



Philip D. Murphy  
*Governor*  
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STATE OF NEW JERSEY  
CIVIL SERVICE COMMISSION  
EMPLOYEE ADVISORY SERVICE  
P.O. BOX 320  
Trenton, NJ 08625-0320  
Telephone: (866) 327-9133 Fax: (609) 633-8584

Allison Chris Myers  
*Chair/Chief Executive Officer*

## NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND YOUR ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.

*If you have any questions, issues or concerns regarding this Privacy Notice, please contact the Employee Advisory Service at 44 South Clinton Avenue, P.O. Box 320, Trenton, New Jersey 08625-0320, (609) 292-8544.*

### **Introduction**

The State of New Jersey's Employee Advisory Service (EAS) understand that your personal information and the care you receive is a sensitive matter and our commitment to confidentiality and your privacy is important to us. We are committed to and are required by law to maintain the privacy of your information. This notice applies to the records of your EAS care maintained by us and we will abide by the terms of this Notice.

This Notice of Privacy Practice describes how we may use and disclose your protected information for purposes that are permitted or required by law. This Notice also describes your rights regarding health information we maintain about you and a brief description of how you may exercise these rights.

### **How we will use and disclose your information**

We will use and disclose your information as described below; however, this is not meant to describe all specific uses or disclosures of information.

#### **A. Uses and disclosure without your authorization or opportunity to object:**

##### **1. Referral Services including Treatment Services**

Treatment is defined as the provision, coordination, or management of care and related services, consultation between providers relating to an individual, or referral of an individual to another provider for care. EAS may disclose your confidential information to assist in arranging services for you. For example, if you would like a referral for counseling services or substance abuse treatment services, an EAS staff member will work with you in finding a qualified mental health or substance abuse provider or program suited to meet your needs. We will give the treating provider enough information so that appropriate services can be provided to you.

The treating provider has the same responsibilities of protecting your confidential information.

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EAS may disclose your confidential information to medical personnel to the extent necessary to treat a bona fide medical emergency.

## **2. Payment for services**

Payment is defined as activities undertaken to obtain or provide reimbursement for consultations, referrals and/or services. Your employer has paid or has agreed to pay for the services provided to you from EAS, so there are no fees on your part. For employer billing purposes, we are sometimes required to provide documentation of your attendance. When this occurs, only the minimum amount of identifying information is shared with your employer and only provided to confidential agents in the human resource departments. In no circumstance will we provide the reason or the nature of your activities at EAS for billing purposes.

While there is no fee associated with EAS, we may disclose your confidential information when assisting you with billing issues and eligibility of coverage issues associated with your insurance. Only the minimum amount of information necessary will be shared.

## **3. Health care operations**

We may use and disclose information about you for health care operations. Your information may be used and disclosed for activities including quality assurance, medical review, internal auditing, accreditation, social services certification, licensing or credentialing activities and education purposes. These disclosures are necessary to run the organization and make sure that all EAS clients receive quality care. For example, we may use health information to review our treatment and services as well as to evaluate the performance of the staff caring for you.

## **4. Business associates**

We may use or disclose information about you to entities that assist us in providing services related to treatment or healthcare operations. We are required to have a Business Associate Contract in place with all entities with which we will share your protected information.

## **5. Emergencies**

We may use and disclose your information in an emergency treatment situation. For example, we may provide your information to a paramedic who is transporting you in an ambulance.

## **6. As required by law**

We will disclose information about you when required to do so by Federal and /or State law.

## **7. To avert a serious threat to health or safety**

We may disclose information about you to prevent a serious and imminent threat to your health and safety or to the health and safety of the public or another person. This includes the mandated reporting of child or elder abuse and neglect.

## **8. Health oversight activities**

We may disclose information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights.



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## **9. Law Enforcement**

Consistent with applicable federal and state laws, we may disclose information if we believe that use or disclosure is necessary to prevent or lessen a serious threat to the health or safety of a person or the public. We may also disclose information if it is necessary for law enforcement authorities to identify or apprehend an individual. Additionally, EAS may disclose your protected information when required by law in situations that involve threats of suicide or homicide, and when domestic violence involving children and adults is suspected. EAS may disclose your confidential information to law enforcement officials for identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order, and other law enforcement purposes.

We may disclose information about you to a court or administrative agency when a judge or administrative agency orders us to do so.

## **10. Military and National Security**

When the appropriate conditions apply, EAS may disclose confidential information of individuals who are members of the Armed Forces for activities deemed necessary by appropriate military command authorities. This includes, but is not limited to, disclosure of information for the purposes of determination by the Department of Military and Veterans Affairs of eligibility for benefits, and to authorized federal officials for conducting national security and intelligence activities, including protective services.

## **11. Coroners, Medical Examiners and Funeral Directors**

We may release information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

## **12. Employers**

EAS provides compliance or non-compliance information to employers when an employer has made the referral on behalf of the employee. Whether or not you have accepted and/or completed the recommendations is the only information provided. EAS will not disclose any information from your client record to your employer without signed consent, unless you are deemed to be a danger to someone at work.

The only exception to this is when an employee performs safety sensitive duties and is required to have a **Commercial Driver's License (CDL)** for employment or employees who fall under a **Mandatory Drug Testing Program** and has received positive test results for the use of drugs or alcohol. In order for you to return to work, the employee must be seen by EAS and be evaluated for enrollment in an educational or treatment program. In these situations, EAS is required to inform the employer of the employee's compliance to EAS recommendations.

## **B. Uses and Disclosures of your information with your written authorization**

Other uses and disclosures of information not covered by this notice or the laws that apply to EAS will be made only with your written permission, called an "authorization." If you provide EAS permission to use or disclose information about you, you may revoke that permission in writing, at any time. If you revoke your permission, we will no longer use or disclose information about you. EAS is unable to take back any disclosures that have been made with your permission, and EAS is required to retain our records of the services we have provided you.

**C. Right to Inspect and Copy**

You have the right to request an opportunity to inspect or obtain a copy of your records with our office. Usually, this will include clinical records, but not counseling or psychotherapy notes. You must submit your request in writing to the Employee Advisory Service, Civil Service Commission, P.O. Box 320, Trenton, NJ 08625-0320. If you request a copy of the information, we may charge a fee for the cost of copying, mailing, and supplies associated with complying with your request.

We may deny your request to inspect or obtain a copy of your information in certain limited circumstances. In some cases, you will have the right to have the denial reviewed by another professional chosen by us and who was not directly involved in the original decision to deny access. If you are denied access, we will inform you in writing if the denial of your request will be reviewed.

**D. Right to restrictions**

You have the right to request reasonable restrictions on the use and disclosure of confidential information about you. EAS reserves the right to disagree with the requested restrictions. EAS will only be bound by the restrictions if you are notified in writing that EAS agrees with the request.

**E. Right to confidentiality**

You have the right to request that EAS use only confidential means of communicating with you with regards to information about you. You may request that information be delivered to you at a certain time or place, or in a manner that keeps your information confidential. EAS reserves the right to disagree with the request.

**F. Right to Amend**

You have the right to request that EAS amend your confidential information that is incorrect or incomplete. EAS reserves the right to refuse requested amendments if the information is accurate, created by another entity, or the information is not disclosable. If we deny your request, we will provide you with information about our denial.

**G. Right to accounting disclosures**

You have a right to receive an accounting of uses and disclosures of your personal and health information in the possession of EAS. Certain exceptions may apply.

**H. Complaints**

If you believe your privacy rights have been violated, you may file a complaint with the State of New Jersey at: Privacy Officer, New Jersey Department of Treasury, Division of Pension and Benefits, P.O. Box 295, Trenton, NJ 08625-0295; or with the Secretary of the United States Department of Health and Human Services at: Secretary of the United States Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, D.C. 20201.

**I. Changes to this Notice of Privacy Practices**

EAS reserves the right to amend or change this Notice of Privacy Practices at any time retroactively or in the future without notice, and to make the new revisions effective for all information that it maintains. This includes information that was created or received prior to the date of amendment. Changes to this notice will be posted in the EAS office, and copies are available upon request by calling EAS at 609-292-8544.

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Sheila Y. Oliver  
*Lt. Governor*

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*Acting Chair/Chief Executive Officer*

## NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

**Date:**

I, , do hereby acknowledge receipt of the Employee Advisory Service Notice of Privacy Practices.

### STATEMENT OF UNDERSTANDING

The Employee Advisory Service (EAS) offers assessment, consultation, and short-term counseling to employees and their family members for issue affecting job performance. Often, short-term counseling is sufficient to achieve problem resolution. If, after the initial assessment, the EAS counselor recommends a referral to an outside provider, you will be referred to a provider approved by your health insurance benefits plan. EAS will schedule follow-up appointments to monitor your progress and ensure that you are receiving the recommended services.

There are no charges to you or members of your household for using EAS services. Although there are no costs to you for services, you are expected to keep each appointment or call to cancel or reschedule at least 24 hours in advance. Should you be referred to other professional resources outside the EAS, there may be co-payment for such services in accordance with your health insurance benefits plan. If an outside referral is recommended, every effort will be made to find the best resource at the lowest cost to you. Consult with your health insurance benefits plan representatives if you have any questions about your insurance coverage.

All records and information about referrals, assessments, and counselor recommendations are the sole property of EAS and will be treated as confidential in accordance to confidentiality laws, state and federal, and EAS confidentiality procedures. For self-initiated visits, no information concerning the reason for your visit or participation in the EAS will become part of your personnel record. Except in situations of danger or safety concerns, or as may otherwise be required by law, no information, oral or written, will be disclosed without your express written permission. Various state and federal confidentiality laws require that the EAS assume responsibility for reporting to appropriate parties' instances when a person is of danger to themselves, to others, or when child abuse/neglect is involved, even without written consent.

If you have come to the EAS as a result of a formal management referral (e.g. performance issue or during the disciplinary process), EAS will confidentially advise your Human Resource Department of your attendance at the EAS session(s) only, without disclosing the nature of the issues being addressed. For self-referrals, EAS will report your attendance only if necessary, during the agency billing process without disclosing the nature of the issues being addressed. If you are referred to EAS due to requirements such as Commercial Driver License restrictions or mandatory drug testing policies, your EAS Counselor will explain the limits of confidentiality prior to the counseling session and signing of the appropriate consent and acknowledgement forms.

I have read the above statement and agree to participation in the EAS under these terms. I understand that I may request a copy of this form.

**Signature of EAS Client, [Parent, Legal Guardian or Authorized Representative Lieu of Client *If under 14 years of age*]**

**Signature of EAS Counselor**

**Confirmed via Telehealth** ☐

New Jersey is an Equal Opportunity Employer

[www.state.nj.us/csc](http://www.state.nj.us/csc)