

## NOTICE OF PRIVACY PRACTICES (NPP) SUMMARY

*This notice is a summary of how your medical information may be used or 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 wants to use or disclose any information, we will consult with you and request an Authorization to allow the disclosure 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 executed 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, regarding your use of the EAP. 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](http://www.mseap.com), and you may get a copy of the NPP from the EAP at any time.
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.



**CONSENT FOR TREATMENT**

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. We ask that you let us know how satisfied you are with the EAP up to this point by answering the question below! 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.

**Have you been satisfied with Mazzitti & Sullivan EAP services up to this point?**

Unsatisfied       Satisfied       Very Satisfied

Phone or Email, if you wish us to contact you regarding your EAP experience: \_\_\_\_\_

May we leave a message/voicemail?    Yes       No

\_\_\_\_\_  
Employee/Client Signature (or parent/guardian, if a minor)

\_\_\_\_\_  
Employee/Client Name (Print Clearly)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
EAP Client Code (from top left of EAP Referral Authorization)

\_\_\_\_\_  
Provider/Counselor Name