

CRISP COUNTY COMMISSIONERS
EMPLOYEE ASSISTANCE PROGRAM
NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003

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.

INTRODUCTION

We are required by law to maintain the privacy of "protected health information." "Protected health information" includes any identifiable information that we obtain from you or others that relates to your physical or mental health, the health care you have received, or payment for your health care. As required by law, this notice provides you with information about your rights and our legal duties and privacy practices with respect to the privacy of protected health information. This notice also discusses the uses and disclosures we may make of your protected health information. We must comply with the provisions of this notice, although we reserve the right to change the terms of this notice from time to time and to make the revised notice effective for all protected health information we maintain. You can always request a copy of our most current privacy notice from our office or you can access it on our website at www.crispcounty.com.

PERMITTED USES AND DISCLOSURES

Under current applicable laws, we can use or disclose your protected health information for purposes of treatment, payment and health care operations.

"Treatment" means the provision, coordination or management of your health care, including consultations between health care providers regarding your care and referrals for health care from one health care provider to another. For example, we may disclose protected health information to a doctor treating you for a broken bone so that you might receive proper treatment.

"Payment" means activities we undertake to obtain reimbursement for the health care provided to you, including determinations of eligibility and coverage and other utilization review activities. For example, prior to providing health care services, we may need to provide to your health plan information about your medical condition to determine whether the proposed course of treatment will be covered. When we subsequently bill the health plan for the services rendered to you, we can provide the health plan with information regarding your care if necessary to obtain payment.

"Health care operations" means the support functions of our practice related to treatment and payment, such as quality assurance activities, case management, receiving

and responding to patient complaints, physician reviews, compliance programs, audits, business planning, development, management and administrative activities. For example, we may use your medical information to evaluate the performance of our staff in caring for you. We may also combine medical information about many patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective.

OTHER PERMITTED USES AND DISCLOSURES

We may also use or disclose protected health information as permitted by applicable law, including, but not limited to, the following circumstances:

1. When permitted for purposes of public health activities, including when necessary to report product defects, to permit product recalls and to conduct post-marketing surveillance. Protected health information may also be used or disclosed if you have been exposed to a communicable disease or are at risk of spreading a disease or condition, if authorized by law. We may disclose protected health information to persons under the Food and Drug Administration's jurisdiction to track products or to conduct post-marketing surveillance;

2. When authorized by law to report information about abuse, neglect or domestic violence to public authorities if there exists a reasonable belief that you may be a victim of abuse, neglect or domestic violence. In such case, we will promptly inform you that such a disclosure has been or will be made unless that notice would cause a risk of serious harm. For the purpose of reporting child abuse or neglect, it is not necessary to inform the minor that such a disclosure has been or will be made. Disclosure may generally be made to the minor's parents or other representatives although there may be circumstances under federal or state law when the parents or other representatives may not be given access to the minor's protected health information;

3. To a public health oversight agency for oversight activities authorized by law. This includes uses or disclosures in civil, administrative or criminal investigations, inspections, licensure or disciplinary actions (for example, to investigate complaints against providers), and other activities necessary for appropriate oversight of government benefit programs (for example, to investigate Medicare or Medicaid fraud);

4. When required for judicial or administrative proceedings. For example, your protected health information may be disclosed in response to a subpoena or discovery request provided certain conditions are met. One of those conditions is that satisfactory assurances must be given to us that the requesting party has made a good faith attempt to provide written notice to you, and the notice provided sufficient information about the proceeding to permit you to raise an objection and no objections were raised or were resolved in favor of disclosure by the court or tribunal;

5. For law enforcement purposes, including for the purpose of identifying or locating a suspect, fugitive, material witness or missing person or if you are a prison inmate at the time we created or received the protected health information. Also, when disclosing information about an individual who is or is suspected to be a victim of a crime but only if the individual agrees to the disclosure or the covered entity is unable to obtain the individual's agreement because of emergency circumstances. Furthermore, the law enforcement official must represent that the information is not intended to be used against the individual, the immediate law enforcement activity would be materially and adversely affected by waiting to obtain the

individual's agreement and disclosure is in the best interest of the individual as determined by the exercise of our best judgment;

6. When required to be given to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death or other duties as authorized by law. Also, disclosure is permitted to funeral directors, consistent with applicable law, as necessary to carry out their duties with respect to the decedent;

7. For research, subject to certain conditions;

8. When consistent with applicable law and standards of ethical conduct if we, in good faith, believe the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to a person reasonably able to prevent or lessen the threat, including the target of the threat;

9. For specialized government functions, including military and veterans activities, national security and intelligence activities, protective services for the President and others, medical suitability determinations, correctional institutions and other law enforcement custodial situations, covered entities that are government programs providing public benefits; all upon certain conditions;

10. When authorized by and to the extent necessary to comply with workers' compensation or other similar programs established by law;

11. When required by the Secretary to investigate or determine our compliance with the privacy regulations;

12. To your family or friends or any other individual identified by you when they are involved in your care or the payment for your care. We will only disclose the protected health information directly relevant to our involvement in your care or payment. We may also use or disclose your protected health information to notify, or assist in the notification of, a family member, a personal representative, or another person responsible for your care of your location, general condition or death. If you are available, we will give you an opportunity to object to these disclosures, and we will not make these disclosures if you object. If you are not available, we will determine whether a disclosure to your family or friends is in your best interest, and we will disclose only the protected health information that is directly relevant to their involvement in your care;

13. When permitted by law, we may coordinate our uses and disclosures of protected health information with public or private entities authorized by law or by charter to assist in disaster relief efforts;

14. When you need emergency care and are incapable of giving authorization, provided that we attempt to obtain your authorization as soon as reasonably possible after the delivery of emergency treatment;

15. When we are required by law to treat you, and our attempts to obtain your authorization are unsuccessful or we attempt to obtain your authorization but cannot do so due to substantial barriers in communicating with you, and we determine that your authorization to receive treatment is clearly inferred from the circumstances;

16. When we contact you to provide appointment reminders or with information about treatment alternatives or other health related benefits and services that may be of interest to you;

17. As part of our marketing efforts when permitted by applicable law;

18. When you have provided written authorization that satisfies applicable law (which authorization you have the right to revoke at any time, provided that the revocation is in writing, except to the extent that we already have taken action in reliance on your authorization).

YOUR RIGHTS

1. You have the right to request restrictions on our uses and disclosures of protected health information for treatment, payment and health care operations. However, we are not required to agree to your request.

2. You have the right to reasonably request to receive communications of protected health information by alternative means or at alternative locations.

3. Subject to payment of a reasonable copying charge, you have the right to inspect and copy the protected health information contained in your medical and billing records, except for:

(i) psychotherapy notes, which are notes recorded by a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint or family counseling session and that have been separated from the rest of your medical record;

(ii) information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding;

(iii) protected health information involving laboratory tests when your access is limited by law;

4. We have the right to deny your access to review certain records and our decision is non-reviewable in the following circumstances:

(i) if you are a prison inmate and we have been instructed by your correctional institution that your obtaining such information would jeopardize your health, safety, security, custody, or rehabilitation or that of other inmates, or the safety of any officer, employee, or other person at the correctional institution or person responsible for transporting you;

(ii) if we obtained or created protected health information as part of a research study for as long as the research is in progress, provided that you agreed to the temporary denial of access when consenting to participate in the research;

(iii) your protected health information is contained in records kept by a federal agency or contractor when your access is limited by law;

(iv) if the protected health information was obtained from someone other than us under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information.

5. We may also deny a request for access to protected health information but our decision is reviewable in the following circumstances:

(i) a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger your life or physical safety or that of another person;

(ii) the protected health information makes reference to another person (unless such other person is a health care provider) and a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to such other person;

(iii) the request for access is made by the individual's personal representative and a licensed health care professional has determined, in the exercise of professional judgment, that the provision of access to such personal representative is reasonably likely to cause substantial harm to you or another person.

If we deny a request for access for any of the reasons this paragraph 5, then you have the right to have our denial reviewed in accordance with the requirements of applicable law.

6. You have the right to request a correction to your protected health information, but we may deny your request for correction, if we determine that the protected health information or record that is the subject of the request:

(i) was not created by us, unless you provide a reasonable basis to allow us to believe that the originator of protected health information is no longer available to act on the requested amendment;

(ii) is not part of your medical or billing records;

(iii) is not available for inspection as set forth in paragraph 3, 4 and 5 above; or

(iv) is accurate and complete. In any event, any agreed upon correction will be included as an addition to, and not a replacement of, already existing records.

7. You have the right to receive an accounting of disclosures of protected health information made by us to individuals or entities other than to you, except for disclosures:

- (i) to carry out treatment, payment and health care operations as provided above;
- (ii) incident to a use or disclosure that is otherwise permitted by law;
- (iii) pursuant to your signed authorization;
- (iv) to persons involved in your care or for other notification purposes as provided by law;
- (v) for national security or intelligence purposes as provided by law;
- (vi) to correctional institutions or law enforcement officials as provided by law;
- (vii) if the data disclosed is limited as provided in the law and disclosed pursuant to a valid agreement; or
- (viii) that occurred prior to April 14, 2003.

8. You have the right to request and receive a paper copy of this notice from us.

COMPLAINTS

If you believe that your privacy rights have been violated, you should immediately contact Ms. Amelita Martin, the Privacy Officer, at our offices. We will not take action against you for filing a complaint. You also may file a complaint with the Secretary of Health and Human Services at the Hubert H. Humphrey Building, 200 Independence Avenue S.W., Washington, D.C. 20201.

CONTACT PERSON

If you have any questions or would like further information about this notice, please contact Jeff Couturier, the Privacy Officer. This notice is effective as of April 14, 2003.