

**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.**

## **Mazzitti & Sullivan EAP Services – Notice of Privacy Practices**

**Privacy is a very important concern for all those who contact our EAP. It is also complicated because of federal and state laws and our professional standards. Because the rules are so complicated some parts of this Notice are quite detailed and you may need to read them several times to understand them. If you have any questions, our Privacy Officer will be happy to help you. His name and address are at the end of this Notice.**

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## **A. Introduction to our clients**

This Notice will tell you about how we handle information about you. It tells how we use this information in our office, how we share it with other professionals and organizations, and how you can see it. We want you to know all of this so that you can make the best decisions for yourself and your family. We are also required to tell you about this because of the privacy regulations of a Federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Because this law and the laws of this state are very complicated and we don't want to make you read a lot that may not apply to you, we have simplified some parts. If you have any questions or want to know more about anything in this Notice, please ask our Privacy Officer for more explanation or more details.

## **B. What we mean by your medical information**

Each time you contact us (or any other health care provider), information is collected about you and your mental health. It may be information about your past, present, or future health or conditions, or the treatment or other services you got from us or from others, or about payment for health care. The information we collect from you is called, in the law, **Protected Health Information (PHI)**. This information goes into your **medical or health care record** or file at the counselor's and our office. In our office the PHI is likely to include these kinds of information:

- Personal information – your name, Social Security Number, address, phone numbers, and place of employment (for statistical reporting ONLY).
- Reasons you came for treatment – your problems, complaints, symptoms, needs, and goals.
- Diagnoses – the medical terms for your problems or symptoms.
- A treatment plan – the treatments and other services that your counselor thinks will best help you.
- Progress notes – each time you come in, your counselor writes down some things about how you are doing, what he/she observes about you, and what you tell him/her.
- Records we get from others who treated or evaluated you.
- Information about medications you took or are taking.
- Legal matters.
- Billing and insurance information.

This list is just to give you an idea, and there may be other kinds of information that go into your health care record here.

We use this information for many purposes. For example, we may use it:

- To plan your care and treatment.
- To decide how well our treatments are working for you.
- When we talk with other health care professionals who are also treating you, such as your family doctor or the professional to whom we referred you.
- For teaching and training of other health care professionals.

- For public health officials trying to improve health care in this country.
- To improve the way we do our job by measuring the results of our work.

When you understand what is in your record and what it is used for, you can make better decisions about whom, when, and why others should have this information.

Although your health record is the physical property of the health care practitioner or facility that collected it, the information belongs to you. You can inspect, read, or review it. If you want a copy we can make one for you, but we may charge you for the costs of copying (and mailing if you want it mailed to you). In some very unusual situations you cannot see all of what is in your records. If you find anything in your records that you think is incorrect, or something important is missing, you can ask us to amend (correct or add information to) your record, although in some rare situations we don't have to agree to do that. Our Privacy Officer, Andrew T. Sullivan, can explain more about this.

## C. Privacy and the laws

The HIPAA law requires us to keep your PHI private and to give you this Notice of our legal duties and our Privacy Practices, which is called the **Notice of Privacy Practices** or **NPP**. We will obey the rules of this Notice as long as it is in effect, but if we change it the rules of the new NPP will apply to all of the PHI we keep. If we change the NPP, we will post the new Notice in our office where everyone can see it. You or anyone else can also get a copy from our Privacy Officer at any time, and it will be posted on our website at [www.mseap.com](http://www.mseap.com).

## D. How your protected health information can be used and shared

When your information is read by anyone in our office or your counselor's office that is called, in the law, "**use**." If the information is shared with or sent to others outside this office, that is called (in the law) "**disclosure**." Except in some special circumstances, when we use your PHI here or disclose it to others we share only the **minimum necessary** PHI needed for the purpose. The law gives you rights to know about your PHI, how it is used, and to have a say in how it is disclosed, and so we will tell you more about what we do with your information.

We use and disclose PHI for several reasons. Mainly, we will use and disclose (share) it for routine purposes and we will explain more about these below. For other uses, we must tell you about them and have a written Authorization from you, unless the law lets or requires us to make the use or disclosure without your authorization. However, the law also says that we are allowed to make some uses and disclosures without your consent or authorization.

### 1. Uses and disclosures of PHI in health care *with* your consent

After you have read this Notice, you will be asked to sign a separate **Consent form** to allow us to use and share your PHI. In almost all cases we intend to use your PHI here or

share your PHI with other people or organizations to provide **treatment** to you, arrange for **payment** for services provided to you, or some other business functions called health care **operations**. Together these routine purposes are called TPO and the Consent form allows us to use and disclose your PHI for TPO.

**a. For treatment, payment, or health care operations**

We need information about you and your condition to provide care to you. You have to agree to let us collect the information, use it, and share it as necessary to care for you properly. Therefore you must sign the Consent form before your counselor begins to treat you, because if you do not agree and consent he/she cannot treat you.

When you come to see your counselor, several people in that office may collect information about you and all of it may go into your health care records there and/or in our office. Generally, we may use or disclose your PHI for three purposes: treatment, providing payment, and what are called health care operations.

*For treatment*

We use your medical information to provide you with psychological treatment or services. These might include individual, family, or group therapy, psychological, educational, or vocational testing, treatment planning, or measuring the effects of our services.

We will need to share or disclose your PHI to others who provide treatment to you. If you are being treated by a team, we can share some of your PHI with them so that the services you receive will be coordinated. They will also enter their findings, the actions they took, and their plans into your record so that they all can decide what treatments work best for you and make up a Treatment Plan. If you receive treatment in the future from other professionals accessed through Mazzitti & Sullivan EAP Services, we can also share your PHI with them. These are some examples so that you can see how we use and disclose your PHI for treatment.

*For payment*

Your counselor may use your information to bill you, your insurance, Mazzitti & Sullivan EAP Services, or to others to be paid for the treatment provided to you. We (or your counselor) may contact your insurance company to check on exactly what your insurance covers. We may have to tell them about your diagnoses, what treatments you have received, and what is expected as you are treated. We will need to tell them about when you and your counselor meet, your progress, and other similar things.

*For health care operations*

There are some other ways we may use or disclose your PHI, which are called health care operations. For example, we may use your PHI to see where we can make improvements in the care and service we provide. We may be required to supply some information to

some government health agencies so they can study disorders and treatments, and make plans for services that are needed. If we do, your name and any other identifying information will be removed from what we send.

**b. Other uses in health care**

**Appointment reminders:** Your counselor may use and disclose medical information to reschedule or remind you of appointments for treatment or other care. If you want him/her to call or write to you only at your home or your work, or prefer some other way to reach you, it can usually be arranged. Simply notify us and your counselor of your preferences.

**Treatment Alternatives:** We may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you.

**Research:** We may use or share your information to do research to improve treatments. For example, comparing two treatments for the same disorder to see which works better, faster, or costs less. In all cases, your name, address, and other information that reveals who you are will be removed from the information given to researchers. If they need to know who you are we will discuss the research project with you and you will have to sign a special Authorization form before any information is shared.

**Business Associates:** There are some jobs we hire other businesses to do for us. They are called our Business Associates in the law. Examples include a copy service your provider may use to make copies of your health record and a billing service that figures out, prints, and mails any bills. These business associates need to receive some of your PHI to do their jobs properly. To protect your privacy they have agreed in their contract with us to safeguard your information.

**2. Uses and disclosures *requiring* your Authorization**

If we want to use your information for any purposes besides the TPO, or those we described above, we need your permission on an **Authorization Form**. We don't expect to need this very often.

If you do authorize us to use or disclose your PHI, you can revoke (cancel) that permission, in writing, at any time. After that time, we will not use or disclose your information for the purposes that we agreed to. Of course, we cannot take back any information we had already disclosed with your permission or that we had used in our office.

**3. Uses and disclosures of PHI from mental health records *NOT requiring* your Consent or Authorization**

The laws permit us to use and disclose some of your PHI without your consent or authorization in some cases.

**When required by law:**

There are some Federal, state, or local laws which require us to disclose PHI.

- We have to report suspected child abuse.
- If you are involved in a lawsuit or legal proceeding and we receive a subpoena, discovery request, or other lawful process, we may have to release some of your PHI. We will only do so after trying to tell you about the request, consulting your lawyer, or trying to get a court order to protect the information they requested.
- We have to release (disclose) some information to the government agencies that check on us to see that we are obeying the privacy laws.

**For Law Enforcement Purposes:**

We may release medical information if asked to do so by a law enforcement official to investigate a crime or criminal.

**For public health activities:**

We might disclose some of your PHI to agencies that investigate diseases or injuries.

**Relating to decedents:**

We might disclose PHI to coroners, medical examiners, or funeral directors, and to organizations relating to organ, eye, or tissue donations or transplants.

**For specific government functions:**

We may disclose PHI of military personnel and veterans to government benefit programs relating to eligibility and enrollment, to Worker's Compensation programs, to correctional facilities if you are an inmate, and for national security reasons.

**To prevent a serious threat to health or safety:**

If we come to believe that there is a serious threat to your health or safety or that of another person or the public we can disclose some of your PHI. We will only do this to persons who can prevent the danger.

**4. Uses and disclosures requiring you to have an opportunity to object**

We can share some information about you with your family or others close to you. We will only share information with those involved in your care and anyone else you choose, such as close friends or clergy. We will ask you about whom you want us to tell what information about your condition or treatment. You can tell us what you want and we will honor your wishes as long as it is not against the law.

If it is an emergency where we cannot ask you if you disagree, we can share information if we believe that it is what you would have wanted and if we believe it will help you if we do share it. If we do share information in an emergency, we will tell you as soon as we can. If you don't approve, we will stop, as long as it is not against the law.

## **5. An accounting of disclosures**

When we disclose your PHI, we keep some records such as: to whom we sent it, where we sent it, and what we sent. You can get an accounting (a list) of many of these disclosures.

### **E. If you have questions or problems**

If you need more information or have questions about the Privacy Practices described above, please speak to the Privacy Officer, whose name and telephone number are listed below. If you have a problem with how your PHI has been handled or if you believe your privacy rights have been violated, contact the Privacy Officer. You have the right to file a complaint with us and the Secretary of the Federal Department of Health and Human Services. We promise that we will not in any case limit your care here or take any actions against you if you complain.

If you have any questions regarding this Notice or our health information privacy policies, please contact our Privacy Officer, Andrew T. Sullivan. He can be reached by telephone at 717-901-5652, extension 127, or by e-mail at [asullivan@mazzittiandsullivan.com](mailto:asullivan@mazzittiandsullivan.com).