

# **EMPATHIA PACIFIC, INC.**

## **NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW MEDICAL (MENTAL HEALTH) INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

### **Who We Are**

The services offered by "**LifeMatters®**", the Employee Assistance Program (EAP), are provided by the staff of Empathia Pacific, Inc. and its parent company, Empathia, Inc. and a contracted network of providers and their staff, herein after referred to as the "Empathia organization." This Notice describes the practices of all the entities and individuals who comprise the Empathia organization.

### **Our Legal Duty**

We are required by applicable federal and state law to maintain the privacy of your health information. The Health Insurance Portability and Accountability Act of 1996 (HIPAA), also requires us to offer you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This notice is effective on as of April 14<sup>th</sup> 2003 and amended June 1, 2013. We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. If we change our privacy practices, a revised Notice will be posted on our Web site at [mylifematters.com](http://mylifematters.com).

You may request a copy of this Notice at any this Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us at the number listed at the end of this Notice.

### **Understanding Your Protected Health Information/EAP Record**

Each time you visit EAP, information is collected about you and your physical and mental health. Typically, this is information about your past and/or present health or conditions and the counseling services provided to you by EAP or other treatment providers. Any health information we collect that could identify you is considered, in the law, Protected Health Information, or PHI. For EAP services, PHI usually consists of the reasons you contacted EAP, an assessment of your current situation and problems, a treatment plan, and notes about contacts we have with you and/or treatment referrals we provide, as well as how you are progressing toward problem resolution.

## **Uses and Disclosures of PHI by EAP**

The law gives you the right to know about your PHI, specifically about how it is used and disclosed. When your PHI is read by persons in the Empathia organization, that is called, in the law, "use." If this information is shared with, or released to persons outside of the Empathia organization, that is called, in the law, "disclosure."

### **Uses With Your Consent**

Prior to receiving services, you will be asked to sign a separate form, called a Statement of Understanding and Consent to Participate in Employee Assistance Services. The purpose of this consent form is to allow EAP to collect and use your PHI within the Empathia organization for treatment and health care operations, which are defined below. We need information about you and your condition in order to provide care and services to you. Therefore, you must sign the consent form before we can provide EAP services to you.

### **The PHI that EAP collects is used for:**

***Treatment*** - We may use your PHI to provide EAP assessment, counseling and referral services to you. For example, information that you provide over the phone when you call the EAP Help Line will be shared with the EAP Provider with whom you meet. All of the information about the EAP services provided to you is maintained in your individual EAP record.

***Payment*** - We may use and disclose your PHI to determine eligibility or coverage for health care benefits, claims management, appropriateness of care, justification of charges, and utilization review activities including preauthorization of services, and concurrent and retrospective review of services. For example, we may use your information to authorize payment by your health plan for treatment services.

***Health care operations*** - We may use and disclose your PHI to support our EAP business functions. These functions include, but are not limited to: operations management and general administrative activities of EAP, quality assessment and improvement, case management and review with EAP Providers, legal review, health care service coordination with our Business Associates, and grievance resolution related to client services. For example, we may use your information to review the quality of EAP services being provided to you.

### **Uses and Disclosures Not Requiring Consent or Authorization**

The law allows us to use or disclose some of your PHI without your consent or authorization under certain conditions:

- **Appointment reminders or changes in appointments:** We may use and disclose your PHI to contact you as a reminder that you have an appointment. *If you do not wish us to contact you for appointment reminders or changes in appointment times, please provide us with alternative instructions (in writing).*

- **When disclosure is required by state, federal or local law:** We may use and disclose your PHI when a law requires that we report information about suspected child, elder or dependent adult abuse or neglect; or in response to a court order. We must also disclose information to authorities that monitor compliance with these privacy requirements.
- **To avoid harm:** We may use and disclose limited PHI about you when necessary to prevent or lessen a serious threat to your health or safety, or the health and safety of the public or another person. If we reasonably believe you pose a serious threat of harm to yourself, we may contact family members or others who can help protect you. If you communicate a serious threat of bodily harm to another, we will be required to notify law enforcement and the potential victim.
- **Judicial and administrative proceedings:** We may disclose your PHI in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.
- **Law enforcement officials:** We may disclose your PHI to the police or other law enforcement officials as required or permitted by law or in compliance with a court order or grand jury or administrative subpoena.
- **Disclosures to relatives, close friends and other caregivers:** We may use and disclose your PHI to a family member, other relative, a close personal friend or any other person identified by you when you are present for, or otherwise available prior to, the disclosure, if we (1) obtain your agreement; (2) provide you with the opportunity to object to the disclosure and you do not object; or (3) reasonably infer that you do not object to the disclosure. If you are not present, or the opportunity to agree or object to a use or disclosure cannot practicably be provided because of your incapacity or an emergency circumstance, we may exercise our professional judgment to determine whether a disclosure is in your best interests. If we disclose information to a family member, other relative or a close personal friend, we would disclose only information that we believe is directly relevant to the person's involvement with your health care.
- **Workers compensation:** We may disclose your PHI as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs that provide benefits for work-related injuries or illnesses.
- **As required by law:** We may use and disclose your PHI when required to do so by any other law not already referred to in the preceding categories.

## **Uses and Disclosures Requiring Your Authorization**

If EAP needs to use or disclose your PHI for purposes other than those described above, we need your written permission on a Release of Information form. If you give us authorization to disclose your health information, you may revoke it in writing at any time; however, such revocation will not affect information previously released. You should direct your written revocation to: Empathia Pacific, Inc., 5234 Cheseboro Rd., Suite 201, Agoura Hills, CA 91301.

Your written authorization is required for uses and disclosures of PHI for marketing purposes, and disclosures that constitute sale of PHI.

## **Your Individual Rights**

When PHI is disclosed, we keep some records of who the information was sent to, when we sent it, what we sent, and the purpose for the disclosure. You have a right to receive an accounting of some of these disclosures. You may request an accounting by submitting your request in writing. Your request may be for disclosures made up to 6 years before the date of your request, but in no event, for disclosures made before April 14, 2003.

You have the right to request restrictions on uses or disclosures of PHI; however, we are not required to agree to such a restriction. You may request a restriction by writing. If we agree to a restriction, we will put this in writing, and will comply with the restriction unless the information is needed to provide emergency treatment to you. We cannot agree to restrictions of disclosures that are permitted or required by law. We are required to agree to prevent disclosure of your health information to a health plan for the purpose of carrying out payment or health care operations, but only if it pertains solely to a health care item or service that has been paid out-of-pocket in full.

You have the right to look at and get copies of your EAP record, with limited exceptions, for as long as the record is maintained. You must submit your request in writing. We may deny access to EAP records under certain circumstances, but in some cases, you may have this decision reviewed. You have the right to request an amendment of your EAP record for as long as the record is maintained. Your request must be in writing, and it must explain why the information should be amended. Under certain circumstances, we may deny your request. Upon request, we will provide more information about the procedures for record access and amendment.

You have the right to be notified after a breach of any of your unsecured individual health information for which we are involved.

You have the right to request confidential communications from us in a specific form and format and/or designate an alternative mailing address, email address, or telephone number by which to receive confidential communications. Confidential communications include bills, explanation of benefits, claims, information regarding a session, or other communications containing medical information, including information relating to mental or behavioral health, sexual and reproductive health, sexually transmitted infections, substance use disorder, gender affirming care, and intimate partner violence. We will communicate confidential information to you by contacting you at the mailing address, email address, or telephone number on file, unless otherwise directed by you.

If you would like to receive confidential communications from us in a specified form and format and/or designate an alternative mailing address, email address, or telephone number, you may submit a request for confidential communications. You can make this request by contacting the Clinical Director via email at [rhauser@empathia.com](mailto:rhauser@empathia.com) or by mail at:

Empathia Pacific, Inc.  
c/o Clinical Director  
5234 Chesebro Road, Suite 201  
Agoura Hills, CA 91301

We will acknowledge receipt of your confidential communications request and implement confidential communications requests within 7 calendar days of receipt of an electronic transmission or telephonic request or within 14 calendar days of receipt by first-class mail.

### **For More Information or to Report a Problem**

If you need more information or have questions or concerns about the privacy practices described above, please speak to your EAP Provider or contact the EAP office at **1-800-367-7474**. If you have a problem with how your PHI has been handled, or if you believe your privacy rights have been violated, contact our Clinical Director at the toll-free number above. You may also file a complaint in writing to the Secretary of the U.S. Department of Health and Human Services. Upon request, we will provide you with the address to file your complaint.

We support your right to the privacy of your health information. We will not penalize or in any way retaliate against you for filing a complaint with the Secretary or with us.

**Empathia Pacific, Inc. • 5234 Cheseboro Road, Suite 201 • Agoura Hills, CA 91301**  
**Phone: 800/367-7474 • Fax: 818/707-0496**  
**[mylifematters.com](http://mylifematters.com)**