

Employee Assistance Network, Inc. Notice of Privacy Practices

This Notice is effective April 14, 2003

**THIS NOTICE DESCRIBES HOW HEALTH CARE INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
THE PRIVACY OF YOUR PERSONAL INFORMATION IS IMPORTANT TO US.
PLEASE REVIEW IT CAREFULLY.**

The federal health care privacy regulations known as "HIPAA" generally do not take precedence over stricter state privacy laws. The confidentiality policies and procedures adhered to by the Employee Assistance Network impose more stringent standards to protect your privacy than is required by "HIPAA". However, we are required by law to provide you with this Notice of Privacy Practices explaining our legal duties and privacy practices with respect to health care information.

WE ARE REQUIRED BY LAW TO PROTECT HEALTH CARE INFORMATION ABOUT YOU.

We may change the terms of this Notice in the future. If we make changes to this Notice, we will:

- ◆ Post the new Notice in our waiting area
- ◆ Have copies of the new Notice available upon request
- ◆ Post it on our website located at www.eannc.com

If at any time, you have questions about information in this Notice or about our privacy policies, procedures or practices, you may contact our Privacy Officer at 828-252-5725 or 1-800-454-1477.

**WHAT IS A MEDICAL/SERVICE RECORD?
WHAT INFORMATION IS IN THE MEDICAL RECORD?**

Each time you receive a service from a representative of EAN, a record of that contact is maintained. The information is collected and maintained in what is referred to as your Medical or Service Record. Your Record may contain information about your mental health or substance abuse history, your physical health, current symptoms, assessments, test results, diagnosis, treatment, medications, legal history, insurance authorization, work-related issues, and a plan for your current and future care.

**WE WILL NOT DISCLOSE YOUR HEALTH INFORMATION WITHOUT
YOUR AUTHORIZATION/CONSENT, EXCEPT AS DISCLOSED IN THIS NOTICE.**

This section of our Notice explains how we may use and disclose health care information about you in order to provide health care, facilitate payment for that health care, and operate our business efficiently. This section then briefly mentions several other circumstances in which we may use or disclose health care information about you.

Required by law

We will use and disclose health care information about you whenever we are required by law to do so. There are many state and federal laws that require us to use and disclose health care information. For example, state law requires us to report gunshot wounds and other injuries to the police and to report known or suspected child or elder abuse or neglect--to the Department of Social Services. We will comply with those state laws and with other applicable laws as listed below:

- ◆ **Threat to health or safety:** We are required to disclose information about you if we believe it is necessary to prevent or lessen a serious threat to health or safety.
- ◆ **Abuse, neglect or domestic violence:** We are required to disclose information about you to the Department of Social Services if we reasonably believe that you may be a perpetrator of child or elder abuse.
- ◆ **Court proceedings:** We are required to disclose information about you to a court with an appropriate order from a judge.

Authorization/Consent

Other than the uses and disclosures described above, we will not use or disclose information about you without "authorization" - or signed permission on an authorization for release of information form.

If you sign a written authorization allowing us to disclose information about you, you may later revoke or cancel this authorization except for information which has already been released. This revocation must be in writing. If you revoke your authorization, we will follow your instructions except to the extent that we have already relied upon your authorization and taken some action.

YOUR RIGHTS WITH RESPECT TO HEALTH CARE INFORMATION ABOUT YOU

Right to a copy of the Notice

You have a right to have a paper copy of our Notice of Privacy Practices at any time. In addition, a copy of this Notice will always be posted in our waiting area. If you would like to have a copy of our Notice, ask the receptionist for a copy or contact our Privacy Officer .

Right of access to inspect and copy

You have the right to inspect and to receive a copy of health care information about you that we maintain. If you would like to inspect your record, you may call us and set up an appointment to come in and review your record. We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so. If you would like a copy of the information, we may charge you a fee to cover the costs of the copy.

Right to have health care information amended

You have the right to amend (which means correct or add) health care information about you that we maintain if you believe that we have information that is either inaccurate or incomplete. We may amend the information to indicate the problem and notify others who have copies of the inaccurate or incomplete information.

We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. You will have the opportunity to send us a statement explaining why you disagree with our decision to deny your Amendment Request and we will share your statement whenever we disclose the information in the future.

Right to an accounting of disclosures we have made

You have the right to receive an accounting of disclosures (disclosure means the release, transfer, provision of access to, or divulging in any other manner of information outside the entity holding the health information). If you would like to receive an accounting, please contact our Privacy Officer. The accounting will not include several types of disclosures, including disclosures for treatment, payment, or health care operations. The accounting will not include disclosures made prior to April 14, 2003.

Right to request restrictions on uses and disclosures

You have the right to request that we limit the use and disclosures of health care information about you.

Right to request an alternative method of contact

You have the right to be contacted at a different location or by a different method.

YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES

If you believe that your privacy rights have been violated or if you are dissatisfied with our privacy policies or procedures, you may file a complaint either with us or with the United States Secretary of Health & Human Services. We will not take any action against you or change our treatment of you in any way if you file a complaint.

To file a complaint with Employee Assistance Network, you may bring your complaint to your counselor, his/her supervisor, the Privacy Officer or you may mail it to the following address: **Employee Assistance Network, Inc., Doctor's Park Suite C-3, 417 Biltmore Avenue, Asheville NC 28801, ATTN: Privacy Officer**

NOTICE OF RECEIPT OF PRIVACY PRACTICES

X _____
(Please print name)

- ◆ I acknowledge that I have been informed about the Notice of Privacy Practices for Employee Assistance Network.
- ◆ I understand that the Notice of Privacy Practices discusses how my protected health information (PHI) may be used and/or disclosed, my rights with respect to protected health information, and how and where I may file a privacy-related complaint.
- ◆ I may obtain a copy of this Notice from the agency website and/or by requesting one from the Employee Assistance Network Privacy Officer at 828-252-5725 or 1-800-454-1477.
- ◆ I understand the terms of this Notice may be changed in the future, and these changes will be posted in the lobby of the agency, and/or posted on the agency website located at www.eannc.com. I may also request a copy of the new Notice by contacting the Privacy Officer at 828-252-5725 or 1-800-454-1477.

X _____
Client Signature/Legally Responsible Person

X _____
Date

ACKNOWLEDGMENT OF EAP BENEFITS AND LIMITATIONS

To Our Clients:

Welcome to the Employee Assistance Network, Inc. (EAN), your EAP office. There are several things you will want to know before we discuss your reason for coming.

Confidentiality is extremely important to us as well as you. We take precaution in protecting the confidentiality of your visit with us and hope you will do likewise.

WE DO NOT DISCUSS YOUR SITUATION WITH ANYONE EXCEPT FOR REASONS CITED BELOW, UNLESS YOU GIVE US WRITTEN PERMISSION TO DO SO. There are three limitations to confidentiality beyond our control:

1. If we learn about child abuse or elder abuse, we are required by law to report it to the Department of Social Services.
2. If in our judgment a person is dangerous to self or others, it is our responsibility to do whatever we can, breaking confidentiality if necessary, to protect a person(s) from harm.
3. If we are required by court order to present records and/or counselor we must do so.

We will assess your needs and help you develop a plan of action to address those needs. This plan may include a referral to another professional or program in the community or assistance may be provided directly by the EAN staff. The EAN staff is also available for your feedback to ensure services provided to you were satisfactory.

There is no cost to you for any services provided through your EAP by the Employee Assistance Network, Inc. *The EAP does not cover the costs of services to which you may be referred.* We attempt to maintain up-to date information on your health benefits so that we can refer you to providers covered by your plan, but it is your responsibility to verify that insurance will cover the cost of therapy or other treatment.

X _____
Client Signature

X _____
Date