



NOTICE OF PRIVACY PRACTICES (NPP) SUMMARY

This notice is a summary of how medical information about you may be used, disclosed and how you can get access to this information. Please review it carefully.

Our commitment to your privacy

Mazzitti & Sullivan EAP is dedicated and legally bound to maintaining the privacy of your personal health information. We must provide you with the full Notice of Privacy Practices upon request. However, since we can't cover all possible situations, please talk to our Director of EAP Operations if problems arise.

We will use the information about your health mainly to provide you with **treatment**, to arrange **payment** for our services, or for health care **operations**. After you have read this NPP we will ask you to sign a **Consent Form** to let us use and share your information. If you do not consent and sign this form, the counselor cannot treat you.

If either party want to use or disclose any information, we will consult with you and request an Authorization to allow the discloser of your medical records.

There are times when current laws require us to share your health information, such as:

1. When you are deemed a serious threat to yourself or others in the community. We will only share information with a person or organization that is able to help, prevent, or reduce the threat.
2. If we are given a legally exsiccated court subpoena from a Judge.
3. If a law enforcement official requires us to do so.
4. For Worker's Compensation and similar benefit programs.

There are other rare situations like these that are described in the longer version of the NPP.

Your rights regarding your health information

1. You can ask us to communicate with you about your health and related issues in a particular way. For example, you can ask us to call you at home, and not at work, to schedule or cancel an appointment. We will try our best to do as you ask.
2. You have the right to ask us to limit what we disclose to your family members and friends in relation to your care. We strive to keep our agreement, but the only exceptions are if it is against the law, in an emergency, or when the information is necessary to treat you.
3. You have the right to look at the health information we have about you, such as your medical and billing records. Contact our Director of EAP Operations to request your records.
4. If you believe the information in your records is incorrect or incomplete, you can ask us to amend your health information. You have to make this request in writing and send it to our Director of EAP Operations. You must tell us the reasons you want to make the changes.
5. You have the right to a copy of this notice. If we change this NPP we will post it on our website, www.mseap.com, and you may get a copy of the NPP from the Director of EAP Operations.
6. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with our Director of EAP Operations and the Secretary of the Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care we provide to you in any way.

If you have any questions regarding this notice or our health information privacy policies, please ask.

Director of EAP Operations.: Cheryl Raudenbush, 1-800-241-5740; email: CRaudenbush@mseap.com

MAZZITTI & SULLIVAN
EMPLOYEE ASSISTANCE PROGRAM
INFORMATION AND CONSENT FORM

The evaluation and referral service of the Employee Assistance Program is confidential and all information is outlined in the Notice of Privacy Practices (NPP). All activities conducted by Mazzitti and Sullivan EAP services adhere to HIPAA Privacy Practice compliance guidelines. Your signature below acknowledges your receipt of our NPP and grants us permission to use and disclose your protected health information (PHI) as necessary for treatment, payment to the provider, and basic mental health care operations.

The Employee Assistance Program (EAP) provides a free evaluation and short-term counseling services; therefore, you are not obligated to make any payment to the evaluator for the EAP sessions. If continued treatment is recommended beyond what is provided by the program, the EAP evaluator will assist you in finding the most appropriate services and will help you in determining the cost of treatment and how it relates to your benefit plan.

The EAP services provided to you includes case management to ensure satisfactory services and to perform quality assurance functions. The purpose of the contact will be to assess the quality of the services provided to you in order to allow us to supply our clients with services that are effective and beneficial to their well-being. This information is confidential and will not be shared with anyone without your consent.

If you need to contact the EAP at any time, you may call: 1-800-543-5080 or email: info@mseap.com

Having reviewed the above information, I hereby consent to the services provided by the Employee Assistance Program. I realize my participation is voluntary and will be kept confidential.

Employee/Client Signature

Date

Client's Name (Print Clearly)

Employer

Witness Signature

Date

Have you been satisfied with Mazzitti & Sullivan EAP services?

Unsatisfied

Satisfied

Very Satisfied

Preferred method of contact/time to reach you _____

May we leave a message/voicemail? Yes No

MAZZITTI & SULLIVAN
SUMMARY REPORT FORM

To be returned after the last authorized EAP session, or 2 months without any session (whichever comes first).

Evaluator Name/Agency: _____

Client Name: _____

EAP Code: _____

Date of First Appointment: _____

Date of Final Appointment: _____

Total # of EAP Sessions used: _____

Notes: _____

TREATMENT RECOMMENDATIONS/REFERRALS:

Names/Locations

Inpatient/Hospital _____

Outpatient Therapy _____

Self Help Group _____

Financial/Legal Counseling _____

Community Resources _____

Check here if only the allotted **EAP Sessions** were accessed

Was the client satisfied with their EAP assistance? Yes No N/A

As a provider, are there any recommendations that you would suggest for us as an EAP?

Evaluator Signature: _____

Date: _____

MAZZITTI & SULLIVAN
EMPLOYEE ASSISTANCE PROGRAM (EAP) INVOICE
Please write legibly

TODAY'S DATE: _____

DATE OF SERVICE	CLIENT NAME	EVALUATOR	VISIT#
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CLIENT'S EAP CODE: _____

*Please note that invoices submitted after one year from the client's final EAP visit, will not be accepted.

Cost per Evaluation: \$60.00 (unless otherwise specified)

Number of Sessions: _____

Total Amount Due: _____

Please make check payable to: _____

Mailing Address: _____

Please submit one invoice per client with your completed EAP Summary Report Form to:

EAP Billing Department
Mazzitti & Sullivan EAP Services, Inc.
479 Port View Drive, Suite C-30
Harrisburg, PA 17111
Fax: 717-561-1125
Email: info@mseap.com

Please indicate other materials enclosed:

- Signed Information & Consent Form
- (Client refused to sign Info & Consent Form)
- Completed EAP Summary Report Form
- Updated Provider Information