



NOTICE OF PRIVACY PRACTICES

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

How We Safeguard Your Protected Health Information.

Your individual information about your past, present, or future health, the health care you receive, or the payment for the health care is called "Protected Health Information" ("PHI"). This Notice explains how, when and why we may use or share your PHI. In some cases, we must use or share only minimum necessary PHI to accomplish a task. The law has special protections for information involving substance abuse.

Workplace Solutions staff member will give this Notice to you and ask that you sign a form stating that you received the Notice. You may also ask for a copy of the Notice by calling the EAP number provided by your employer.

While we follow the privacy practices described in this Notice, we are not required to and **we may change our privacy practices and this Notice at any time.** If we make changes, we will put a new Notice on our Website at www.wseap.com and also provide you a copy of the new Notice at your request.

How we may use and disclose your Protected Health Information

We may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your written authorization. To help clarify these terms, here are some definitions:

"PHI" refers to information in your health record that could identify you.

"Treatment, Payment, and Health Care Operations"

Treatment is when we provide, coordinate, or manage your health care and other services related to your health care. Treatment includes consultation with another health care provider, such as your family physician or therapist or psychiatrist.

Payment is when we obtain reimbursement for your healthcare. Payment includes disclosure of your PHI

to your health insurer to obtain reimbursement for services or to determine eligibility or coverage.

Health Care Operations are activities that relate to the performance and operation of Workplace Solutions. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.

"Use" applies only to activities within Workplace Solutions such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.

"Disclosure" applies to activities outside of Workplace Solutions such as releasing, transferring, or providing access to information about you to other parties.

"Authorization" is your written permission to disclose confidential mental health information. All authorizations to disclose must be on a specific legally required form.

We may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. In those instances when we are asked for information for purposes outside of treatment, payment, or health care operations, we will obtain an authorization from you before releasing this information.

We also need to obtain an authorization before releasing your EAP contact record. This EAP record includes the assessment and record of contacts with the EAP counselor and is given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or client record) at any time provided each revocation is in writing. You may not revoke an authorization to the extent that (1) we have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining reimbursement, law provides the insurer the right to contest the claim under the policy.

Uses and Disclosure without Authorization

We may use or disclose PHI without your consent or authorization in the following circumstances:





Child Abuse – If we have reasonable cause to believe a child known to us in our professional capacity may be an abused child or a neglected child, we must report this belief to the appropriate authorities.

Adult and Domestic Abuse – If we have reason to believe that an individual protected by state law has been abused, neglected, or financially exploited, we must report this belief to the appropriate authorities.

Health Oversight Activities – we may disclose protected health information regarding you to a health oversight agency for oversight activities authorized by law, including licensure or disciplinary actions.

Worker's Compensation – we may disclose protected health information regarding you as authorized by and to the extent necessary to comply with laws relating to worker's compensation or similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

Judicial and Administrative Proceedings – If you are involved in a court proceeding and a request is made for information by any party about your assessment and EAP contact and the records thereof, such information is privileged under state law, and we must not release such information without a court order. We can release the information directly to you on your request. Information about all other psychological services is also privileged and cannot be released without your authorization or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You must be informed in advance if this is the case.

Serious Threat to Health or Safety – If you communicate to us a specific threat of imminent harm against another individual or if we believe that there is clear, imminent risk of physical or mental injury being inflicted against another individual, we may make disclosures that we believe are necessary to protect that individual from harm. If we believe that you present an imminent, serious risk of physical or mental injury or death to yourself, we may make disclosures we consider necessary to protect you from harm.

Your Rights Regarding Your Protected Health Information

You have the following rights relating to your PHI. You may exercise these rights by contacting Workplace Solutions at the number in your member materials.

Right to Request Restrictions – You have the right to request restrictions on certain uses and disclosures of protected health information. However, we are not required to agree to a restriction you request.

Right to Receive Confidential Communications by Alternative Means and at Alternative Locations – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing us. On your request, we will send your bills to another address.)

Right to Inspect and Copy – You have the right to inspect or obtain a copy (or both) of PHI in our mental health and billing records for as long as the PHI is maintained in the EAP Record. On your request, we will discuss with you the details of the access process.

Right to Amend – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. We may deny your request. Upon request, we will discuss with you the amendment process.

Right to a Paper Copy – You have the right to obtain a paper copy of the notice from us upon request.

Question and Complaints

If you have questions about this notice, disagree with a decision we make about access to your records, or have concerns about your privacy rights, you may contact our **EAP office at 800-327-5071**. If you believe that your privacy rights have been violated and wish to file a complaint with our office, you may send your written complaint to:

Workplace Solutions, LLC,
1100 E. Woodfield Road, Suite 433
Schaumburg, IL 60173

