

**Partners Employee Assistance Program**  
**Notice of Privacy Practices**  
**For Client Confidential Information**

**Your Information.**  
**Your Rights.**  
**Our Responsibilities.**

This Notice is being provided to you because federal law gives you the right to be told ahead of time about how Partners EAP will handle your protected health information, our legal duties related to your protected health information, and your rights.

Partners EAP has long been committed to maintaining the security and confidentiality of health and other information received from our clients. As part of our compliance with the federal Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), we want to provide you with this Notice of Privacy Practices.

**This Notice describes how health information about you may be used and disclosed and how you can get access to this information. *Please review this Notice carefully.***

**Your Confidentiality**

What confidential information does the EAP have about me?	This notice only describes Partners EAP’s privacy practices regarding health information. For purposes of this notice, “health information” means any information, whether oral, written or recorded in any form, that Partners EAP professionals create or receive in the course of EAP consultation with you and relate to your past, present or future EAP sessions. Partners EAP has additional confidentiality and records procedures that apply to your EAP information maintained, created, or used by Partners EAP. An explanation of EAP confidentiality is outlined in the EAP’s Statement of Understanding which is available to you at the start of service and any time at your request.
Who sees my confidential information?	Your protected health information will be available only to Partners EAP staff, including independent contract EAP professionals, in order to provide you immediate assistance and EAP services. Your protected health information may be reviewed by an internal EAP staff member to monitor the quality of our services.  We may share such information with other programs or persons if required or allowed by law or permitted by you with your authorization to release information.  The EAP will maintain the confidentiality of the records of your contact with the EAP including the date of each occurrence and the services provided to you. Your EAP records are kept in secured computer files and in our locked offices. They are not part of the medical records system, personnel files or insurance company records.
What if	You may be asked to sign an authorization to release confidential information form

# Partners Employee Assistance Program

## Notice of Privacy Practices

### For Client Confidential Information

someone else needs my confidential information? allowing your information to be shared if:

- You want us to send information to or talk to another agency or provider to coordinate your care or make a referral to care;
- You want information sent to another person such as your attorney or other representative; or
- You want us to share specific information with your supervisor or other member of management or other person or entity.

Your permission to share your information is effective for one year from the date you sign the authorization form, unless otherwise indicated. We can only share the information you authorize. You may withdraw or change this permission in writing; provided, however, that the authorization will cover any information disclosed based on the authorization prior to the withdrawal.

When does the EAP share confidential information? We keep and share information to coordinate your care. With your permission we may share information to:

- Help you determine eligibility for services or benefits; or
- Evaluate the quality of care you receive from EAP Staff or for internal program evaluation purposes.

May confidential information be shared without my permission? Information about your use of the EAP will not be revealed to anyone outside the program except if we receive your consent in writing. There are times when we may need to share your protected health information without your permission. By law, we are, at times, required or allowed to share confidential information about you, even if you do not give us permission. These situations are:

- Providing information to appropriate government agencies when we suspect abuse or neglect of minors, elders, developmentally disabled adults and nursing home residents;
- Providing notice to appropriate individuals when we believe it is necessary to avoid a serious threat to health or safety or to prevent serious harm to an individual or to the workplace, including patients;
- As required by the EAP for independent audit, and program evaluation;
- For use in research using de-identified data;
- The disclosure is required by a court order; or
- If, in our judgment, your information is needed in an emergency.

Partners EAP will not otherwise use or disclose your protected health information without your authorization.

#### Your EAP Record

May I see my EAP record? In most cases you have a right to look at or get a copy of your Partners EAP record. You must ask for this in writing to the EAP Quality Manager (Privacy Officer) or EAP Director

# Partners Employee Assistance Program

## Notice of Privacy Practices

### For Client Confidential Information

at the address listed at the end of this notice.

We will respond to you within thirty (30) days from our receipt of your written request. We may offer to give you a summary or explanation of information if we believe that releasing your record would not be beneficial or may be harmful to you.

May I change my record?

If you think the protected health information in your record is incorrect, you must send a written request and ask that Partners EAP amend protected health information in your record. You must provide a reason that supports your request.

We may deny your request if, among other reasons, the information in the file was not created by us, if the information is not properly considered part of your EAP record, if it is not health information; or if the information is otherwise accurate and complete. We have sixty (60) days to respond to your request.

#### How We Contact You

May I request how Partners EAP contacts me?

Partners EAP may contact you:

- At the address and telephone numbers you gave to us including leaving messages at the telephone numbers
- With information about referral and resource choices, and follow up
- At the e-mail addresses or other contact information you provide to assist us in activities described in this Notice
- If at any time you give us a mobile telephone number as a way to contact you, you consent to receive calls at that mobile number.

For Example: We may contact you about missed, scheduled or cancelled appointments, resource and referral Information, follow-up, or program satisfaction.

May I request how I receive my health information?

You have the right to request that we communicate health information about you in a certain way or at a certain location, such as only in writing or only at work. Direct such a request to your Partners EAP Counselor from whom you receive services. We will attempt to accommodate reasonable requests.

#### Your Rights

May I have a copy of this Notice?

Yes, you may request a copy of this Notice. If you received this Notice electronically, you may ask for a paper copy at the address listed below.

# Partners Employee Assistance Program

## Notice of Privacy Practices

### For Client Confidential Information

Will I be informed of breach of protected health information?

We will let you know promptly if a breach occurs that may compromised the privacy or security of your information.

Whom do I contact if I have questions about this Notice or my rights?

If you have any questions about this Notice, please ask the person who gave it to you. If you need further assistance, you may call the EAP Quality Manager (Privacy Officer) at 866-724-4327.

How do I report a violation of my privacy rights?

If you think we may have violated your privacy rights or you disagree with any action we have taken with regard to your protected health information, we want you, your family, or your legal guardian to speak with us. If you present a complaint, our service to you will not be affected in any way. It is the goal of Partners EAP to give you the best service while respecting your privacy.

You may file a complaint by contacting the Partners EAP Quality Manager (Privacy Officer) at Partners Employee Assistance Program, 175 Cambridge Street, Suite 320, Boston, MA 02114, or you may call 866-724-4327. The EAP Quality Manager (Privacy Officer) will assist you with questions you may have about this notice.

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to J.F.K Federal Building – Room 1875, Boston, MA 02203, calling 617-565-1340, or visiting [www.hhs.gov/hipaa/filing-a-complaint/](http://www.hhs.gov/hipaa/filing-a-complaint/)

We will take no retaliatory action against you if you file a complaint about our privacy practices.

What if privacy practices change?

We reserve the right to change practices in this Notice. This Notice is posted on our website at: [www.eap.partners.org](http://www.eap.partners.org)

If the law changes we will post the new Notice on our website. If you have any questions about our privacy practices, please let us know.