

Statement of Understanding Employee Assistance Services

I understand the following:

The decision to receive services from the Employee Assistance Program (EAP) is strictly voluntary even though clients are sometimes referred to the program by family members, supervisors, union officials, medical staff, and/or other health care professionals.

Our Services:

All services provided by the EAP are at no cost to you or your family members. The EAP contract with your employer allows for a specified number of sessions; however, the number of sessions necessary to assist you is a clinical decision which will be made by your EAP counselor. Cancellations of appointments should be made 24 hours in advance. Only in the case of emergency will the session be interrupted.

The services offered by the EAP include problem assessment, short-term counseling, referral as deemed necessary, and follow-up. Formal medical diagnoses or on-going treatment services are not provided. Such services are provided by qualified professional agencies and individuals in the community.

The EAP services provided to you may include referring you to independent medical or mental health resources for on-going assistance. If a referral is made, the EAP will usually provide two or three resource options. The final choice will be your responsibility. These referrals are made in consideration of our assessment of your needs. The EAP receives no reimbursement from any referral source.

If a referral for on-going treatment services is required, your EAP counselor will consider your insurance benefits and ability to pay, and will discuss these matters with you. However, you are responsible for final verification of insurance coverage and any co-payments or charges not covered by your insurance.

Confidentiality/Access to Privileged Information:

All case records and information about clinical services provided to you by the EAP will be maintained in the strictest confidence possible under law.

Specific information contained within your case records will not be released to any party without your written authorization except pursuant to the privacy regulations under the Health Insurance Portability and Accountability Act of 1996 and Missouri state or Federal law. These include reporting abuse, neglect and domestic violence; addressing serious threats to health or safety; and law enforcement purposes.

If you wish to contact us for further information or to file a complaint, please contact Tim Hobart, Privacy Officer, 314.845.8302 – 3660 South Geyer Road, Suite 100, Laumeier III, St. Louis, MO 63127.

Your initials submitted on the enclosed “EAP Intake Information” form acknowledge consent to this policy.

Self-Referral EAP Client Packet

YOUR WORKPLACE WELLNESS & EAP PARTNER



HEALTH ASSOCIATES®



NOTICE OF PRIVACY PRACTICES

H&H HEALTH ASSOCIATES, INC.

Updated 9/1/2013

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

H&H Health Associates, Inc., its affiliates, subsidiaries and/or divisions (collectively referred to as "H&H") are required by law to secure and safeguard your protected health information and we are further required to provide you with this notice explaining the Company's privacy practices with regard to your protected health information. This Notice tells you how we may use and disclose your health information and it outlines those instances where your health information may be released without your authorization. You have certain rights regarding the privacy of your protected health information and we also describe those rights in this notice.

As used in this notice, **Protected Health Information (PHI)** includes both medical information regarding your care and treatment and individually identifiable personal information such as your name, address, phone number, social security number or other personal information that you provide in the course of your treatment. This information may be in electronic, written and/or oral form.

USES OR DISCLOSURES OF PHI. Generally, H&H may not use or disclose your PHI without your permission and, once your permission has been obtained, we must use or disclose your PHI as provided for in the specific terms of that permission.

You may also decline the release of your information or restrict/revoke the release of information. Those rights are further outlined herein.

Some specific instances where **your authorization is required** before we may use or disclose your health information include, without limitation:

- Most uses and disclosures of psychotherapy notes or other records including particularly sensitive health information including substance abuse and sexually transmitted disease such as HIV/AIDS;
- Uses and Disclosures of PHI for marketing; and
- Disclosures that constitute a sale of protected health information.

In certain instances, H&H may use/disclose PHI **without your authorization**. The following uses/disclosures DO NOT require your authorization:

Treatment: H&H may use and disclose your health information to provide, coordinate or manage your healthcare. This includes, but is not limited to, disclosures to doctors, nurses, technicians, staff and other healthcare professionals who become involved in your care. For example: H&H or your doctor may determine that you require the assistance of a physical therapist. After we have obtained an order from your doctor, we will contact the therapist and give them the medical and personal information needed to coordinate and provide your care.

Payment: H&H may use and disclose your health information to receive payment for services it has provided or to obtain authorizations for proposed treatments. For example: H&H may need to provide an insurance company or federally funded program such as Medicare or Medicaid/Cal, with information about your medical condition and the healthcare you require, in order for H&H to receive payment for services rendered by H&H.

Healthcare Operations: H&H may use and disclose your health information as needed to run our operations, including, without limitation, for the educational purposes of our staff and to make sure that all of our patients receive quality care. For example: H&H may use your health information to review the services we provide and the performance of our staff involved in your care. Information about you may also be used to develop programs to meet your needs and the educational requirements of our employees.

Treatment Issues: We may contact you with test results or answer your questions about your care, or use and disclose health information to inform you about treatment options and alternatives.

Health-Related Benefits and Services: We may use and disclose personal and health information to tell you about health-related benefits or services that may be of interest to you.

Individuals Involved In Your Care or Payment of Your Care: Unless you object, we may disclose your health information to a relative, friend or any person identified by you, if these individuals need to know about or are involved in your care, or for payment for your care.

Workers Compensation: H&H may disclose your health information in order to comply with laws relating to workers' compensation or similar programs.

Public Health, Safety, Disaster Relief, or to Divert a Threat to Health or Safety; Victims of Abuse, Neglect, or Domestic Violence: H&H may use or disclose your health information to the extent necessary for public health activities and to avert a serious and imminent threat to your health or safety or the health and safety of others. H&H may disclose your personal and health information to the appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence or other crimes. Any disclosure would only be to someone able to help prevent the threat or injury.

Health Oversight: H&H may disclose your health information to a health oversight agency for activities authorized by law. This may include but is not limited to The Joint Commission, ACHC, surveys, investigations, inspections, licensure or disciplinary agencies.

Legal Proceedings and Law Enforcement: H&H may disclose your health information if asked to do so by a law enforcement officer and/or in response to a subpoena, court or administrative order, warrant, discovery request or other lawful process.

Military and National Security: H&H may disclose your health information to authorized military command authorities or federal officials if you are in the armed forces or are a veteran, or as required for lawful intelligence, counter intelligence and other national security activities.

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YOUR WORKPLACE WELLNESS & EAP PARTNER

Coroners, Medical Examiners and Funeral Directors: We may disclose your health information to a coroner or medical examiner if necessary to identify a deceased person or to determine a cause of death, or to a funeral director in connection with the performance of their duties.

Business Associates: H&H may provide some services through contracts with business associates. In those instances, H&H requires the business associates to safeguard your information through a Business Associate Agreement.

Research; Death; Organ Donation: H&H may use and disclose your health information for research purposes in limited circumstances. However, all such research projects are subject to an approval process, and we will ask your permission if a researcher is to have access to your name, address, or other information that identifies you. H&H may disclose your health information for the purpose of facilitating organ donation and transplantation.

Required By Law: H&H will use or disclose your health information when required to do so by federal, state or local law.

YOUR RIGHTS REGARDING YOUR PERSONAL AND MEDICAL INFORMATION. Although your medical record is the property of H&H, the information belongs to you. Federal law gives you the rights described below regarding your medical information.

Revoke Authorizations. You may revoke any authorization for the release of information, at any time. Your request should be submitted in writing to the Company's Privacy Officer. Upon receipt, we will no longer disclose health information about you for the reasons stated in your written authorization. Disclosures made in reliance on the authorization prior to the revocation are not affected by the revocation.

Inspect and Copy. With some exceptions, you may review and copy your medical information. To the extent your record is maintained electronically, you have the right to access your own electronic health record in an electronic format. You may also direct H&H to send the e-health record directly to a third party.

Amendments. You may ask us to amend your medical information if you feel it is incorrect or incomplete. All requests must be submitted to the Company's Privacy Officer in writing and may be declined if: (a) we determine that the information or record that is the subject of the request was not created by us, (b) the information is not part of your designated record set maintained by us, (c) the information is prohibited from inspection by law, or (d) the information is accurate and complete. If your request is declined, we will provide you with a written denial stating the basis of the denial, your right to submit a written statement disagreeing with the denial, and a description of how you may file a complaint with us or the Secretary of the U.S. Department of Health and Human Services ("DHHS").

Accounting of Disclosures. You may request a list of certain disclosures made of your medical information ("accounting of disclosures"). In some instances, the accounting may be limited by time and may exclude disclosures made for treatment, payment or health care operations.

Request Restrictions. You may request a reasonable restriction on the uses or disclosures of your medical information. If you pay for your services, in full, using your personal funds, you can ask that the information regarding the service not be disclosed to a third-party payer/health plans/insurance company since no claim is being made against the third-party payer.

Request Alternate/Confidential Communications. You may request that we communicate with you about medical matters in a confidential manner or at a specific location. For example, you may ask that we only contact you via mail to a post office box.

Paper Copy of This Notice. You may request a paper copy of this notice at any time by contacting the Company's offices or H&H's Privacy Officer. You may obtain an electronic copy of this notice at our website, www.hhhealthassociates.com.

To exercise any of these rights you must: submit your request in writing to the Company's offices or H&H's Privacy Officer. Your request should include a reason for your request and, if applicable, the action you want H&H to take. We may charge a fee for the costs of copying, mailing or other supplies associated with your request. We will notify you of the cost involved and you may choose to change or take back your request at that time before any costs are incurred.

BREACH NOTIFICATION REQUIREMENTS: H&H is required to notify you if unsecured PHI is acquired, accessed, used and/or disclosed by an unauthorized party. Under the Federal Rules, notification must occur without unreasonable delay and in no case later than 60 days of the event. Some State regulations require shorter notification periods and H&H shall comply with all such requirements.

CHANGES TO THIS NOTICE: We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the Company's offices and on its website (www.hhhealthassociates.com). In addition, if material changes are made to this notice, the notice will contain an effective date for the revisions and copies can be obtained by contacting the Company's offices or H&H's Privacy Officer.

QUESTIONS/GRIEVANCES: If you want further information about matters covered by this notice, are concerned that your privacy rights may have been violated, or disagree with a decision made about access to your personal and health information, you may contact H&H's Privacy Officer by U.S. mail, phone, fax or email at: **H&H Health Associates, Inc., Attention: Privacy Officer, 3660 South Geyer Road, Suite 100, St. Louis, MO 63127; Toll Free: 800.832.8302; Fax: 314.845.8087; e-mail: info@hhhealthassociates.com.** You may also submit a grievance/complaint to the U.S. Department of Health & Human Services, 200 Independence Ave. SW, Washington, DC 20201, Phone: 202.619.0257, Toll Free: 877.696.6775.

H&H will not retaliate and you will not be penalized in any way if you choose to file a grievance complaint with us or with the U.S. Department of Health and Human Services.

H&H Health Associates, Inc.
3660 South Geyer Road
Suite 100
St. Louis, MO 63127
314.845.8302

Notice of Privacy Practices
Updated - 9/1/2013

counsel@hhhealthassociates.com

H&H Health Associates, Inc.

3660 South Geyer Road • Suite 100 • Laumeier III • St. Louis • MO • 63127

FAX: 314.845.8087



Notice of Privacy Practices

This notice describes how confidential information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

St. Louis Counseling & Wellness, LLC is a private business entity that provides assessment, treatment planning, education and counseling. St. Louis Counseling & Wellness is dedicated to protecting all confidential information we collect and use in providing services. We follow all requirements of Health Insurance Portability and Accountability Act of 1996 (HIPAA) and Federal Confidentiality Law 42 CFR, Part 2. At times, St. Louis Counseling & Wellness may contract with insurance companies, health care agencies, corporations, employers, social service agencies and educational institutions. We may share your health information with the above named entities for purpose of treatment, payment or medical records. The information contained in this notice will explain how St. Louis Counseling & Wellness may use and disclose your medical information, our obligations related to the use and disclosure of your medical information and your rights related to any medical information that we have about you.

Uses and Disclosures of Medical Information that do not require your authorization:

We can use or disclose health information without an authorization when there is an emergency, when we are required by law to treat you, or when we are required by law to use or disclose certain information. We may use or disclose your health information without your authorization in the following circumstances:

- When it is required by federal, state or other law;
- When it is needed for public health activity;
- When reporting victims of abuse, neglect or domestic violence;
- When disclosing information for the purpose of health oversight activities;
- When disclosing information for judicial and administrative proceeding;
- When disclosing information for law enforcement purposes;
- When we believe in good faith that the disclosure is necessary to avert a serious health or safety threat;

Planned Uses and Disclosures:

We may use or disclose health information for any of the purposes described in this section unless you affirmatively have objections or wish to place restrictions on a particular release. You may direct your objections or restrictions in writing to your provider.

- We may use or disclose your health information to contact you and remind you about an appointment for treatment.
- We may use or disclose your health information to provide you with information about or recommendations of possible treatment options or alternatives that may interest you.

- We may use demographic information about you, including your names, address, phone number and dates that you received services to contact you and seek support for St. Louis Counseling & Wellness.
- We can disclose health information about you to a public or private entity that is authorized by law or its charter to assist in disaster relief efforts. For example, the American Red Cross.

Other Uses and Disclosures:

If you provide us written authorization to use or disclose your health information, you can change your mind and revoke your authorization at any time, as long as you revoke your authorization in writing. If you revoke your authorization, we will no longer use or disclose the information, but we will not be able to take back any disclosures that we have already made.

Your Confidential Personal and Health Information Rights:

You have the right to the following:

- Inspect and copy your health information. There are certain exceptions to this. If you request copies of information, we may charge a fee for costs associated with your request, including the cost to copies, mailing and other supplies.
- Request restriction on certain uses and disclosures of your personal and health information.
- Request that we amend your confidential information. We will review your request and may or may not make the change. If we deny your request, we will provide you with information about our denial and how you can disagree with our denial.
- Receive an accounting of any disclosures of your personal information, except that we do not have to account for the disclosures needed for treatment, payment, operations or for military, national security, prisoner or government benefits purposes.
- Receive a paper copy of this notice.

Changes to this Notice

St. Louis Counseling & Wellness reserves the right to amend or change this Notice at any time and to make any changes effective for all information that we maintain, including information already created or received. Until any changes are made, we are required by law to comply with this Notice. If we revise our Notice, a new copy will be provided to those receiving services.

Complaints about this Notice or our handling of your confidential information can be directed to our Privacy Officer. If you are not satisfied with the manner in which we handle a complaint, you may submit a formal complaint to the Department of Health and Human Services, Offices of Civil Rights.