

## **Crites & Associates Notice of Privacy Practices**

Crites & Associates is a provider of Employee Assistance services. When you contact Crites & Associates you usually provide information which individually identifies you and you may provide health information.

Your health information, including EAP records, will be available to all of Crites & Associates EAP counseling staff and professional staff in order to provide immediate assistance and counseling services 24 hours per day.

In order to facilitate treatment, Crites & Associates may disclose your mental health treatment records to other health care providers, with all individually identifying information removed.

**Crites & Associates will not otherwise use or disclose your health information without your written authorization.**

### **Our Legal Duty**

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give 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 takes effect April 14, 2003, and will remain in effect unless we replace it.

We reserve the right to change our privacy practices and applicable law permits the terms of this notice at any time, provided such changes. 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. Before we make a significant change in our privacy practices, we will change this notice, post the revised notice at each of our service delivery sites, and make the new notice available to our clients and others upon request.

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

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### **Uses and Disclosures of Health Information**

**Treatment:** With your written permission we may use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. These treatment activities include coordination of your care with other providers, with health plans (third parties) and with others, consultation with other treatment providers, and referral to other treatment providers related to your care.

**Payment:** With your written and or verbal permission your protected health information will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

**Health Care Operations:** With your written permission we may use and disclose your health information for certain of our health care operations. Health care operations include:

- Health care quality assessment and improvement activities
- Reviewing and evaluating health care provider and health plan performance, qualifications and competence, health care training programs, health care provider and health plan accreditation, certification, licensing and credentialing activities
- Conducting or arranging for service reviews, audits, and legal services, including fraud and abuse detection and prevention; and
- Business planning, development, management, and general administration, including customer service, de-identifying health information, and creating limited data sets for health care operations, public health activities, and research.

With your written permission, we may disclose your health information to a health plan or another health care provider who is subject to federal privacy protection laws, as long as the provider or plan has or had a relationship with you and the health information is for that provider's or plan's health care quality assessment and improvement activities, competence and qualification evaluation and review activities, or fraud and abuse detection and prevention.

We may need your written permission to disclose health information or information taken from your mental health treatment records or HIV test results for certain health care operations.

**Your Authorization:** You may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use, or disclosure permitted by your authorization while it was in effect. Unless you give us a written authorization, we will not use or disclose your health information for any purpose other than those described in this notice.

**Family, Friends, and Others Involved in Your Care or Payment for Care:** With your written permission, we may disclose your confidential health information to a family member, friend or any other person you involve in your health care or payment for your health care. We will disclose only the health information that is relevant to the person's involvement.

**Health-Related Products and Services:** With your written or verbal permission we may use your health information to contact you to provide appointment reminders, and to communicate with you about treatment communications that may describe health-related products or services that we provide, payment for such products or services, and the health care providers in a provider or health plan network.

**Public Health and Benefit Activities:** We may use and disclose your health information, without your permission, when required by law, and when authorized by law for the following kinds of public health and interest activities, judicial and administrative proceedings, law enforcement, research and other public benefit functions:

- For public health, including to report disease and vital statistics, child abuse, and adult abuse, neglect or domestic violence
- To avert a serious and imminent threat to health or safety
- For health care oversight, such as activities of state licensing and peer review authorities, and fraud prevention enforcement agencies
- For research
- In response to court and certain administrative orders and other lawful process
- To law enforcement officials with regard to crime victims, crimes on our premises, crime reporting in emergencies, and identifying or locating suspects or other persons
- To coroners, medical examiners, and (with respect to HIV test results) funeral directors
- To the military, to federal officials for lawful intelligence, counterintelligence, and national security activities, and to correctional institutions and law enforcement regarding persons in lawful custody; and
- As authorized by state worker's compensation laws

You may be able to opt out of use or disclosure of your health information for (a) research purposes or (b) pursuant to a written request from a government agency, unless law requires the disclosure.

We may not disclose certain confidential health information or mental health treatment records for certain of these purposes without your written permission, unless required by law.

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## **Individual Rights**

**Access:** You have the right to inspect and to receive a copy of your health information, with limited exceptions. Under federal law, however, you may not inspect or copy the following records; psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information.

You must make a written request to obtain access to your health information. You should submit your request to the contact identified at the end of this notice.

**Disclosure Accounting:** You have the right to a list of instances after April 14, 2003 in which we disclose your health information for purposes other than treatment, payment, health care operations, as authorized by you, and for certain other activities. You also have the right to a list of all written disclosures of your mental health treatment records; unless all individually identifying information has been removed from them.

You should submit your request to the contact identified at the end of this notice. You may obtain a form from that contact to make your request. We will provide you with information about each accountable disclosure that we made during the period for which you request the accounting, except we are not obligated to account for a disclosure that occurred more than 6 years before the date of your request and never for a disclosure that occurred before April 14, 2003.

**Amendment:** You have the right to request that we amend your health information and mental health treatment records. Your request must be in writing, and it must explain why the information should be amended. You should submit your request to the contact identified at the end of this notice. You may obtain a form from that contact to make your request.

We may deny your request only for certain reasons. If we deny your request, we will provide you a written explanation. If we accept your request, we will make your amendment part of your health information and use reasonable efforts to inform others of the amendment who we know may have and rely on the unamended information to your detriment, as will as persons you want to receive the amendment.

**Restriction:** You have the right to request that we restrict our use or disclosure of your health information for treatment, payment or health care operations, or with family, friends or others you identify. We are not required to agree to your request. If we do agree, we will abide by our agreement, except in a medical emergency or as required or authorized by law. You should submit your request to the contact identified at the end of this notice. You may obtain a form from that contact to make your request. Any agreement we may make to a request for restriction must be in writing signed by a person authorized to bind us to such an agreement.

**Confidential Communication:** You have the right to request to receive confidential communications from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively i.e. electronically.

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## Questions and Complaints

If you want more information about our privacy practices or have questions or concerns, please contact us using the information at the end of this notice.

If you believe your privacy rights have been violated, you may file a complaint with the Office for Civil Rights of the United States Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, Washington, D.C. 20201. You may contact the Office of Civil Rights' Hotline at 800-368-1019.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact: Crites & Associates Privacy Officer

Address: 2363 South 102nd Street  
Milwaukee, WI 53227-2143

Telephone: 414-545-1160

Fax: 414-545-4168

E-mail: [eap@criteseap.com](mailto:eap@criteseap.com)