

This notice describes how employee protected health information (PHI) about you may be used and disclosed, along with how you can get access to this information. Please review it carefully.

Employee protected health information (PHI) has the same definition as patient PHI. In the case of your employment with this organization, employee PHI is information provided to the organization as needed to provide healthcare benefits. Our organization is required to follow specific rules on how we use and/or disclose your employee PHI. This Notice describes how we follow those rules to use and disclose your employee PHI to provide healthcare benefits to you for treatment, payment, to manage our healthcare operations, and for other purposes that are permitted or required by law. It also describes your rights regarding your employee 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, at any time. The new notice will be effective for all protected health information that we maintain at that time. A copy of a revised Notice of Privacy Practices may be obtained by contacting the Privacy Officer. Please contact the Privacy Officer if you have any questions about this notice.

Your Rights Under the Privacy Rule - The following is a statement of your rights, under the Privacy Rule, in reference to your employee PHI. Please feel free to discuss any questions with your supervisor or the Privacy Officer.

1. You have the right to receive a copy of this Notice of Privacy Practices - We are required to follow the terms of this notice. We reserve the right to change the terms of our notice, at any time. If needed, new versions of this notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with a revised Notice.
2. You have the right to inspect and obtain a copy of your employee PHI - This means you may inspect and obtain a copy of employee PHI about you. A written request must be made to the Privacy Officer to inspect your employee PHI.
3. You have the right to authorize other disclosure - This means you have the right to authorize disclosure other than for the purposes of providing healthcare benefits to you for treatment, payment, to manage our healthcare operations and for other purposes that are permitted or required by law. You may revoke an authorization, at any time, in writing, except to the extent that the organization has taken an action in reliance on the use or disclosure indicated in the authorization.
4. You may have the right to request an amendment your employee PHI - This means you may request an amendment of employee PHI about you for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request, we will provide you with a copy of any such denial.
5. You have the right to request a disclosure accountability - This means that you may request a listing of your employee PHI disclosures we have made to entities or persons outside of our organization. It excludes disclosures we may have made directly to you, disclosures for the purposes of providing healthcare benefits to you for treatment, payment, to manage our healthcare operations and for other purposes that are permitted or required by law, or for authorizations requested by you.

How We May Use or Disclose Protected Health Information - This organization may use and disclose your employee PHI to provide healthcare benefits for you, for treatment and payment of healthcare benefits, to manage our healthcare operations, and for other purposes that are permitted or required by law.

Questions or Complaints – Any questions or complaints regarding the organization's use or disclosure of your employee PHI can be made in writing to the Privacy Officer.

Acknowledgement of Receipt I acknowledge receipt of the organization's "Employee Notice of Privacy Practices."

 Print Name

 Signature

 Date