



Methodist Healthcare Employee Assistance Program NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003

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

OUR PLEDGE AND DUTIES.

Methodist Healthcare Employee Assistance Program ("Methodist EAP") believes in confidentiality and privacy to the fullest extent allowed by applicable law. Protecting health information is very important to us and we therefore want you to have a solid understanding of how we use and safeguard your information. If this notice leaves you with any questions or concerns, **please discuss with your EAP counselor.**

Protected Health Information ("PHI") is individually identifiable information (including demographic information) relating to your health, to the health care provided to you or to payment for health care. This Notice of Privacy Practices describes how Methodist EAP may use and disclose your PHI in order to carry out treatment, payment and health care operations and for other purposes permitted or required by law. It also describes your rights to access and control your PHI.

Methodist EAP is required by law to maintain the privacy of your PHI and to abide by the terms of this Notice. We may modify our policies at any time and any material change will be paired with a modification of the terms in this Notice. The new policies and Notice will be effective for all PHI in our possession at the time of the change, and any received thereafter. Upon request, we will provide you with any revised Notice.

HOW WE MAY USE AND DISCLOSE PHI ABOUT YOU.

The following categories describe different ways that we use and disclose PHI. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment. Methodist EAP may use and disclose your PHI to assist your health care providers in your diagnosis and treatment. For example, we may disclose your PHI to providers to facilitate appropriate referrals.

For Payment. Methodist EAP may use and disclose your PHI in order to pay for the services and items you may receive. For example, we may contact your health care provider to certify that you received treatment (and for what range of benefits), and we may request details regarding your treatment to determine if your benefits will cover, or pay for, your treatment.

For Health Care Operations. Methodist EAP may use and disclose your PHI to perform health care operations. For example, we may use your PHI to provide pre-certification to health providers or to obtain pre-certification from third party payers on your behalf.

Appointment Reminders. We may use and disclose PHI to contact you as a reminder that you have an appointment.

Health-Related Benefits and Services. We may use and disclose PHI to tell you about health-related benefits, services, or medical education classes that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care. Methodist EAP may release your PHI to a friend or family member identified by you, that is helping you pay for your health care, who participates in health services with you or who assists in taking care of you.

As Required By Law. We will disclose PHI about you when required to do so by federal, state or local law.

SPECIFIC SITUATIONS.

Military. If you are a member of the armed forces, we may release PHI about you as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.

Work-Related Illness and Injuries. Methodist EAP may release your PHI for workers' compensation and similar programs such as D.O.T.

Public Health Risks (Health and Safety to you and/or others). We may disclose PHI about you for public health activities. We may use and disclose PHI about you to agencies when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. These activities generally include, but are not limited to, the following situations:

- to prevent or control disease, injury or disability;
- to report elder or child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify a person who may have been exposed to a disease or may be at risk for contacting or spreading a disease or condition; or
- to notify the appropriate government authority if we believe a client has been the victim of abuse, neglect or domestic violence. We will only make this disclosure when required or authorized by law.
- under limited circumstances, notify your employer related to safety or security of the workplace.

Health Oversight Activities. We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights law.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court or administrative order. We may also disclose PHI about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.

Law Enforcement. We may release PHI if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime, if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

National Security and Intelligence Activities. We may release PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Others. We may disclose PHI about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

YOUR RIGHTS REGARDING PHI ABOUT YOU.

You have the following rights regarding PHI we maintain about you:

Right to Inspect and Copy. You have the right to inspect and copy your PHI that may be used to make decisions about your care. Usually, this includes health and billing records, but does not include psychotherapy notes. To inspect and copy your PHI that may be used to make decisions about you, contact the Director of Methodist EAP. If you request a copy of the information, we will charge a fee for the costs of copying, mailing, or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your PHI, you may request that the denial be reviewed. Another licensed health care professional chosen by Methodist EAP will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend. If you feel that your PHI we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Methodist EAP. To request an amendment, your request must be made in writing and submitted to the Director of Methodist EAP. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the PHI kept by or for Methodist EAP;

- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Right to an Accounting of Disclosures. You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of PHI about you to others except for purposes of treatment, payment and operations identified above.

To request this list or accounting of disclosures, you must submit your request in writing to the Director of Methodist EAP. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the costs of providing the list and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to the Director of Methodist EAP. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work.

COMPLAINTS.

If you have questions regarding this Notice or believe your privacy rights have been violated, you may contact or submit your complaint in writing to the Director of Methodist EAP. If we cannot resolve your concern, you also have the right to file a written complaint with the Secretary of the Department of Health and Human Services. **The quality of your care will not be jeopardized nor will you be penalized for filing a complaint.**

OTHER USES OF PHI.

Other uses and disclosures of PHI not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose PHI about you, you may revoke that permission. We will then no longer use or disclose PHI about you for the reasons covered by your written authorization. By this document, you are notified that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.