right to request that we communicate with you by alternative means or at an alternative location. ESPȲR will accommodate such requests that are reasonable and will not request an explanation from you. Under HIPAA you also have the right to inspect and copy your own health information maintained by ESPȲR except to the extent that the information contains psychotherapy notes or information compiled for use in a civil, criminal or administrative proceeding or in other limited circumstances. Such requests are to be made in writing. Access will be provided no later than thirty days after receipt of the request. If the requested information is not maintained or accessible at the program's site, then the program has sixty days to process the request. A reasonable fee for copying may be imposed.

Under HIPAA you also have the right, with some exceptions, to amend health care information maintained in ESPYR records, and to request and receive an accounting of disclosures of your health-related information made by ESPYR during the six years prior to your request. You also have a right to receive a paper copy of this notice.

5. ESPYR Duties

ESPYR is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. ESPYR is required by law to abide by the terms of this notice. ESPYR reserves the right to change the terms of this notice and to make new notice provisions effective for all protected health information it maintains.

6. Complaint and Grievance Procedures

ESPYR clients have the right to file complaints and grievances about services received. Complaints and grievances may be filed by contacting ESPYR and requesting, completing and submitting a copy of the Complaint and Grievance Form, or by reporting by phone the complaint or grievance to ESPYR. Upon receipt of a complaint or grievance, ESPYR will conduct an investigation of the circumstances leading to the complaint or grievance, and provide a response within three business days, in accordance with established policies and procedures. ESPYR clients also have the right to file an appeal of any decisions made by ESPYR in response to a complaint or grievance by submitting a completed copy of the Complaint and Grievance Appeal Form. The ESPYR Grievance Committee will review appeals, and a formal response to the appeal will be issued within fourteen working days, in accordance with established policies and procedures. ESPYR clients have the right at any time to request a full copy of the policies and procedures related to the filing and resolving of complaints and grievances.

My signature below means I have read this document, understand it, have been given the opportunity to ask questions for clarification and have received a copy of this notice.

Print Client Name Date _____

Signature of Client or Legal Guardian Date _____

Witness Date _____