



Notice of Privacy Practices and Consent to be Treated

THIS NOTICE DESCRIBES THE TYPES OF PERSONAL INFORMATION WE COLLECT, WHAT WE DO WITH THIS INFORMATION ONCE COLLECTED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

What Information do we collect?

We obtain information about you from a few sources. Your employer may give us your name, and may also provide your address, phone, email, and/or the names of your dependent-qualifying family members. If you contact us to receive services from one of our affiliate providers we may have you complete a "client intake" form; additionally, our affiliate providers may collect other information beyond that provided by the employer including your date of birth, social security number, gender, marital status, health insurance provider, and/or a general description of the nature of your problem, illness or injury.

Who are our affiliate providers and what types of information do we share with them?

Our affiliates include mental health providers (psychotherapists) and other professional providers of services. Our affiliates are not Mazzitti & Sullivan EAP Services employees - they provide services for Mazzitti & Sullivan EAP Services clients and are independent contractors who maintain their own private practices. Because of Mazzitti & Sullivan EAP Services' role as an administrative entity who contracts with independent professionals to provide direct services, we are not considered a "covered entity" under the Health Insurance Portability and Accountability Act (HIPAA) with respect to your private health information (PHI). If you request a service that an affiliate provides, we will give the affiliate your name, other pertinent contact information, and a description of the EAP benefit available to you.

What will happen when you meet with an affiliate provider?

Your affiliate provider protects the privacy of your treatment records and health information. They adhere to rigorous state and federal privacy rules and maintain their own liability insurance. You will be requested to sign the affiliate provider's own disclosure statement and will be advised of the affiliate provider's own privacy practices.

What do we do with this information?

Voluntary Participation. When you voluntarily contact Mazzitti & Sullivan for EAP Services, the information you give during a therapy session(s) is legally confidential. Your personal information will not be disclosed to your employer or any other party except for certain instances such as:

- You sign a waiver to release information;
- You file a lawsuit or a complaint/inquiry against the provider and disclosure of information is necessary in order to defend the case;
- The provider is required to report child abuse or neglect;
- The provider is required to warn of a serious threat to physically harm a specific person;
- The provider is compelled to take steps to hospitalize a client to protect against imminent self-harm;

Reporting. Mazzitti & Sullivan EAP Services may report statistics on utilization to your employer. Names are not reported.

Employer Referral. When your employer notifies Mazzitti & Sullivan EAP Services that it has referred or will refer you for EAP Services, then upon request of the employer, Mazzitti & Sullivan EAP Services will ask you for authorization to provide your employer with the following information:

- The date(s) you (the employee) attends or fails to attend;
- Whether a follow-up appointment is scheduled and the date(s) of the appointment(s);
- A brief statement indicating whether you demonstrate awareness of, and are engaged in discussing the behavior(s) identified by your supervisor;
- Whether you have been referred for treatment or other services;

Information Security. We take reasonable physical, electronic and procedural steps to safeguard your personal information.

Questions and Comments. If you believe your privacy rights have been violated, or you have any questions or comments, you should contact Mazzitti & Sullivan EAP Services via telephone at 1-800-543-5080 or via email at info@mseap.com. You also have the right to file a complaint with the Secretary of the United States Department of Health and Human Services. If you file a complaint, we will not take any action against you or change our treatment of you in any way.

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 in accordance with all state and federal laws that apply.

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

Employee/Client Name (Print Clearly)

Date

Provider/Counselor Name

EAP Client Code (*from top left of EAP Referral Authorization*)