

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.

The Legal Duty of the Office of Administration's SEAP Office (OA-SEAP)

The OA-SEAP is required by applicable federal and state laws to maintain the privacy of your medical information and other personal information in its possession, otherwise known as "protected health information" ("PHI"). It is also required to give each employee who is covered by the State Employee Assistance Program (SEAP) this notice about OA-SEAP's privacy practices, its legal duties and your rights. You, and each of your family members who are eligible for SEAP, are also sometimes referred to herein as a "Client." OA-SEAP must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect on April 14, 2003, and will remain in effect until it is replaced.

The OA-SEAP reserves the right to change its privacy practices, and the terms of this notice, at any time, according to applicable law. Before it makes a material change in its privacy practices, OA-SEAP will change its notice and send the new notice to all employees who are covered by SEAP. You may request a copy of the notice at any time. For more information about OA-SEAP's privacy practices, or to request an additional copy of this notice, please contact the OA-SEAP by using the information listed at the end of this notice.

PHI

"PHI" – Protected Health Information is a subset of health information, including demographic information collected from an individual, that: 1) Is created or received by the OA-SEAP; and 2) Relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and 3) Identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual.

The OA-SEAP may receive PHI about you from various sources which may include your name, address, Social Security number, birth date, telephone number, health care provider, other health insurance coverage, and information about others in your household. It may also receive PHI about you from outside sources, such as employers, health care providers, federal and state agencies, or third-party vendors.

Except as described below, unless you specifically authorize us to do so, the OA-SEAP will provide access to your PHI only to you, your authorized representative, and those persons who need the information to aid the OA-SEAP in the conduct of its business ("our Business Associates"). You have the right to revoke an authorization, and how to do so is described in this notice.

When using or disclosing PHI, the OA-SEAP will make every reasonable effort to limit the use or disclosure of that information to the minimum extent necessary to accomplish the intended purpose. The OA-SEAP maintains physical, technical and procedural safeguards that comply with federal law and its Business Associates are limited by contract to using or disclosing PHI that OA-SEAP provides to them to only those purposes for which the information was disclosed.

OA-SEAP Uses and Disclosures of PHI

The OA-SEAP is permitted to use and to disclose PHI in order to aid in your treatment, obtain payment for health care services provided to you and conduct its own "health care operations." Under limited circumstances, OA-SEAP may be able to provide PHI for the health care operations of other providers and health plans. It may use your PHI for purposes of treatment, payment and health care operations without your authorization. At times it will be necessary for the OA-SEAP to share PHI with its Business Associates so that they may assist OA-SEAP with its health care operations. Specific examples of the ways in which PHI may be used and disclosed are provided below. This list is representative only and not every use and disclosure in a category will be listed.

Treatment: Although the OA-SEAP does not engage in treatment activities, it may disclose your PHI to a doctor or a hospital which asks OA-SEAP for it to assist them in providing you with treatment.

Payment: The OA-SEAP may use and disclose your PHI to pay claims from doctors, hospitals and other providers for services delivered to you that are covered by SEAP.

- At the time of your hire the OA-SEAP receives PHI including your name, address, Social Security number and birth date, and this information is used by the OA-SEAP to provide coverage for SEAP benefits.

Health Care Operations: The OA-SEAP may use and disclose your PHI to engage in care coordination or case management, and to properly conduct its business.

- **Appeals and Complaints:** The OA-SEAP may use and disclose PHI to investigate a complaint or process an appeal by a Client. In order to do so, it may be necessary for OA-SEAP to gather information or documents, including medical records, that are held both internally and externally by the OA-SEAP or others.
- **Billing:** At the time of your hire OA-SEAP receives PHI such as name, address, Social Security number and birth date. The information may be used to reconcile billings OA-SEAP receives from its Business Associates, such as reimbursement for psychological evaluations and premium payments for services provided to you.
- **Fraud and Abuse Detection and Compliance Programs:** The OA-SEAP may use and disclose PHI for fraud and abuse detection and in activities required by its compliance program. It may also share this information with outside Health Oversight Agencies or other appropriate entities.
- **Health Promotion and Disease Prevention:** The OA-SEAP may use PHI to identify and contact you for population-based activities relating to improving health or reducing health care costs, such as information about disease management programs or about health-related benefits and services or about treatment alternatives that may be of interest to you. For example, it may contact you regarding participation in a disease management program or to recommend case management or certain preferred durable medical equipment vendors.
- **Litigation or When Required by Law:** In the event that you are involved in a lawsuit or other judicial proceeding, the OA-SEAP may use and disclose PHI in response to a court or administrative order as provided by law. For example, it may be required to disclose PHI in response to a subpoena, warrant or other lawful process.
- **Quality Improvement:** The OA-SEAP may use or disclose PHI to help it evaluate the performance of SEAP services.
- **Research and Reporting:** The OA-SEAP may use your PHI in order to conduct an analysis of its data. This information may be shared with OA-SEAP's Business Associates.

Other Uses and Disclosures of PHI

To You and with Your Authorization: The OA-SEAP must disclose PHI to you, as described below in the Client's Rights section of this notice. You may, subject to the OA-SEAP's policy for Authorizations, give OA-SEAP written authorization to use PHI or to disclose your PHI to anyone for any purpose. You may revoke an Authorization in writing at any time; however, such revocation will not affect any use or disclosures that were made under the Authorization while it was in effect. For additional information regarding revocation, use the contact information found at the end of this notice. Without a written Authorization, the OA-SEAP may not use or disclose PHI for any reason other than in the performance of treatment, payment, or health care operations, and except for those purposes described in this notice.

Personal Representatives: The OA-SEAP will treat your personal representative as if he/she were you for purposes of disclosing PHI. A "personal representative" is a parent of an unemancipated child, or a person who, as evidenced by a legal document according to state law, is designated to make medical decisions on behalf of an individual. Personal representatives include court-appointed guardians; persons appointed in "living wills" or medical directives; persons with powers of attorney; and/or executors/administrators of estates.

Parents and Minors: As a general rule, parents or other legal guardians (persons acting *in loco parentis*) have the right to access the PHI of an otherwise unemancipated minor child (defined by Pennsylvania law as a person under the age of twenty-one). However, Pennsylvania law allows a minor to obtain contraception, pregnancy testing and treatment, prenatal care, and testing and treatment for reportable diseases, sexually transmitted diseases, and HIV/AIDS without parental consent. Pennsylvania law also gives a minor the authority to control parental or other access to the PHI pertaining to such health care services. Therefore, a parent will need to obtain authorization from the minor before the OA-SEAP will release this type of information.

Health Oversight Activities: The OA-SEAP may share PHI as provided by law with Health Oversight Agencies, regulatory authorities or their appointed designees and reporting agencies. Examples of such "Health Oversight Agencies" include, but are not limited to, Centers for Medicare and Medicaid Services, the Pennsylvania Department of Health, Insurance Department, Attorney General, and the Auditor General.

Business Associates: The OA-SEAP works with many entities that perform a wide variety of services on its behalf. For example, it works with auditors, attorneys, actuaries, consultants, and other health care plans who act as third-party administrators for the OA-SEAP. OA-SEAP will ensure that appropriate agreements are in place to govern the permitted and required uses and disclosures of Client information by its Business Associates, to ensure OA-SEAP's Business Associates' compliance with state and federal privacy laws, and to ensure that its Business Associates will make reasonable efforts to safeguard the PHI they receive from it.

To Individuals Involved in Your Care or Payment for Your Care: OA-SEAP generally will not disclose PHI to your family members, close friends or others without your written authorization. However, under certain circumstances, the OA-SEAP may disclose PHI to such persons. For example, if you appear at the OA-SEAP office with your spouse and ask for PHI, OA-SEAP may ask you if it can provide you with your PHI in front of your spouse or even infer that it is permissible because you have brought your spouse with you. However, this verbal or implied authorization only applies to the particular disclosure and future disclosures of PHI to family members will require a new authorization, either written or verbal, depending on the circumstances.

OA-SEAP may also disclose PHI to your family members, close friends or others in cases of a medical emergency where you are unable to provide authorization. In such cases, the OA-SEAP will disclose PHI if it determines, using its professional judgment, that the disclosure would be in your best interest. In such cases, OA-SEAP will disclose only the PHI that is directly relevant to the person's involvement with your health care.

Public Health and Communicable Disease Reporting: The OA-SEAP may disclose your PHI to a public health authority who is permitted by law to collect or receive the information. OA-SEAP reporting may be made in order to prevent or control disease, injury or disability, report child abuse or neglect, notify a person who may have been exposed to a disease or may be at risk for contracting a disease or condition or notifying the appropriate government authority if it believes a Client has been the victim of abuse, neglect or domestic violence, to name a few.

Required by Law: The OA-SEAP may use or disclose your PHI when it is required or authorized to do so by law. For example, OA-SEAP must disclose your PHI to the U.S. Department of Health and Human Services if it asks to see it for purposes of determining whether OA-SEAP is in compliance with federal privacy laws. OA-SEAP may also disclose your PHI when authorized by Workers' Compensation or similar laws.

To Law Enforcement and for Public Safety: Under certain circumstances, OA-SEAP may disclose your PHI for law enforcement purposes. Examples of such situations are responding to court orders, warrants, or grand jury subpoenas; providing PHI in response to requests by law enforcement officials for identification and/or location of individuals; and responding to inquiries by law enforcement relating to victims of crime. In addition, under some circumstances, OA-SEAP may disclose your PHI in order to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. This may include providing information to law enforcement authorities to apprehend a suspect or fugitive or advising an individual about threats made against them. The latter communications will be governed by Pennsylvania law. Finally, OA-SEAP may disclose your PHI if you are an inmate or other person in lawful custody and it is requested to do so by an appropriate law enforcement official or correctional institution.

Military and National Security: Under certain circumstances, the OA-SEAP may disclose the PHI of armed forces personnel to military authorities. It may also disclose PHI to authorized federal officials for lawful intelligence, counterintelligence, and other national security activities.

Client Rights

As a Client of the OA-SEAP, you have the following rights regarding your PHI:

- **Right to Inspect and Copy:** With limited exceptions, you have the right to inspect and/or obtain a copy of your PHI that the OA-SEAP maintains in a designated record set. You may request that OA-SEAP provide copies of your PHI to you in a format other than photocopies, such as CD or diskette. OA-SEAP will use the format you request unless it cannot practicably do so. You must make a request in writing to obtain access to your PHI. You may obtain a form to request access by using the contact information found at the end of this notice.

If the designated record set is located on-site, the OA-SEAP will act upon your written request within 30 days after receipt. If the PHI is not maintained by, or accessible to, the OA-SEAP on-site, then it will respond to you no later than 60 days after receipt of the request. If these time frames cannot be met, OA-SEAP is entitled to a 30-day extension and you will be so notified. The OA-SEAP may charge you a reasonable cost-based fee to process and fulfill your request. If you prefer, you may request that OA-SEAP prepare a summary or an explanation of your PHI for a fee. If your request for access is denied, OA-SEAP will provide a written explanation for the denial and your rights regarding the denial.

The OA-SEAP does not receive or maintain a file of your behavioral health treatment records. You have a right to access these records through the treating physician, facility, or other provider that created and/or maintains the records. If you have difficulty accessing your treatment records through these sources, contact us using the information listed at the end of this notice and OA-SEAP will attempt to assist you.

- **Right to Amend:** You have the right to request that the OA-SEAP amend the PHI that it has created and that is maintained in its designated record set. Your request must be in writing, and it must explain why the information should be amended. You may obtain a form to request an amendment by using the contact information found at the end of this notice.

OA-SEAP cannot amend demographic information, treatment records or any other information created by others. If you would like to amend the demographic information, please contact your human resource office or, to amend your treatment records, you must contact the treating physician, facility or other provider that created these records.

The OA-SEAP will act on a request for an amendment within 60 days of receipt, or provide a written statement of the reason why it cannot do so and the date by which it will complete action on the request. If OA-SEAP accepts the amendment, it will advise you and make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

The OA-SEAP may deny your request if: 1) it did not create the information you want amended; 2) the information is not part of the designated record set maintained by the OA-SEAP; 3) you do not have access rights to the information; or 4) it believes the information is accurate and complete. If OA-SEAP denies your request, it will provide a written explanation for the denial and your rights regarding the denial.

- **Right to an Accounting of Disclosures:** You have the right to receive an accounting of the instances in which the OA-SEAP or its Business Associates have disclosed your PHI. The accounting will review disclosures made over the past six years or back to April 14, 2003, whichever period is shorter. OA-SEAP will provide you with the date on which it made a disclosure, the name of the person or entity to which it disclosed your PHI, a description of the information it disclosed, the reason for the disclosure, and certain other information. Certain disclosures are excepted from this requirement (e.g., those made for treatment, payment or health care operations purposes or made in accordance with an Authorization) and will not appear on the accounting.

Your request for an accounting must be made in writing. You may obtain a form to request an accounting by using the contact information found at the end of this notice. The OA-SEAP will act on your request within 60 days of receipt, or it will provide you with a written statement of the reasons for the delay and the date by which the accounting will be provided.

If you request an accounting more than once in a 12-month period, OA-SEAP may charge you a reasonable, cost-based fee for responding to these additional requests. You will have the opportunity, in writing, to withdraw or modify your request for any subsequent accounting in order to avoid or reduce the fee. You may contact OA-SEAP using the information listed at the end of this notice for a full explanation of its fee structure.

- **Right to Request Restrictions:** You have the right to request that the OA-SEAP place additional restrictions on the use or disclosure of your PHI for treatment, payment, health care operations purposes, and for disclosures made to persons involved in your care. OA-SEAP is not required to agree to these additional restrictions and in some cases will be prohibited from agreeing to them, but if it does agree, it will abide by its agreement (except in an emergency). Generally, the OA-SEAP will not agree to requests for restrictions on uses and disclosures of PHI for treatment, payment or health care operations. It is necessary for OA-SEAP to use and disclose PHI for these purposes in order to provide the benefits that are afforded to you. If OA-SEAP does agree to a restriction, its agreement will always be in writing and signed by the Privacy Officer.

Your request for restrictions must be in writing. You may obtain a form to request such restrictions, or additional information about your rights to request restrictions, by using the contact information found at the end of this notice.

- **Right to Request Confidential Communications:** You have the right to request that OA-SEAP communicate with you in confidence about your PHI by using “alternative means” or an “alternative location” if the disclosure of all or part of that information to another person could endanger you. OA-SEAP will accommodate such a request if it is reasonable and if the request specifies the alternative means or locations.

To request confidential communication changes, you must make your request in writing, and you must clearly state that the information could endanger you if it is not communicated in confidence as you request. To obtain a form to request confidential communications, use the contact information found at the end of this notice.

Right to Receive a Paper Copy of the Notice

If you receive this notice on OA-SEAP's web site or by electronic mail (e-mail), you are entitled to receive this notice in written form. Please contact OA-SEAP using the information listed at the end of this notice to obtain this notice in written form.

Questions and Complaints

If you want more information about OA-SEAP's privacy practices or have questions or concerns, please contact OA-SEAP using the information listed at the end of this notice.

If you are concerned that OA-SEAP may have violated your privacy rights, or you disagree with a decision it made about access to your PHI or in response to a request you made to amend or restrict the use or disclosure of your information or to have OA-SEAP communicate with you in confidence by alternative means or at an alternative location, you must submit your complaint in writing. To obtain a form for submitting your complaint, use the contact information found at the end of this notice. You also may submit a written complaint to the U.S. Department of Health and Human Services (HHS). OA-SEAP will provide you with the address to file your complaint with the HHS upon request.

The OA-SEAP supports your right to protect the privacy of your PHI. It will not retaliate in any way if you choose to file a complaint with OA-SEAP or with the U.S. Department of Health and Human Services.

Privacy Officer Susan Moravetz
 SEAP Program Director

Contact Office: Office of Administration
 Bureau of Workforce Support
 State Employee Assistance Program (SEAP)

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