



WORKPLACE WELLNESS

## **Notice of Privacy Practices & Statement of Understanding**

*The Sand Creek Group, Ltd.  
610 North Main Street, Suite 200  
Stillwater, MN 55082*

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. This document also acts as an overview of how Sand Creek operates in regards to our policies and procedures to protect confidentiality. Please review it carefully.

### **Program Overview**

Sand Creek Employee Assistance Program (EAP) is a benefit paid for by your employer. We offer an assessment, short-term counseling and referral services for a variety of problems that negatively affect well-being and job performance. This service is at no cost to you. We work with a network of credentialed providers to provide in person or telephonic counseling services to you.

Referrals to services beyond the EAP may be recommended. These referrals are a suggestion. The decision to use or not to use the referral is at your discretion. The cost of those services may be covered by your health insurance. It is your responsibility to determine whether or not services are covered under your health insurance plan. Any cost involved for those services are your responsibility and not the responsibility of Sand Creek.

### **Client Feedback**

With your consent, we may follow-up with you by telephone/email/mail to evaluate the effectiveness of our program and your satisfaction with our service.

### **Client Rights and Responsibility**

Sand Creek, Ltd. is a starting place for people in need of counseling, support and resources.

#### **As a client of Sand Creek, you have the following rights:**

1. To receive service provided with a high level of professionalism and confidentiality.
2. To know the professional qualifications of the clinician(s) you will be working with.
3. To a service that is free of sexual exploitation.

4. To know the clinician's assessment of your situation, the recommended action and resources available to help address or resolve your situation.
5. To request information about yourself contained in your case record and to challenge information which you feel is inaccurate or incomplete. In such instances you have the right to put information, in writing, in the record which you feel is accurate or complete.
6. To decline services at any time.

**As a client of Sand Creek, we expect that you will:**

1. Be on time for appointments and participate actively in the counseling process.
2. Give at least a 24 hour advance notice in the event you need to cancel your appointment.
3. Conduct yourself in a non-threatening manner.

## **Confidentiality**

Federal and State law and regulations protect the confidentiality of your EAP record. We capture and maintain this information about you to document any assessment, brief counseling and follow-up services we provide to you. Sand Creek adheres to the highest professional standards in maintaining your record.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) federal law protects your health information. Under this law, Sand Creek and our contracted EAP providers may not inform others that you accessed the EAP, attended sessions or disclose any protected information without your written consent.

**I. It is Sand Creek's legal duty to safeguard your protected health information (PHI).** By law we are required to insure that your PHI is kept private. The PHI constitutes information created or noted by Sand Creek/your clinician that can be used to identify you. It contains data about your past, present, or future health or condition, the provision of health care services to you, or the payment for such health care. The EAP/your clinician is required to provide you with this Notice about your privacy procedures. This Notice must explain when, why, and how Sand Creek would use and/or disclose your PHI. Use of PHI means when Sand Creek/your clinician would share, apply, utilize, examine, or analyze information; PHI is disclosed when Sand Creek/your clinician may not use or disclosure more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made; however, Sand Creek/your clinician is always legally required to follow the privacy practices described in this Notice.

Please note that Sand Creek/your clinician reserves the right to change the terms of this Notice and our privacy policies at any time. Any changes will apply to PHI already on file with Sand Creek/your clinician. Before Sand Creek/your clinician makes any important changes to policies, we will immediately change this Notice and post a new copy of it in the office and on the website. You may also request a copy of this Notice from us, or you can view a copy of it in our office or on the Sand Creek website, which is located at: [www.sandcreekeap.com](http://www.sandcreekeap.com).

**II. How Sand Creek will use and disclose your PHI.** Sand Creek/your clinician will use and disclose your PHI for many different reasons. Some of the uses or disclosure will require your prior written authorization; others, however will not. Below you will find the different categories of Sand Creek/your clinician uses and disclosures, with some examples.

**A. Uses and disclosures related to treatment, payment, or health care operations do not require your prior written consent.** Sand Creek may use and disclose your PHI without your consent for the following reasons:

1. **For treatment.** Sand Creek may disclose your PHI to physicians, psychiatrists, psychologists, social workers and other health care professionals in an emergency situation.
2. **For health care operations.** Sand Creek may disclose your PHI to facilitate the efficiency and quality measures of our EAP to review the quality of the overall services that you have received or to evaluate the performance of the employee assistance professionals who provided you with these services. Sand Creek may also provide your PHI to EAP attorneys, accountants, consultants, and others to make sure that we are in compliance with applicable standards and or laws.
3. **To obtain payment for treatment.** Sand Creek may use and disclose your PHI to bill and collect payment for the EAP services provided or a business associate, such as billing companies, claims processing, and others that process health care claims for EAP.

**B. Certain other uses and disclosures of your PHI do not require your consent.**

1. When disclosure is required by federal, state, or local law; judicial, board, or administrative proceedings, or law enforcement.
2. If disclosure is compelled by a party to a proceeding before a court of an administrative agency pursuant to its lawful authority.
3. If disclosure is required by a search warrant lawfully issued by a governmental law enforcement agency.
4. If disclosure is compelled by the patient or the patient's representative pursuant to Health and Safety Codes or to corresponding federal statues of regulations, such as the Privacy Rule that requires this Notice.
5. To avoid harm, PHI may be provided to law enforcement personnel or persons able to prevent or mitigate a serious threat to the health or safety of a specific person or entity.
6. If disclosure is compelled or permitted by the fact that you are in such mental or emotional condition as to be dangerous to yourself or the person or property of others, and if Sand Creek/your clinician determines that disclosure is necessary to prevent the threatened danger.
7. If disclosure is mandated by the Child Abuse and Neglect Reporting law because there is a reasonable suspicion of child abuse or neglect.

8. If disclosure is mandated by the Vulnerable Adult Abuse Reporting law because there is reasonable suspicion of abuse or neglect of a vulnerable adult.
9. If disclosure is compelled or permitted by the fact that you tell Sand Creek/your clinician of a serious/imminent threat of physical violence by you against a reasonably identifiable victim or victims.
10. If disclosure is compelled or permitted by the fact that you report the commission of or contemplation of a commission of a crime.
11. For public health activities.
12. For quality review health oversight activities.
13. For specific government functions which impact national security, or veterans or military personnel.
14. For research purposes which may result in improved practices.
15. If an arbitrator or arbitration panel compels disclosure.
16. If disclosure is required or permitted to a health oversight agency for oversight activities authorized by law, such as HIPAA compliance.
17. If disclosure is otherwise specifically required by law.

**C. Certain uses and disclosures require your prior written authorization.** In any other situation not described in Sections I and II above, your written authorization will be obtained before using or disclosing any PHI.

1. To use or disclose psychotherapy notes.
2. To use your PHI for marketing purposes.
3. To use or disclose PHI for any purpose not described in this notice.
4. Even if you have signed an authorization to disclose your PHI, you may later revoke that authorization, in writing, to stop any future uses and disclosures (assuming that Sand Creek has not taken any action subsequent to the original authorization) not needed of your PHI.

**III. What Rights you have regarding your PHI.** These are your rights in respect to your PHI.

- A. The right to see and get copies of your PHI.** You have the right to see your PHI, or to get copies of it; however, you must request it in writing. If Sand Creek does not have your PHI, but knows who does, we will advise you how you can get it. You will receive a response from Sand Creek within 30 days of our receipt of your written request. Under certain circumstances your request may be denied. If that is the case, Sand Creek will give you, in writing, the reasons for the denial. Your rights to a denial review will be explained as well. Copies of your PHI will not exceed \$2.00 per page, a reasonable cost per marketplace per page. With your approval you may be provided a summary or explanation of the PHI, as well as to the cost, in advance.
- B. The right to request limits on uses and disclosures of your PHI.** You have the right to ask that Sand Creek/clinician limit the use and disclosure of your PHI. While Sand Creek will consider your request, we are not legally bound to agree. If Sand Creek/your clinician do agree to your request, we will put those limits in writing and abide by them, except in emergency/mandated reporting situations. You may not limit the uses and disclosures that Sand Creek is legally required or permitted to make.

- C. The right to choose how we send your PHI to you.** It is your right to ask that your PHI be sent to you at an alternative address or by an alternative method. Sand Creek is obliged to agree to your request providing that we can give you the PHI, in the format you requested, without undue inconvenience.
- D. The right to get a list of disclosures made by Sand Creek.** You are entitled to a list of disclosures of your PHI that Sand Creek makes. The list will not include uses or disclosures to which you have already signed a consent/authorization for; uses or disclosures that are used for treatment, payment or health care operations; or information sent directly to you or to your family. The list also does not include disclosures made for national security purposes, to corrections or law enforcement personnel, or disclosures made before April 12, 2013.
- E. The right to amend your PHI.** If you believe that there is some error in your PHI or that important information has been omitted, it is your right to request that corrections be made to the existing information or that the missing information be added. Your request and the reason for the request must be in writing. You will receive a response within 60 days of our receipt of your request. Your request may be denied in writing, if it is found that your PHI is (a) correct and complete, (b) forbidden to be disclosed, (c) not part of the EAP records, or (d) original source is other than EAP. A denial must be in writing and must state the reasons for the denial. It must also explain your right to file a written statement objecting to the denial. If you do not file a written objection, you still have the right to ask that your request and our denial be attached to any future disclosures of your PHI. If your request is approved, Sand Creek/your clinician will make the change(s) to your PHI, inform you that the changes have been made, and advise all other who need to know about the change(s) to your PHI.
- F. The right to get this notice by email.** You have the right to get this notice by email. You have the right to request a paper copy of it as well.
- G. The right to receive notice of breach of unsecured PHI.** You have the right to receive a notification, without undue delay, of any breach of your PHI.

## **Complaint and Grievance Procedures**

### ***Privacy***

If, in your opinion your privacy rights have been violated, or if you object to the decision made about access to your PHI, you are entitled to file a complaint with the identified Security Officer, Chris Erickson at 888.243.5744 Ext: 108. You may also send a written complaint to the Secretary of the Department of Health and Human Services at 200 Independence Avenue S.W., Washington, D.C. 20201. If you file a complaint about Sand Creek privacy practices, no retaliatory action will be taken against you.

### ***Services***

If you are dissatisfied with the services you are receiving, or believe that your rights as a client have been violated, please contact us at 888.243.5744 Ext: 108 to speak with our Clinical Director, Chris Erickson.



WORKPLACE WELLNESS

**Notice of Privacy Practices & Statement of Understanding  
Acknowledgement Form**

*The Sand Creek Group, Ltd.  
610 North Main Street, Suite 200  
Stillwater, MN 55082*

This notice went into effect on April 14, 2003.

By signing I have read and understand the information contained in the document that was provided to me.

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Print Name of Client or Legal Guardian

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Date

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Signature of Client or Legal Guardian

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Date