

**\_\_\_\_\_’s EMPLOYEE ASSISTANCE PROGRAM  
NOTICE OF PRIVACY PRACTICES**

***THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE  
USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.  
PLEASE REVIEW IT CAREFULLY.***

This notice is provided to participants of \_\_\_\_\_’s Employee Assistance Program (“Plan”) and describes how the Plan may use and disclose your protected health information. This notice also explains your rights and our obligations with respect to your protected health information. Throughout this notice references to "us", "we" or "our" shall refer to the Plan.

**Protected Information.** In the course of paying for health care services provided to you, information regarding your health care may be originated and/or received by us. Information which can be used to identify you and which relates to your past, present or future medical condition, receipt of health care or payment for health care ("Protected Information") is protected by federal and state law.

**Our Responsibilities.** Federal law imposes certain obligations and duties upon us as a health plan with respect to your Protected Information. Specifically, we are required to:

- Provide you with notice of our legal duties and the health plan's policies regarding the use and disclosure of your Protected Information;
- Maintain the confidentiality of your Protected Information in accordance with state and federal law;
- Honor your requested restrictions regarding the use and disclosure of your Protected Information, if required by law to do so;
- Allow you to inspect and copy your Protected Information during our regular business hours;
- Act on your request to amend Protected Information within sixty (60) days and notify you of any delay which would require us to extend the deadline by the permitted thirty (30) day extension;
- Honor your requested restrictions regarding the use and disclosure of your Protected Information unless under the law the Plan is authorized to release your Protected Information without your authorization, in which case you will be notified within a reasonable period of time;

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your Protected Information;
- Accommodate reasonable requests to communicate Protected Information by alternative means or methods; and
- Abide by the terms of this notice and provide you with a copy of this notice at any time.

**How Your Protected Information May be Used and Disclosed.** Generally, your Protected Information may be used and disclosed by us only with your express written authorization. However, there are some exceptions to this general rule. The following are ways in which we may use or disclose your Protected Information without your written authorization.

*Treatment Purposes.* We may use or disclose your Protected Information for treatment purposes. It may be necessary for us to communicate with health care providers providing treatment to you to facilitate that treatment. For example, your health care provider may request information regarding whether a service will be covered.

*Payment Purposes.* Your Protected Information may also be used or disclosed for payment purposes. It is necessary for us to use or disclose Protected Information so that we may properly cover services provided to you. For example, we may disclose information a health care provider regarding whether you qualify for coverage under the Plan.

*Health Care Operations.* Your Protected Information may also be used for health care operations, which are necessary for the management of the Plan. For example, we may disclose information to our accountant if necessary for auditing purposes. We may at times remove information, which could identify you from your record so as to prevent others from learning who the specific patients are. In addition, we may release your Protected Information to another individual or entity covered by the federal privacy regulations that has a relationship with you for their fraud and abuse detection or compliance purposes, quality assessment and improvement activities, or review, evaluation or training of health care professionals or students.

*Plan Administrative Functions.* Limited information, such as enrollment and disenrollment information and summary health information, may be disclosed to your employer.

*Persons Involved with Your Care or Payment for Care.* We may disclose your Protected Information to family members or others that you identify as being involved in decisions about your health care or payment for your health care. Before doing so, we will provide you with an opportunity to object to such uses or disclosures or if you are not present we will disclose Protected Information that is directly relevant to the person's involvement with your care or

payment related to your care if in the our professional judgment we determine it is in your best interest.

*Authorized by Law.* We may also use or disclosure your protected health information without your authorization as permitted or required by law. Examples include: public health activities, health oversight activities, judicial and administrative proceedings, abuse reporting, law enforcement, workers compensation, organ donation, medical examiners and coroners, specialized government functions, to avert a serious threat to public health or safety, to comply with the law, and research purposes. Information will only be used/disclosed without your authorization as permitted by the applicable state or federal law.

*More Stringent Laws.* Some of your Protected Information may be subject to other laws and regulations and afforded greater protection than what is outlined in this Notice. For instance, HIV/AIDS, and mental health information are given more protection under Iowa law and substance abuse information is given more protection under federal law. In the event your Protected Information is afforded greater protection under federal or Iowa law, we will comply with the more stringent law.

Other uses and disclosures of Protected Information not covered by this Notice or the laws that apply to us will be made only with your written permission. For example, we need your written authorization to disclose your Protected Information to an attorney who represents you. In addition, we never sell your Protected Information or share it for marketing purposes unless you have given us written permission to do so. If you provide us permission to use or disclose Protected Information about you, you may revoke this permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose Protected Information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission. In no event will we use your genetic information to decide whether your are eligible for coverage or the cost of coverage.

**Your Rights.** Federal law grants you certain rights with respect to your Protected Information. Specifically, you have the right to:

- Receive notice of our policies and procedures used to protect your Protected Information;
- Request that certain uses and disclosures of your Protected Information be restricted; *provided, however*, if we may release the information without your consent or authorization, we have the right to refuse your request;
- Access to your Protected Information; *provided, however*, the request must be in writing and may be denied in certain limited situations;

- Request that your Protected Information be amended;
- Obtain an accounting of certain disclosures by us of your Protected Information for the past six years;
- Revoke any prior authorizations or consents for use or disclosure of Protected Information, except to the extent that action has already been taken;
- Request communications of your Protected Information are done by alternative means or at alternative locations; and
- Notification of any breach of unsecured Protected Information relating to you.

**Important Contact Information.** This notice has been provided to you as a summary of how we will use your Protected Information and your rights with respect to your Protected Information. If you have any questions or for more information regarding your Protected Information, please contact our office at [REDACTED].

If you believe your privacy rights have been violated, you may file a complaint with our office by contacting our office at [REDACTED]. You may also file a complaint with the Secretary of Health and Human Services by sending a letter to 200 Independence Avenue, S.W., Washington DC 20201, calling 1-877-696-6775 or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). There will be no retaliation for the filing of a complaint.

**Effective Date.** This notice becomes effective on October 1, 2016. Please note, we reserve the right to revise this notice at any time. A current notice of our privacy practices may be obtained by contacting our office at [REDACTED] or on our website at [REDACTED]. If any revision to this notice is material, we will provide you a copy within 60 days of the revision.