

MARSHFIELD PUBLIC LIBRARY

POLICY NUMBER: 4.590

POLICY TITLE: Employees Assistance Program

ADOPTION/LAST REVIEW: Adopted 3-10-92, reviewed 8-13-96, revised 6-10-97

- A. The Library is included in the City's Employee Assistance Program.
- B. The Library Board adopted City Policy 3.590 in its entirety.
- C. Changes made to City Policy 3.590 will be brought to the Library Board as they occur.

Reference: City Policy 3.590 "Employee Assistance Program"



**CITY OF MARSHFIELD, WISCONSIN  
POLICIES AND PROCEDURES**

- |                   |                         |
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| 1. COMMON COUNCIL | 4. FINANCIAL            |
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CHAPTER: Employee Benefits

SUBJECT: Employee Assistance Program

POLICY NUMBER: 3.590

PAGES: 7

EFFECTIVE DATE: June 1, 1997

REVISION DATE: January 1, 2012

APPROVED BY:

DEPARTMENT OF PRIMARY RESPONSIBILITY: City Administrator's Office

**SPECIAL NOTES:** This policy/procedure manual does not in way constitute an employment contract and the City of Marshfield reserves the right to amend this manual at any time subject only to approval by the Common Council.

**Purpose**

Health insurance plans generally provide coverage for employees and their dependents who are experiencing problems with alcohol or drugs, or who have other personal or medical problems, subject to policy limitations.

**Policy**

Services are confidential, regardless of whether the visit to the Department of Psychiatry or like provider is based upon a self-referral or a supervisor-referral. Information shared between the provider and the City of Marshfield is restricted to business-related issues, such as the need for time off from work and/or timetables for improved job performance.

Coverage is available to employees or their families on a self-referral basis since problems at home can affect employees' job performance. If employees or family members have personal problems that may be alleviated from assistance, they are encouraged to use this resource.

Employees are encouraged to seek assistance to determine if personal problems are causing unsatisfactory job performance. If performance problems persist, an employee is subject to normal corrective procedures.

When documented incidents of unacceptable job performance warrant, a supervisor may recommend the use of the health insurance coverage available to help address the problem. Any supervisory referral to the provider is based strictly on job performance.

This policy does not alter or replace existing administrative policy or contractual agreements, but serves to assist in their utilization.

The cost of the initial appointment "assessment" visit by the employee or employee's family member is borne by the City of Marshfield up to \$200.00. The cost of subsequent consultation is the direct responsibility of the employee or the employee's family, or as appropriate, the individual's medical insurance plan.

The cost of the initial appointment "assessment" visit up to \$200.00 will be reimbursed to the provider upon submitting proof of billing with a request for reimbursement to Human Resources.

### **Procedures**

All new employees of the City of Marshfield are given written information on the City's health insurance coverage's at the time of their induction into the organization.

Informational announcements (verbal and written) may be made to employees on a recurring basis to sustain employee awareness of the availability of assistance under the City's health insurance plan.

Notice of Privacy Practices for the EAP Plan is attached.

**NOTICE OF PRIVACY PRACTICES  
CITY OF MARSHFIELD EMPLOYEE ASSISTANCE PROGRAM**

**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.**

Effective Date of Notice: April 14, 2004, Updated on January 1, 2012.

**Who will follow this notice**

This notice describes the health information practices of the City of Marshfield (the "Plan") and that of any third party that receives medical information from or for us to assist us in providing your Employee Assistance Program (for your medical and dental please refer to the privacy notice given to you by the health and dental provider.

**Our pledge to you**

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you.

This notice is required by the Standards for Privacy of Individually Identifiable Health Information regulations (the "Rule"). This notice will tell you about the ways in which we may use or disclose medical information about you. It also describes our obligations and your rights regarding the use and disclosure of medical information.

We are required by law to:

- make sure that medical information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- follow the terms of the notice that is currently in effect.

**How the Plan may use and disclose your medical information**

The following categories describe different ways that we use and disclose medical information, as permitted by law. The Plan, its business associates, and their agents/subcontractors, if any, will use or disclose medical information to carry out treatment, payment and health care operations.

In addition, the Plan may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you. The Plan will disclose your medical information to City of Marshfield ("Plan Sponsor") for purposes related to treatment, payment and health care operations. The plan sponsor has amended its plan documents to protect your medical information as required by the Rule.

Treatment means the provision, coordination, or management of health care by one or more health care providers, or a health care provider and a third party.

For example, the Plan may disclose the name of your dentist to your oral surgeon, so the surgeon may request x-rays directly from your dentist.

Payment means activities undertaken by a health plan to determine coverage responsibilities and payment obligations for the provision of health care, or activities undertaken by a health care provider, or a health plan to obtain or provide reimbursement for health care.

For example, the Plan may disclose to your provider that you are eligible for benefits.

Health Care Operations means activities directly related to the provision of health care or the processing of health information. This includes internal quality oversight review, credentialing and health care provider evaluation, underwriting, insurance rating and other activities related to creation, renewal or replacement of a contract of health insurance or health benefits.

For example, the Plan may use medical information about you to conduct quality assessment and improvement activities or project future benefit costs.

The Plan will disclose medical information about you when required by federal, state or local law.

For example, the Plan may disclose medical information when required by a court order in a litigation proceeding.

The Plan may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

For example, the Plan may disclose medical information about you in a proceeding regarding the licensure of a physician.

The Plan may disclose medical information if you are a member of the armed forces and this is required by military command authorities.

The Plan may disclose medical information about you for workers' compensation or similar programs.

The Plan may disclose medical information about you for public health activities. These activities may include the following:

- to prevent or control disease, injury or disability;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;

- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe a patient has been the victim of abuse or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

The Plan may disclose medical information to a health oversight agency for activities authorized by law.

For example, audits, investigations, inspections and licensure.

The plan may disclose medical information about you if you are involved in a lawsuit or a dispute and we are responding to a court or administrative order. Also, the Plan may disclose medical information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute.

The Plan may disclose medical information about you if asked to do so by law enforcement official, such as:

- in response to a court order, subpoena, warrant, summons or similar process;
- to identify or locate a suspect, fugitive, material witness or missing person;
- about the victim of a crime if we are unable to obtain the person's agreement;
- about a death we believe may be the result of criminal conduct;
- about criminal conduct, including laws that require the reporting of certain types of wounds.

The Plan may disclose medical information to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death or other duties as authorized by law. Also, disclosure to funeral directors, as necessary to carry out their duties, is permitted.

### **Your Rights**

You have the following rights regarding medical information the Plan maintains about you:

You have the right to request an inspection and copy of medical information of your medical information contained in a "designated record set," for as long as the Plan maintains your medical information in the designated record set.

"Designated record set," means a group of records maintained by or for a health plan that is enrollment, payment, claims adjudication and care or medical management record systems maintained by or for a health plan; or used in whole or in part by or for the health plan to make decisions about individuals. Information used for quality control or peer review analyses and not used to make decisions about individual is not in the designated record set.

The Plan has the right to charge a reasonable, cost-based fee for providing a copy of your medical information or summary or explanation of your medical information.

The Plan has the right to deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed.

If you feel the medical information the Plan has about you is incorrect or incomplete, you may ask the Plan to amend the information. You have a right to request an amendment for as long as the information is kept by the Plan.

To request an amendment, your request must be in writing and should be addressed to the following individual: Human Resources Manager or in the absence of the Human Resources Manager, the City Administrator. All requests for amendment of your medical information must include a reason to support the requested amendment.

The Plan may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, the Plan may deny your request if you ask to amend information that:

- is not part of the medical information kept by or for the Plan;
- was not created by the Plan, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the information which you would be permitted to inspect and copy; or
- is accurate and complete.

You have the right to request an "accounting of disclosures," where such disclosure was made for any purpose other than treatment, payment or health care operations. Additionally, no accounting of disclosures will be made for the following reasons:

- if the disclosure was made to the individual about his or her own medical information;
- if the disclosure made was incident to a use or disclosure otherwise permitted or required by the Rule;
- if the disclosure was made pursuant to an authorization;
- if the disclosure was made to certain person involved in your care or payment for your care;
- if the disclosure was made to notify certain persons of your location, general condition or death;
- if the disclosure was made as part of a "Limited Data Set" (as defined by the Rule) which largely relates to research purposes; or
- if the disclosure was made prior to the compliance date of April 14, 2004.

To request an accounting of disclosures, address your request to the following individual: Human Resources Manager or in the absence of the Human Resources Manager make a request to the City Administrator.

If you request more than one accounting in a 12-month period, the Plan can charge a reasonable, cost-based fee for each subsequent accounting, unless you withdraw or modify the request for a subsequent accounting to avoid or reduce the fee.

You have the right to request a restriction or limitation on the medical information the Plan uses or discloses about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information the Plan discloses about you to someone who is involved in your care or payment for your care, such as friends or family members.

The Plan is not required to agree with your request.

To request restrictions, you must make your request in writing to the following individual: Human Resources Manager or in the absence of the Human Resources Manager, the City Administrator. The request must include (a) what information you want to limit, (b) whether you want to limit the Plan's use, disclosure or both, and (c) to whom you want the limits to apply.

You have the right to request to receive communications of your medical information from the Plan by alternative means or at alternative locations if you clearly state that the disclosure of all or part of the information could endanger you. The Plan will accommodate all such reasonable requests.

You will be required to request confidential communications of your medical information in writing. The request should be addressed to the following individual: Human Resources Specialist or the City Administrator in the Human Resource Specialists absence.

You have the right to a paper copy of this notice. You may ask the Plan to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a copy of this notice at the Plan's website at <http://ci.marshfield.wi.us>.

To obtain a paper copy of this notice, contact the following individual: Human Resources Manager or the City Administrator in the Human Resource Managers absence.

If you believe your privacy rights have been violated, you may complain to the Plan. Any complaint must be in writing and addressed to the following individual Human Resources Manager or in the absence of the Human Resources Manager please contact the City Administrator.

You may also file a complaint with the Secretary of Health and Human Services.

The Plan will not retaliate against you for filing a complaint. The Plan will only release the minimum amount of PHI required to complete the required task or request.

Other uses or disclosures of your medical information not covered by this notice or the laws that apply will be made only with your written authorization, subject to your right to revoke such authorization. You may revoke the authorization at any time, providing the revocation is done in writing. You understand that the Plan is unable to take back any disclosures already made with your permission.