



Dear _____

KGA, INC. EAP PRIVACY POLICY

EAP Providers are now required by law to inform you of their policies regarding privacy of your information. KGA has always and continues to observe professional standards of confidentiality that are more stringent than required by law. Therefore, KGA, Inc. has always protected your right to privacy. KGA's privacy policy covers the following areas:

How Kathleen Greer Associates, Inc. uses Protected Health Information (PHI)
When Kathleen Greer Associates, Inc. may disclose PHI
Your rights regarding your PHI
KGA Inc.'s legal duties with regard to PHI.

Please do not hesitate to call us if you have any questions.

Sincerely yours,

Kathleen Greer, President
KGA, Inc.

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

KGA, Inc. respects the confidentiality of your health information and will protect it in a responsible and professional manner. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires us to protect the privacy of Protected Health Information (your information) and send you this notice.

Your KGA case record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services, is referred to as Protected Health Information ("PHI"). This Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with applicable law and KGA's Confidentiality Policy. It also describes your rights regarding how you may gain access to and control your PHI.

We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. We will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on our website, sending a copy to you in the mail upon request or providing one to you at your next appointment.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

For Treatment: Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other counselors involved in your care. We may disclose PHI to any other person only with your authorization.

For Referral Authorization: We may use or disclose PHI in certain circumstances including authorization for extended treatment through your health insurer.

For Health Care Operations: We may use or disclose, as needed, your PHI in order to support our business activities including, but not limited to these examples. We may share your PHI with third parties that perform various business activities (e.g., billing or typing services) provided we have a written contract with the business that requires it to safeguard the privacy of your PHI. For training or teaching purposes, PHI will be disclosed only with your authorization.

Required by Law: Under the law, we must make disclosures of your PHI to you upon your request. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.

Without Authorization: Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of situations. The types of uses and disclosures that may be made without your authorization are those that are:



- Required by Law, such as the mandatory reporting of child abuse or neglect or mandatory government agency audits or investigations
- Required by Court Order
- Necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

With Authorization: Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked by you at any time.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding PHI we maintain about you. To exercise any of these rights, please submit your request in writing to our Privacy Officer at Liz W. Hahn, 161 Worcester Road, Framingham, MA 01701, telephone (508-879-2093).

- **Right of Access to Inspect and Copy.** You have the right, which may be restricted in some circumstances, to inspect and copy PHI that may be used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you.¹
- **Right to Amend.** If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information although we are not required to agree to the amendment.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of certain of the disclosures that we make of your PHI.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. We are not required to agree to your request.
- **Right to Request Confidential Communication.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location.
- **Right to a Copy of this Notice.** You have the right to a copy of this notice.

COMPLAINTS

If you believe we have violated your privacy rights, you have the right to file a complaint in writing with our Privacy Officer, Liz W. Hahn, KGA, Inc., 161 Worcester Road, Framingham, MA 01701, telephone (508-879-2093) or with the Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling (202) 619-0257.

The effective date of this Notice is April 14, 2003.

¹ As defined in 45 CFR Subtitle A, Subchapter C, 164.501, the rule defines psychotherapy notes as notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of a conversation during a private counseling session or a group, joint or family counseling session and that are separated from the rest of the individual's medical record.

Per the regulatory definition, the following information is not part of the psychotherapy notes: Medication prescribing and monitoring; Counseling session start and stop times; Modalities and frequencies of treatment furnished; Results of clinical tests; Any summary of the following items: Diagnosis, Functional status, Treatment plan, Symptoms, Prognosis, Progress to date.

Psychotherapy notes, according to the Privacy Rule, are limited to information that is kept separate by the provider for his/her own purpose and that contains information of a sensitive nature that is only relevant to the provider. There are special rules regarding consents and authorizations.