

# Notice of Privacy Practices for the Washington State EAP

For Client Confidential Information

By law, we are required to notify you of your privacy rights, protect your personal health information, notify you if there is a breach under applicable law, and abide by the terms of this notice. This notice does not affect your care or eligibility for Washington 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. Your provider 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 a copy of your record.

## 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.
- RCW 41.04.730 stipulates that if you are referred by agency management due poor job performance, we give agency management only the following information without your consent:
  - (1) Whether or not the referred employee made an appointment;
  - (2) The date and time the employee arrived and departed;
  - (3) Whether the employee agreed to follow the advice of counselors; and
  - (4) Whether further appointments were scheduled.

## What if privacy practices change?

We reserve the right to change practices in this notice. This notice is posted on our website at [eap.wa.gov](http://eap.wa.gov).

## Who do I contact if I have questions?

You may call the EAP at 1-877-313-4455.

## How do I report a violation of my privacy rights?

You can file a complaint with the Washington State Employee Assistance Program by calling or in writing at 1222 State Ave NE, Suite 201; Olympia, WA 98504-7540, or contact the Federal Department of Health and Human Services (HHS) at [www.hhs.gov/hipaa/filing-a-complaint](http://www.hhs.gov/hipaa/filing-a-complaint).



# Client Statement of Understanding

**About EAP:** You are choosing to receive services from the Washington State Employee Assistance Program (EAP). EAP services include problem assessment, brief problem-solving assistance, resources, and referrals for treatment or additional support. The EAP counselor will work with you to clarify problems, identify choices, and help you to develop an action plan within 1-3 sessions.

**Fees:** Your employer fully funds EAP services. There is **no cost** to you for any services provided by EAP. EAP is separate from your insurance benefit. The EAP does not cover the cost of services we may refer you to, but 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.

**About your EAP Provider:** All EAP providers hold a master's degree or higher in a counseling-related field. Additionally, our network providers are state-licensed with a minimum of two years of licensed experience. EAP providers are generalists but can refer you to specialists based on their assessment of your needs. While you are not entering therapy or treatment during your EAP visits, you may request and review a Counselor Disclosure Statement that will provide more information about your specific provider. Should you choose to continue seeing the provider after EAP sessions are complete, they must offer you alternative referrals and must provide a Counselor Disclosure Statement to you.

**Confidentiality:** EAP will maintain confidential records of your contact with EAP, the information you share with us, and the services provided to you. We need to have your written consent in order to share information about your care with another individual or entity. Exceptions to confidentiality as required by law are listed in detail in the Notice of Privacy Practices and include: (1) if we learn about child, elder or disabled adult abuse or neglect, (2) if in our judgement you present a threat of imminent and serious bodily harm to self or others, or (3) if disclosure is required by legitimate subpoena, court order, or otherwise by law.

**Does EAP tell my employer about my use of EAP?:** [RCW 41.04.730](#) states that an individual employees' participation in the employee assistance program and all individually identifiable information gathered in the process of conducting the program shall be held in strict confidence; except that agency management may be provided with the following information about employees referred by that agency management due to poor job performance:

- (1) Whether or not the referred employee made an appointment;
- (2) The date and time the employee arrived and departed;
- (3) Whether the employee agreed to follow the advice of counselors; and
- (4) Whether further appointments were scheduled.

**Your Rights:** As an EAP client, your rights include but are not limited to the following. You have the right:

- to be treated with respect and dignity, and to receive EAP services without discrimination based on race, color, religion, national origin, language, sex, age, disability, sexual orientation, gender identity, gender expression, or veteran status;
- to receive appropriate, ethical care and to refuse or terminate services at any time;
- to ask questions about anything that happens during EAP services; and
- to request a different counselor than the one assigned to you for the remainder of your EAP sessions.
- Additionally, [RCW 41.04.730](#) states: "Participation or nonparticipation by any employee in the employee assistance program shall not be a factor in any decision affecting an employee's job security, promotional opportunities, corrective or disciplinary action, or other employment rights."

I, (print name) \_\_\_\_\_, understand the information provided to me on this form, including the confidentiality of the EAP and the limitations to confidentiality. I accept it as the terms of my participation in the program. With my signature, I also acknowledge that I received written information describing EAP's Privacy Practices.

\_\_\_\_\_  
Client Signature (or legal representative if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date



# Client Intake Form

Please Note: Providing demographic information is **optional**. The information is held in strict confidence, and used only for the purposes of providing you with appropriate services and to maintain de-identified, aggregate data for statistical purposes.

Name:		Date of Birth:	Date:
Preferred first name:	Gender:	Pronouns:	
Are you a <input type="checkbox"/> covered employee or a <input type="checkbox"/> family member? If family, employee's name:			
Agency/Organization where covered employee works:			
Have you used EAP before? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, under what name?			
Home Address:		OK to send you mail? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Personal Email:		OK to send you email? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Preferred Phone:	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	OK to leave voicemail? <input type="checkbox"/> Yes <input type="checkbox"/> No OK to text? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Alternate Phone:	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	OK to leave voicemail? <input type="checkbox"/> Yes <input type="checkbox"/> No OK to text? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Emergency Contact & Relation:		Emergency Contact Phone:	
Job Title:		Length of Service (years):	
Job type: <input type="checkbox"/> Service/Labor <input type="checkbox"/> Manager/Sup <input type="checkbox"/> Professional <input type="checkbox"/> Administrative <input type="checkbox"/> Technical <input type="checkbox"/> Executive <input type="checkbox"/> Faculty/Teacher <input type="checkbox"/> Other			
Sexual Orientation:		Do you identify as transgender? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Racial/Ethnic Identity:		Military Service? <input type="checkbox"/> No If yes, branch?	
Marital/Relationship Status:		What is your health insurance?	
How did you hear about EAP?		Are you Union Member? <input type="checkbox"/> No If yes, which one?	
Did HR or a Manager/Supervisor suggest you contact EAP? <input type="checkbox"/> No <input type="checkbox"/> Yes. If so, was it a formal referral? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't know			
Are you having job performance or other job-related issues? <input type="checkbox"/> No If yes, briefly explain:			
Over the past 2 weeks, how often have you been bothered by any of the following problems?			
1. <i>Little interest or pleasure in doing things</i> <input type="checkbox"/> Not at all <input type="checkbox"/> Several days <input type="checkbox"/> More than half the days <input type="checkbox"/> Nearly every day			
2. <i>Feeling down, depressed or hopeless</i> <input type="checkbox"/> Not at all <input type="checkbox"/> Several days <input type="checkbox"/> More than half the days <input type="checkbox"/> Nearly every day			
For the past 30 days, please total the number of <b>hours</b> your personal concern caused you to miss work. Include complete days and partial days when you came in late or left early:		hours	
<i>My personal problems keep me from concentrating on my work:</i>			
<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Somewhat Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Somewhat Agree <input type="checkbox"/> Strongly Agree			
<i>I am often eager to get to the work site to start the day:</i>			
<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Somewhat Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Somewhat Agree <input type="checkbox"/> Strongly Agree			
<i>So far, my life seems to be going very well:</i>			
<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Somewhat Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Somewhat Agree <input type="checkbox"/> Strongly Agree			
<i>I dread going into work:</i> <input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Somewhat Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Somewhat Agree <input type="checkbox"/> Strongly Agree			
Describe the situation that brings you to EAP. How would you like to use your EAP time?			

