



## **Your Information. Your Rights. Our Responsibilities.**

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This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

### **Your Rights**

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

### **Your Choices**

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Answer coverage questions from your family and friends
- Provide disaster relief
- Include you in a hospital directory\*
- Provide mental health care
- Market our services and sell your information\*
- Raise funds\*

### **Our Uses and Disclosures**

We may use and share your information as we:

- Treat you
- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

## Your Rights

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

### Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your health and claims records and other health information we have about you, but not including certain information designated by law, such as psychotherapy notes. Ask us how to do this.
- We will provide a copy or a summary of your health information and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

### Ask us to amend your medical record

- You can ask us to amend health information and claims records about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

### Request confidential communications

- You can ask us to share health information only to certain individuals involved in your care (for example, family members or friends). You also can ask us to contact you in a specific way (for example, home or office phone) or to send mail to an alternate address designated by you.
- We will say “yes” to all reasonable requests.

### Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

### Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

## Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

## Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

## File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

## Your Choices

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care or in the payment for your care
- Share information in a disaster relief situation
- Include your information in a hospital directory\*

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.\*

## **Your Rights and Choices Regarding Substance Use Treatment Information**

If you are seeking, applying for or receiving alcohol or substance use treatment, that related information is further protected by more stringent federal law. Generally, First Sun EAP may **not** say to a person outside First Sun EAP that you have applied for or participate in an alcohol or drug use treatment program, **or** disclose any information identifying you as an alcohol or drug user **unless**:

- (1) You consent in writing;
- (2) The disclosure is allowed by a court order; or
- (3) The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

**However**, Federal law and regulations do **not** protect any information about a crime committed by you either at the program or against any person who works for the program or about any threat to commit such a crime, or about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

## **Our Uses and Disclosures**

### **How do we typically use or share your health information?**

We typically use or share your health information in the following ways.

#### **Treat you and Help Manage the Treatment you Receive**

We can use your health information and share it with other professionals who are treating you.

*Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

*Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*

#### **Pay for your health services**

We can use and disclose your health information as we pay for your health services.

*Example: We share information about you with your provider to coordinate payment for your services.*

#### **Run our organization**

We can use and share your health information to run our business, improve your care, and contact you when necessary.

*Example: We use health information about you to manage your treatment and services.*

## **Administer your plan**

We may disclose your health information to your health plan sponsor for plan administration.

*Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the fees we charge.*

## **How else can we use or share your health information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

## **Help with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

## **Do research**

We can use or share your information for health research.

## **Comply with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

## **Respond to organ and tissue donation requests and work with a medical examiner or funeral director**

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

## **Address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

## Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

**EXCEPTION: Substance Abuse Information can only be disclosed in response to a court order, not just a subpoena.**

## Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available on our web site. Upon request we will send you one via email or post.

## \*Special Notes:

- We do not produce a hospital directory
- We do not sell your information
- We do not contact you about fundraising activities
- Where South Carolina laws are more stringent than HIPAA in regards to Mental Health services, those laws apply
- Where the Substance Abuse Confidentiality requirements are more stringent than HIPAA or South Carolina law, those requirements apply

**Effective Date of this Notice:** February 7, 2018

## Questions or Concerns? How to contact us:

ATTN: Compliance Officer  
First Sun EAP  
2700 Middleburg Drive, STE 208  
Columbia, SC 29204  
1-800-968-8143  
firstsuneap@firstsuneap.com  
[www.firstsuneap.com](http://www.firstsuneap.com)

## **Discrimination Is Against the Law**

First Sun EAP complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. First Sun EAP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

To communicate effectively with us, First Sun EAP provides:

Free aid and services to people with disabilities , such as:

- Written information in other formats (accessible electronic formats)

Free language services to people whose primary language is not English, such as:

- Qualified interpreters

Free language interpretation support is available for those who cannot read or speak English by calling 1-800-968-8143.

If you believe that First Sun EAP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Corporate Compliance Officer. You can file a grievance in person, by mail, fax, or email. If you need help filing a grievance, please contact us:

First Sun EAP

2700 Middleburg Drive, STE 208

Columbia, SC 29204

1-800-968-8143

FAX 803-799-3772

[firstsuneap@firstsuneap.com](mailto:firstsuneap@firstsuneap.com)

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>

## Language Assistance Services

**ATTENTION:** If you are a non-English speaker, free language assistance services are available to you. Call 1-800-968-8143 (TTY: 1-800-676-3777 or 711).

**Español (Spanish):** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-968-8143 (TTY: 1-800-676-3777 or 711).

**繁體中文 (Chinese):** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-968-8143 (TTY: 1-800-676-3777 or 711)。

**Tiếng Việt (Vietnamese):** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-968-8143 (TTY: 1-800-676-3777 or 711).

**한국어 (Korean):** 주의: 한국어를 사용하시는 경우, 언어지원 서비스를 무료로 이용하실 수 있습니다. 1-800-968-8143 (TTY: 1-800-676-3777 or 711). 번으로 전화해 주십시오.

**Tagalog (Filipino):** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-968-8143 (TTY: 1-800-676-3777 or 711).

**Русский (Russian):** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-968-8143 (TTY: 1-800-676-3777 or 711).

**العربية (Arabic):** ب رقم ات صبل ب الامجان لك ت تواف ر ال لمغوية المساعدة خدمات ف إن ال لمغة، اذكر ت تحدث ك نت إذا م لمحوظة ال عرب ية ه ال صم وال بكم: (TTY: 1-800-676-3777 or 711). رقم 1-800-968-8143

**Kreyòl Ayisyen (French Creole):** ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-968-8143 (TTY: 1-800-676-3777 or 711).

**Français (French):** ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-968-8143 (TTY: 1-800-676-3777 or 711).

**Polski (Polish):** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-968-8143 (TTY: 1-800-676-3777 or 711).

**Português (Portuguese):** ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-968-8143 (TTY: 1-800-676-3777 or 711).

**Italiano (Italian):** ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-968-8143 (TTY: 1-800-676-3777 or 711).

**Deutsch (German):** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-968-8143 (TTY: 1-800-676-3777 or 711).

**日本語 (Japanese):** 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-968-8143 (TTY: 1-800-676-3777 or 711)。まで、お電話にてご連絡ください。

**فارسی (Farsi – Persian):** ب رای رای گان ب صورت زی ابی ت سه یلات ک نید، می گ ف ت گو فار سی زی ان ب ه اگ ر: توجه: فر می باشد. 1-800-968-8143 (TTY: 1-800-676-3777 or 711). تا ماس ب گ پیرد. شما