

# **Notice of Privacy Practices**

## **Employee & Family Resources, Inc.**

### **(EFR)**

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

**Protected Health Information** In the course of providing health care services to you, information regarding your health care may be originated and/or received by us. Information which can be used to identify you and which relates to your past, present or future medical condition, receipt of health care, or payment for health care ("Protected Health Information") is protected by federal and state law.

**Our Responsibilities** Federal law imposes certain obligations and duties upon us as a health plan with respect to your Protected Health Information. Specifically, we are required to:

- Provide you with notice of our legal duties and the health plan's policies regarding the use and disclosure of your Protected Health Information;
- Maintain the confidentiality of your Protected Health Information in accordance with state and federal law;
- Honor your requested restrictions regarding the use and disclosure of your Protected Health Information unless under the law we are authorized to release your Protected Health Information without your authorization, in which case you will be notified within a reasonable period of time;
- Allow you to inspect and copy your Protected Health Information during our regular business hours;
- Act on your request to amend Protected Health Information within sixty (60) days and notify you of any delay which would require us to extend the deadline by the permitted thirty (30) day extension;
- Accommodate reasonable requests to communicate Protected Health Information by alternative means or methods; and
- Abide by the terms of this notice.

**How Your Protected Health Information May be Used and Disclosed** Generally, your Protected Health Information may be used and disclosed by us only with your express written authorization. However, there are some exceptions to this general rule. The following explains how we will use or disclose your Protected Health Information without your authorization.

*Treatment Purposes.* We may use or disclose your Protected Health Information for treatment purposes. It may be necessary for us to communicate with health care providers providing treatment to you to facilitate that treatment. For example, if applicable, we would disclose your protected health information, as necessary, to a third party administrator involved in coordination of mental health or substance abuse services under your group medical insurance plan.

*Payment Purposes.* Your Protected Health Information may also be used or disclosed, if needed, to obtain payment for health care services provided by EFR. For example, verification of referral to a community provider for ongoing health care services may require that your relevant protected health information be disclosed to the health plan or third party administrator to maximize payment for health care services.

*Health Care Operations.* Your Protected Health Information may also be used for health care operations, which are necessary for the management of the health plan and for proper payment of claims. We may at times remove information, which could identify you from your record so as to prevent others from learning who the specific patients are. In addition, we may release your Protected Health Information to another individual or entity covered by the HIPAA privacy regulations that has a relationship with you for their fraud and abuse detection or compliance purposes, quality assessment and improvement activities, or review, evaluation or training of health care professionals or students.

*Health Oversight Activities.* Your Protected Health Information may be used or disclosed to a health oversight agency for activities authorized by law. Examples of health oversight activities include accreditation reviews, licensure reviews, audits, investigations, and inspections. In most cases, the oversight activity will be for the purpose of overseeing the health plan and its compliance with certain laws and regulations.

*More Stringent Laws.* Your Protected Health Information may be released in other situations as permitted or required under relevant state and federal Law. Some of your Protected Health Information may be subject to other laws and regulations and afforded greater protection than what is outlined in this Notice. For instance, HIV/AIDS, substance abuse, and mental health information are often given more protection. In the event your Protected Health Information is afforded greater protection under federal or state law, we will comply with the applicable law.

**Your Rights** Federal law grants you certain rights with respect to your Protected Health Information. Specifically, you have the right to:

- Receive notice of our policies and procedures used to protect your Protected Health Information;
- Request that certain uses and disclosures of your Protected Health Information be restricted; *provided, however*, if we may release the information without your consent or authorization, we have the right to refuse your request;
- Access to your Protected Health Information; *provided, however*, the request must be in writing and may be denied in certain limited situations;
- Request that your Protected Health Information be amended;
- Obtain an accounting of certain disclosures by us of your Protected Health Information for the past six years;
- Revoke any prior authorizations or consents for use or disclosure of Protected Health Information, except to the extent that action has already been taken; and
- Request communications of your Protected Health Information are done by alternative means or at alternative locations.

**Important Contact Information** This notice has been provided to you as a summary of how we will use your Protected Health Information and your rights with respect to your Protected Health Information. If you have any questions or for more information regarding your Protected Health Information, please contact our office at (515) 288-9020; via email to [privacyofficer@efr.org](mailto:privacyofficer@efr.org), or by mail to Employee & Family Resources, 505 Fifth Avenue, Suite 600, Des Moines, IA 50309.

If you believe your privacy rights have been violated, you may file a complaint with our office by calling (515) 288-9020. You may also file a complaint with the Secretary of Health and Human Services. There will be no retaliation for the filing of a complaint.

**Effective Date.** This notice becomes effective on April 14, 2003. Please note, we reserve the right to revise our practices with respect to Protected Health Information and to amend this notice. Should our information practices change, we will post our revised Notice of Privacy Practices on our website at [www.efr.org](http://www.efr.org). In addition, a current notice of our privacy practices may be obtained from our office by calling (515) 288-9020; via email request to [privacyofficer@efr.org](mailto:privacyofficer@efr.org), or by mail to Employee & Family Resources, 505 Fifth Avenue, Suite 600, Des Moines, IA 50309.