

NOTICE OF PRIVACY PRACTICES

All Points EAP & Organizational Services, Inc.

THIS NOTICE DESCRIBES HOW HEALTH CARE INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY ACCESS THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY AND ASK ANY QUESTIONS YOU MAY HAVE.

THE PRIVACY OF YOUR PERSONAL INFORMATION IS IMPORTANT TO US.

This Policy governs the participation for use of these sites and/or services, and all versions of these sites and/or services. This Policy is effective immediately and you accept this policy when accessing this site and you also accept the accompanying Terms of Use. We may amend this Policy at any time by posting the amended terms on this site. Any such amendment shall take effect when such amendment is sent to you by email or posted on this site.

As you read through this information, the employee assistance program operated by All Points EAP & Organizational Services, Inc., will be referred to as "EAP."

General Information

At EAP, we understand that the information about you and your health is personal. For this reason, we follow strict federal and state guidelines to maintain the confidentiality of your private health information. By "health information," we mean information that identifies you and relates to your medical and behavioral health history, care, or payments made for that care.

How Do We Use and Disclose Health Information?

When you utilize EAP, we use and disclose the physical and mental health information obtained from you, or created related to you, for the normal business activities that federal law sees as falling in the categories of treatment, payment and health care operations. Below we provide examples of our use and disclosure of health information in these categories although not every such use or disclosure is listed. Please note that we may be required to, or may choose to, limit or condition the release of certain information about you for these purposes. For example, we would not disclose psychotherapy notes or information about your treatment for substance abuse without securing your specific consent.

For treatment: In providing employee assistance (EA) services to you, we keep a record of your visits and these may include diagnoses, medications and your responses to treatment. We may disclose health information when coordinating your care with health providers and other staff.

For health care operations: Health information is used to improve the services we provide, to train staff, and for business management. For example, we may use your health information to evaluate the performance of our staff in providing services to you.

To obtain payment for treatment. We may tell your health plan about upcoming treatment or services that require its prior approval. For example, we may give your health plan information so they will reimburse you for services to which you have been referred.

Other Uses and Disclosures – We may also use information to:

- Communicate with EAP affiliates for treatment, payment or healthcare operations.
- Protect suspected victims (children or vulnerable adults) of abuse or neglect.
- Avert serious harm to self or others and/or in medical emergencies.
- Respond to law enforcement officials or to judicial orders, subpoenas or other process.
- Avert a compelling danger to the safety or security of community, workplace, or nation.
- Comply with any other federal, state or local laws that require disclosure.

All other uses and disclosures, in categories not previously described, may only be done with your written

permission. Should such permission be obtained from you, you may revoke it but we are unable to take back disclosures made in reliance on your permission.

Your Rights under Federal Law – You have the right to

1. Request restrictions on the uses/disclosures of your health information.¹ EAP will agree to all reasonable requests, but is not required to agree to all restrictions that you might request.
2. Confidential communication with EAP, including the right to request that we communicate with you by alternative means or at an alternative location.^{1,2} EAP will accommodate requests for alternative means/location of communication that are reasonable.
3. You have the right to inspect and to copy certain portions of your health information.^{1,2} We may deny your request if the information may be harmful to you or others.
4. Request amendment of your health information if you feel it is incorrect or incomplete.¹ If we deny your request, you can file a statement of disagreement.
5. You have the right to receive an accounting of certain disclosures of your health information made on or after April 14, 2003.^{1,2}
6. Obtain a paper copy of this notice even if you received it electronically.

¹ *Request must be in writing*

² *Fees may apply*

EAP's Responsibilities - We are required by law to:

Maintain the privacy of your health information in accordance with federal and state rules.

Provide this notice of our duties and privacy practices, and

Abide by the terms of the notice currently in effect.

We reserve the right to change privacy practices, and make the new practices effective for all the information we maintain. Revised notices will be available from our EAP consultants and will be posted at locations we staff.

Complaints

If you believe that your privacy has been violated, you may file a complaint with us or with the Secretary of Health and Human Services in Washington, D.C. We will not retaliate or penalize you for filing a complaint with the Secretary or us.

To file a complaint with us or receive more information contact the Executive Director at All Points EAP & Organizational Services, Inc., 2250 Murrell Road, Suite B5, Lynchburg, VA 24501. You may also call (434) 845-1246 or (800) 645-1246.

To file a complaint with the Secretary of Health and Human Services, write to 200 Independence Ave., SW, Washington, DC 20201.

Effective Date - April 14, 2003