Bring packet to EAP appointment.

Washington State Employee Assistance Program

Olympia (360) 407-9490 ▫ Olympia FAX (360) 664-0498 ○ Statewide Toll-free 877-313-4455

Notice of Privacy Practices

For Client Confidential Information

The law requires that we notify you of your privacy rights, protect your personal health information, notify you if there is a breach of your unsecured personal health information, and abide by the terms of this notice. This notice does not affect your care or eligibility for WA State EAP services.

What confidential information does the EAP have about me?	Under the Federal Health Insurance Portability and Accountability Act of 1996 (HIPAA), your personal health information is referred to as "protected health information" (PHI). EAP creates a record of your contact which could include demographics, assessment information, and other health information.
Who sees my confidential information?	We keep only the minimum amount of confidential information needed to do our job. We may share information if allowed by law or permitted by you.
May I see my information?	You have the right to request to review or receive a copy of your record. The EAP may charge you for copies of your records.
May I change my records?	If you believe the health information in your record is incorrect, you may send a written request for consideration that we amend or add new information. You may also request that we send the amendments to others who have received copies of your records.
What if someone else needs my confidential information?	A signed Release of Information form, effective for ninety (90) days from the date you sign it, would allow your information to be shared. You may withdraw or change this permission in writing.
May confidential information be shared without my permission?	There are exceptions when confidential information may be shared without your permission. By law, we are required to: ▪ Report suspected abuse or neglect of minors, elderly and developmentally disabled to the proper authorities; ▪ Report a serious threat to health or safety to the proper authorities; ▪ Disclose information in response to a court order, lawful subpoena or fully executed Release of Information; ▪ We may disclose your personal information to our Business Associates. These are individuals that provide services on our behalf which requires that they create, receive, maintain or transmit your personal information; ▪ Provide information to government officials when required for

	specifically identified government functions such as national security or the Department of Health and Human Services for the purpose of determining our compliance with obligations to protect the privacy of your health information; ▪ Provide information as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs.
What if privacy practices change?	We reserve the right to change practices in this notice. This notice is posted on our website at: http://www.eap.wa.gov.
Who do I contact if I have questions?	You may call the EAP at 360-407-9490 or 1-877-313-4455.
How do I report a violation of my privacy rights?	A complaint can be filed with the WA State Employee Assistance Program; 1222 State Ave NE, Suite 201; Olympia, WA 98504-7540. Or Contact the Department of Health and Human Services (HHS). http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html.

For EAP Use Only - Case # _____

Employee Assistance Program (EAP)
Client Intake Data

EAP provides assessment and referral services to our clients by qualified Employee Assistance Professionals who are registered with the State of Washington Department of Health Quality Assurance Division. Additional disclosure information will be provided to you upon request.

Date:	Name:
Agency:	Job Title:
Home Address:	City:
State, Zip:	County:
Home Phone: _____ Work Phone: _____ Cell Phone: _____	Preferred Phone Contact: Home ☐ Work ☐ Cell ☐ OK to Leave Message and Where Yes ☐ No ☐ Where? _____
Date of Birth:	Male ☐ Female ☐
Emergency Contact:	Emergency Contact Phone:
Do we have your approval to send mail to your home address? Yes ☐ No ☐	
Have you had previous contact with EAP Yes ☐ No ☐ If **yes**, under what name? _____	
Are you a family member of a state employee? Yes ☐ No ☐ If **yes**, list employee name: _____	
Have you ever served in any branch of the US Armed Forces including Reserves, National Guard or Coast Guard? Yes ☐ No ☐ If **yes**, list branch: _____ Years served _____	
Marital/Relationship Status: Married ☐ Divorced ☐ Single ☐ Domestic Partner ☐ Living Together ☐ Separated ☐ Widowed ☐ Other _____	
Education & Training: Grade School ☐ High School/GED ☐ Business/Technical ☐ Some College ☐ AA Degree ☐ Bachelor's Degree ☐ Master's Degree ☐ Doctorate Degree ☐ Other ☐ _____	
Health Insurance: Group Health ☐ UMP/Regence ☐ Kaiser Permanente ☐ Other ☐ _____	
How Did You Hear About EAP: Agency Orientation ☐ Co-Worker/Friend ☐ Health Care Provider ☐ Website ☐ Supervisor/Manager ☐ HR/Personnel Office ☐ EAP Newsletter ☐ EAP Training ☐ Family Member ☐ Union ☐	
Are you a member of a Bargaining Unit/Union? Yes ☐ No ☐	
Did HR Consultant, Manager, or Supervisor suggest you contact EAP? Yes ☐ No ☐ _____	
Are you having job performance issues? Yes ☐ No ☐ If **yes**, select one: Attendance ☐ Conduct ☐ Performance ☐	
Is disciplinary action being taken? Yes ☐ No ☐ If **yes**, what kind of action? Verbal ☐ Written (Letter of Reprimand/Concern) ☐ Suspension/Demotion ☐ Investigation ☐ Termination ☐ Administrative Leave ☐ Other ☐ _____	
Briefly describe situation that brings you to EAP. How would you like to use your EAP time? _____ _____ _____ _____	

For EAP Use Only - Case # _____

Client Statement of Understanding

You have chosen to receive services from the WA State Employee Assistance Program (EAP). EAP services may include assessment and referral or brief problem solving assistance. The EA Professional will work with you to clarify the problem, identify choices, and develop an action plan.

Participation or nonparticipation by any employee in the Employee Assistance Program is voluntary and shall not be a factor in any decision affecting an employee's job security, promotional opportunities, corrective or disciplinary action, or other employment rights.

The EAP will maintain confidential records of your contact with the EAP and the services provided to you. We need to have your written consent in order to share information about your care.
Exceptions to this, as required by law, are:

1. If we learn about child, elder or disabled adult abuse or neglect.
2. If, in our judgment, you present a threat of imminent and serious bodily harm to self or others.
3. If disclosure is required by legitimate subpoena, court order or otherwise by law.
4. If you sign a Release of Information to disclose your information to a particular entity or individual.

In addition, WA State RCW 41.04.730 stipulates that if you are referred by agency management due to work performance issues, we give agency management only the following information without your written consent:

1. Whether you made and kept an appointment with the EAP.
2. The date and time you came and left the EAP.
3. Whether further appointments were scheduled.

Fees: There is no cost to you for any services provided by the WA State EAP. However, the EAP does not cover the cost of other services beyond EAP. We attempt to refer you to providers covered by your insurance plan. It is your responsibility to verify that your insurance will cover the cost of counseling or other treatments.

I, (print name) _____, understand this form, including the confidentiality of the EAP and the limitations to confidentiality, and accept it as the terms of my participation in the program. With my signature, I also acknowledge that I have received written information describing WA State EAP's Counselor Disclosure Statement and HIPAA Privacy Practices. My questions about this statement have been answered, and I understand its contents.

Signature	Date
Signature of EA Professional	Date
Parent, guardian, or legal representative (if required) Print name then sign	Date