



EFR EMPLOYEE & FAMILY RESOURCES

Counseling and Evaluation Services Client Handbook

Office Locations

**505 5th Avenue, Suite 600
Des Moines, IA 50309
515/471-4200**

**1001 Office Park Rd, Suite 205
West Des Moines, IA 50265
515/471-2357**

www.efr.org

Welcome to Employee & Family Resources!

Thank you for coming to Employee & Family Resources – we are glad that you are here! Please take the time to read this information about the services we offer.

Our counseling philosophy

EFR believes that strengths and abilities lie within each individual and/or family that allows them to learn, grow, heal, and change. Counseling is a tool for helping individuals and families recognize and further develop their strengths and abilities, leading them to positive changes such as: improvement in mood; ability to cope with stress; increased self-esteem; strengthened relationships; work satisfaction; better health; and other important changes that enhance quality of life.

Those we serve and services we provide

We serve children, adolescents, and adults of all ages with individual, couple/ family counseling on an outpatient basis for those voluntarily seeking help. Our providers are Master's level clinicians, licensed in clinical social work and mental health counseling.

In addition to individual counseling, we also serve adults age 18 and older through our substance use assessment services. Certified Alcohol and Drug Counselors, as well as Master's level clinicians facilitate individual, family, and group services.

EFR's employs a team of counselors with great deal of experience delivering services to individuals and families. If you believe that our providers are not the right resource, we will assist in the process of referring you to other resources in the community. Referrals may be made for educational or psychological testing, custody evaluations, substance abuse treatment, fitness for duty evaluations, ADA or FMLA determinations, specialized sexual offender or domestic violence offender treatment, or participation with litigation or court.

Fees/Payment

Fees are determined prior to the first counseling session. EFR accepts third party payment including private health insurance and all Medicaid plans. If you are using health insurance, please obtain pre authorization, if required by your plan, before your first session. EFR accepts cash, check or credit card.

Standard fees for EFR services:

Counseling Session: \$165 per 45-60 minute session.

Substance Abuse Evaluation: \$165

OWI Evaluation: \$125

If your health insurance doesn't cover EFR's services or if your services aren't eligible for health insurance or third party payment, your fee will be based on EFR's sliding fee scale, which considers your gross family income and the number of family members in your household. You may be responsible for any unpaid fees.

If you are unable to pay for services, please consult with the intake specialist at (515) 471-2357 for more information about payment plan options.

Payment Policies

- Payment of your fee or insurance co-pay and/or deductible is required at the time of service unless other arrangements are made with EFR.
- Lack of payment toward an unpaid balance (excluding outstanding insurance payments) may result in an interruption in services until payment arrangements are agreed upon.
- You may be charged a \$30 for returned checks.
- *We encourage you to inform your provider or the EFR Intake Specialist if assistance is needed in developing a payment plan.*

Payment for Telehealth Services

Employee and Family Resources will bill insurance for telehealth services when these services have been determined to be covered by an individual's insurance plan. In the event that insurance does not cover telehealth, the individual wishes to pay out-of-pocket, or when there is no insurance coverage, the individual may be eligible for financial assistance or payment plan. We will provide you with a statement of service to submit to your insurance company if you wish.

Scheduling an appointment

EFR offers both in person and telehealth appointments, which may be requested at the time of scheduling. Please note that telehealth service availability may vary and may not be appropriate for all individuals/presenting needs. Please refer to the Telehealth Description for more information.

Canceled and Missed Appointments

A 24-hour notice is required for cancellations. Failure to provide 24-hour notice may result in a charge of \$25 for the missed appointment or the amount of your private pay fee, whichever is less. If there are more than 2 appointments that you do not attend and do not give the required 24 hour notice, the Clinical Manager may review your file and future services may be terminated.

Outpatient Therapy Services

To schedule outpatient therapy services please call (515) 471-2357 during our normal business hours of 8AM-5PM, Monday thru Friday. Our team will gather initial information and assist you in scheduling with the provider of your choice or with a provider whose experience matches your concerns.

Assessment & Therapy Sessions

In the initial sessions, you and your provider will talk about the concerns that brought you to seek services and will complete a comprehensive evaluation based on information you share related to your mood, behaviors, relationships, family, drug or alcohol use, health, and other important areas of your life. Each session will provide the opportunity for you and your provider to work together in helping you to gain a better understanding of yourself, feel better about yourself and your capabilities, and learn what steps you can take to help you reach your therapy and/or treatment goals. You will also have the opportunity to continue your work between sessions with assignments such as communication or behavioral changes to practice, books or articles to read, writing assignments, and other activities to help you work toward your goals in your daily life.

Your Treatment Plan

For individuals receiving outpatient counseling services, you and your provider will work together on developing a personalized treatment plan that identifies the goals you wish to achieve and the steps you will take to get there. The plan is developed based on your stated needs, wants, and preferences. EFR approaches services through a strengths based, person-centered model of care. Your treatment plan will be reviewed regularly, and in accordance to the requirements of your stated level of care, to evaluate your progress on your goals.

Length and Frequency of Sessions

Most counseling sessions will last about 45-60 minutes. The frequency will depend on your needs, your personal schedule, and insurance coverage. Weekly to every other week is common when beginning counseling with sessions becoming less frequent as progress occurs.

Transition and Discharge Planning

Transition planning will begin upon admission to treatment and will be developed in collaboration between you and your provider. A discharge summary will be completed at the time of discharge and will include a summary of the services received along with any recommendations/referrals for services or supports. You have the right to terminate therapy and/or treatment services at your discretion. Counseling services may also be terminated as a result of:

- Successful completion of your treatment plan/goals
- Consistent non-participation in agreed upon treatment programming expectations or responsibilities

In the event that you are discharged from services, your provider will work with you to determine whether alternative referrals are needed or appropriate. Should you wish to transfer to another provider or level of care, your provider or the clinical director will assist you with this transition.

Substance Abuse Services

If you are interested in scheduling a substance use evaluation please contact us at (515) 243-4200. Evaluations are done on Thursdays and Fridays by appointment only.

How to Contact EFR After Hours

When calling outside of business hours, you may leave a message for a next business day return call. EFR partners with an answering service who will direct your message the next business day. **If you need emergency assistance**, please call 911 or go to a hospital emergency room.

Emergency Plans

Emergency response to some situations may result in evacuation of the building where the situation is occurring. You will be instructed and assisted by EFR personnel during an emergency. Maps of offices indicating evacuation routes in case of emergency are located in all Waiting/Reception areas and counselor's offices.

Health and Safety Policies

Tobacco Products

EFR is a tobacco-free environment. There will be no use of tobacco products allowed in any of EFR's facilities, grounds or vehicles. This policy covers all tobacco products and applies to employees, visitors and clients.

Illegal or Legal Substance Use

Substances of abuse are not allowed on EFR's grounds. A violation of this policy by a client will initially be addressed by the individual's counselor, clinical manager, or the clinical director.

Weapons

To ensure the safety of persons served, staff members, and visitors, weapons of any form are prohibited within any of EFR's facilities by anyone other than law enforcement acting in an official capacity.

Definition of Telehealth

Telehealth involves the use of electronic communications to enable Employee and Family Resources (EFR) professionals to connect with individuals using interactive video and audio communications. EFR will utilize Zoom, a HIPPA compliant resource, for all telehealth communication.

Telehealth services may include outpatient substance use and mental health care: diagnosis, consultation, treatment, and referral to resources, education, as well as the transfer of medical and clinical data.

I understand that I have the rights with respect to telehealth:

1. The laws that protect the confidentiality of my personal information also apply to telehealth. As such, I understand that the information disclosed by me during the course of my sessions is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, including, but not limited to, reporting child, elder, and dependent adult abuse; expressed threats of violence toward an ascertainable victim; and where I make my mental or emotional state an issue in a legal proceeding. I also understand that the dissemination of any personally identifiable images or information from the telehealth interaction to other entities shall not occur without my written consent.
2. I understand that I have the right to withhold or withdraw my consent to the use of telehealth in the course of my care at any time, without affecting my right to future care or treatment.
3. I understand that there are risks and consequences from telehealth, including, but not limited to, the possibility, despite reasonable efforts on the part of the counselor, that: the transmission of my personal information could be disrupted or distorted by technical failures, the transmission of my personal information could be interrupted by unauthorized persons, and/or the electronic storage of my personal information could be unintentionally lost or accessed by unauthorized persons. EFR utilizes secure, encrypted audio/video transmission software to deliver telehealth. Sessions are not recorded.
4. I understand that if my counselor believes I would be better served by another form of intervention (e.g., face-to-face services), I will be referred as appropriate, and that despite my efforts and the efforts of my counselor, my condition may not improve, and in some cases may even get worse.
5. I understand the alternatives to counseling through telehealth as they have been explained to me, and in choosing to participate in telehealth, I am agreeing to participate using video conferencing technology. I also understand that at my request or at the direction of my counselor, I may be directed to “face-to-face” psychotherapy or services, as appropriate.
6. I understand that I may expect the anticipated benefits such as improved access to care and more efficient evaluation and management from the use of telehealth in my care, but that no results can be guaranteed or assured.
7. I understand that my healthcare information may be shared for scheduling and billing purposes.
8. I understand that my express consent is required to forward my personally identifiable information to a third party.
9. I understand that I have a right to access my medical information and copies of my medical records in accordance with the laws pertaining to the state in which I reside.
10. By signing this document, I agree that certain situations, including some emergencies and crises, are inappropriate for audio-/video-/computer-based psychotherapy services. If I am in crisis or in an emergency, I should immediately call 9-1-1 or seek help from a hospital or crisis-oriented health care facility in my immediate area.

Benefits and Risks of Services

The benefits of counseling may include reduction of symptoms, improved coping and problem solving skills, effective support during difficult life events, improved relationships, and improved self-esteem. Risks of the counseling process may include increases in emotional discomfort. It is common to experience both positive and painful feelings in therapy. Making changes in behavior and communication can complicate relationships as others may react negatively to the changes you are making. Finally, you may not experience the changes that you hoped for. If you are concerned that your counseling/ treatment is not going in the direction you want, it is important to share this with your provider. You may also contact the clinical director in the event that you have concerns you are not comfortable discussing with your provider.

Program Rules and Expectations

All clients are responsible being respectful of other clients, visitors, and EFR employees. Any behavior that infringes upon the rights, safety, and/or physical or emotional integrity of another client, visitor, or of EFR employees may result in termination from services. Persons may be deemed inappropriate or ineligible for services at EFR for the following reasons:

- If a person is determined to be a risk to the safety and/or welfare of another client and/or staff member for any of the following reasons: a) risk of physical injury, b) risk of emotional injury, c) risk to jeopardize recovery, d) risk to jeopardize service integrity
- If the person has a contagious disease and public health guidelines recommend quarantine.

If you experience a restriction on your rights or privileges, you may request a meeting with the CEO, Clinical Director, or designee, to discuss having your privileges reinstated.

Client Rights & Responsibilities

As a client of EFR you have the right:

- To be treated with respect and compassion
- To be free from harm, abuse, neglect, financial exploitation, retaliation or humiliation regardless of your color, religion, gender, sexual orientation, age, disability, or cultural background in the delivery of your services
- To confidentiality and privacy in accordance with state and federal law
- To access your own records and to authorize release of your information to third parties
- To be informed of the circumstances under which EFR may disclose information about you without your consent
- To receive an explanation of all choices made by your provider in your therapy and/or treatment process
- To participate in the development of your treatment plan
- To make an informed choice to accept or decline treatment
- To receive information from EFR in a language you understand
- To an explanation if services are refused for any reason including admission ineligibility or continued care ineligibility, and have the right to appeal such decision

- To file a complaint or grievance without retaliation from EFR (please see below for instructions on how to file a complaint or grievance)
- To be informed of the various steps and activities involved in receiving services, and to be involved in decisions related to your service delivery, including who provides your services
- To access or receive a referral to any legal entities for appropriate representation, as well as self-help or advocacy support services

As a client of EFR you have the responsibility:

- To ask your provider all questions you have about your treatment
- To let your provider know if you feel uncomfortable or dissatisfied with the services being provided to you
- To discuss with any party who has recommended or required you to attend counseling or integrated treatment services (e.g. courts, DHS) any consequences if you choose to decline or terminate your treatment
- To treat your provider, EFR employees, and all others on EFR's premises with dignity and respect
- To keep your appointments or contact EFR as soon as possible when canceling an appointment
- To inform your provider if you are having problems paying for your services for the purposes of establishing a payment plan

Client Input

EFR is committed to actively seeking input from persons served and their families. The following is EFR's plan to obtain input from persons served:

Client Satisfaction Surveys

Clients will be given a client satisfaction survey at the end of their treatment experience. EFR encourages honest feedback to ensure the services provided are meaningful with assisting you in meeting your desired outcomes. These satisfaction tools will be reviewed by the Clinical Manager and/or Clinical Director for opportunities to make improvements within the program.

Suggestion Box

Suggestion boxes are located in the waiting rooms at each of EFR's locations. You can make anonymous suggestions for improvement to services at EFR using these suggestion boxes. Suggestions are reviewed by the Clinical Director.

Privacy and Confidentiality

EFR protects the identity and confidential records of each client as required by its professional, ethical standards, Iowa state law, and the federal laws of the Health Information Portability and Accountability Act (HIPAA) and 42CFR, Part 2. In most cases, EFR will not disclose information about you and your involvement with EFR's counseling and treatment services verbally or in writing unless you provide signed, written authorization. Exceptions may include:

- A judge's order
- A threat of harm to yourself or others requires us to ensure your safety or the safety of others
- Actual or suspected child or dependent adult abuse or neglect requires a report to child/adult protective services
- A licensing or accrediting body requiring case auditing for program evaluation

In these situations, when we must disclose information without your consent, we will inform you of our intent to disclose the information, when possible, and we will disclose the least amount of information needed for the situation.

Minors

Per federal confidentiality standards (42 CFR, part 2), confidentiality is crucial for everyone receiving counseling services, regardless of age. Without trusting that their sessions are private, children and adolescents will feel less safe and will be less likely to open up with the counselor. Parents and guardians are encouraged to talk with their child's provider about the ways that the counselor must legally protect confidentiality, in accordance with state and federal regulations. Parents and guardians can be assured that provider will keep them informed of important information and that will be included as an essential part of a child's treatment.

Additional Rights Related to your Confidential Information

You have the right to:

- Review and receive a copy of your records
- Request limits to how your information can be used and disclosed
- Identify the means by which we may communicate with you
- Receive a list of all disclosures that have been made by EFR
- Request to amend your records

Notice of Privacy Practices

In addition to this document you will be provided the opportunity to obtain a copy of EFR's full Notice of Privacy Practices prior to your first therapy appointment. You may access the document at www.efr.org or contact:

Employee & Family Resources
505 Fifth Avenue, Suite 600
Des Moines, IA 50309
515.244.6090

If you believe that your confidentiality has been violated, you may report this to EFR's Privacy Officer who will investigate and provide you a formal, written response:

Privacy Officer
Employee & Family Resources
505 Fifth Avenue, Suite 600
Des Moines, IA 50309

Or:

U.S. Department of Health and Human Services, Office for Civil Rights
200 Independence Avenue, S.W., Room 509F, HHH Building
Washington, D.C. 20201
(800) 368-1019

www.hhs.gov/ocr/privacy/hipaa/complaints/index.html

Sharing Concerns or Grievances

If you have concerns about your services, you may take one or more of the following steps:

1. Share your concerns with your provider
2. Report your concerns to EFR's Clinical Director and/or
3. File a formal Grievance. A grievance, or complaint, is a formal statement expressing dissatisfaction with or concerns about any aspect of services provided which is filed through the grievance process either verbally or via the written form to the Clinical Director.
 - a. To file a grievance, you may contact EFR's Clinical Director and file the grievance verbally or via the written form.
 - b. Upon receipt of the grievance, the Clinical Director will contact you to discuss the nature of the feedback or grievance. If a written grievance was received, the Clinical Director will call you within two business days of receiving the grievance.
 - c. If unresolved, the Clinical Director will make attempts to investigate the complaint.
 - d. Within 5 working days of discussing the grievance with you, the Clinical Director will notify you when action has been taken and will offer information about action taken when appropriate (e.g. when action does not affect staff rights to privacy/employment guidelines).
 - e. Should you be dissatisfied with the result of the response to the complaint, you may appeal directly to the CEO of EFR or request an appeal to the CEO of EFR through the Clinical Director. The CEO will respond to the grievance within five business days.
 - f. If you are dissatisfied with the CEO's resolution, a final appeal may be made to EFR's Board of Directors. The Board President or appointee will respond to the grievance within five business days. The EFR Board of Directors resolution is the final resolution.
4. The client may speak directly with the CEO anytime initial attempts to resolve the complaint have not been successful (e.g. unreturned phone calls, untimely response).

THIS NOTICE DESCRIBES HOW HEALTH CARE INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

PLEASE REVIEW IT CAREFULLY

Protected Health Information (“PHI”)

Protected Health Information or “PHI” includes all information pertaining to you including information that identifies you (e.g. name, address, birth date, etc.) and information related to treatment provided to you by EFR. EFR is required to follow practices that protect your PHI from being disclosed to others verbally or through releasing your paper or electronic records. EFR complies with the guidelines of state and federal laws including the Health Insurance Portability and Accountability Act (HIPAA Privacy and Security Rules) and 42 CFR, Part 2.

How Your Protected Information May be Used & Disclosed. Generally, your Protected Health Information may be used and disclosed by us only with your express written authorization. However, there are some exceptions to this general rule. The following are ways in which we may use or disclose your Protected Health Information without your written authorization:

- **Treatment Purposes.** We may use or disclose your PHI for treatment purposes. It may be necessary for us to communicate with other health care providers providing treatment to facilitate that treatment or for employees within EFR to exchange information necessary to provide, coordinate or manage the quality of your care. An example is the consultation between a counselor and their supervisor regarding your care.
- **Payment Purposes.** Your Protected Health Information may also be used or disclosed for payment purposes. It is necessary for us to use or disclose Protected Health Information so that treatment and services provided by us may be billed and collected from you, your insurance company, or other third party payor. For example, we may disclose your Protected Health Information to your health insurance carrier to obtain prior approval for a service. We may also release your Protected Health Information to another health care provider or individual or entity covered by the HIPAA regulations who has a relationship with you for their payment activities. For example, we may disclose information to your health insurance carrier upon its request for additional information necessary for it to determine whether a service is covered.
- **Health Care Operations.** Your Protected Health Information may also be used for health care operations, which are necessary to ensure our clinic provides the highest quality of care. For example, your Protected Health Information may be used for quality assurance or risk management purposes or disclosed to our accountant for auditing purposes. We may at times remove information which could identify you from your record so as to prevent others from learning who the

specific patients are. In addition, we may release your Protected Health Information to another individual or entity covered by the HIPAA privacy regulations that has a relationship with you for their fraud and abuse detection or compliance purposes, quality assessment and improvement activities, or review, evaluation or training of health care professionals or students. For example, we may disclose information to another health care provider involved in your care if the provider requests the information is necessary for its evaluation of one of its medical students. We may also release information to business associates who may perform various treatment, payment or operation functions.

- **Notification and Communications to Individuals Involved in Your Care.** Unless you have informed us otherwise, your Protected Health Information may be used or disclosed by us to notify or assist in notifying a family member or other person responsible for your care. In most cases, Protected Health Information disclosed for notification purposes will be limited to your name, location and general condition. In addition, unless you have informed us otherwise, Protected Health Information may be released to a family member, relative or close personal friend who is involved in your care to the extent necessary for them to participate in your care. In the event you wish for any of these uses or disclosures to be limited, please contact us.
- **Fundraising & Marketing Activities.** We may use your Protected Health Information for the purpose of contacting you as part of fundraising efforts. Such contact could come from EFR, an affiliated organization such as a foundation or a business associate. Information used as part of this fundraising activity may include demographic information such as name, address, age, gender, date of birth, treating provider, outcome information and your health insurance status. If you do not wish to be contacted for fundraising activities you may contact Leslie Garman at 515-471-2373 to have your name removed from our fundraising list or you may do so by sending an email to lgarman@efr.org. You may receive information such as appointment reminders from EFR; however, your information will not be provided to third-party marketers and EFR will not sell your information to others for use and marketing processes without your specific authorization.
- **Disaster Relief.** In the event of a disaster we may provide information to public or private entities as needed to facilitate treatment, locate family members or caregivers, and to facilitate public health needs.
- **Psychotherapy Notes.** In the event psychotherapy notes are maintained as part of your health information, those notes will not be used or disclosed except in limited circumstances without your authorization. Such authorization is not needed and will not be obtained if such notes are used by the person who created them, in a reasonable training program for the clinic, or as otherwise allowed by law.

- **Research Purposes.** In some instances, your Protected Health Information may be used or disclosed for research purposes. All research projects which use Protected Health Information are subject to a special approval process which will, among other things, evaluate the precautions used to protect patient medical information. In many cases, information which identifies you as the patient will be removed other things, evaluate the precautions used to protect patient medical information. In many cases, information which identifies you as the patient will be removed.
- **Authorized by Law.** We may also use or disclosure your protected health information without your authorization as permitted or required by law. Examples include: public health activities, health oversight activities, judicial and administrative proceedings, child or dependent adult abuse reporting, law enforcement, organ donation, medical examiners and coroners, workers compensation processes, specialized government functions, to avert a serious threat to public health or safety, and to comply with the law. Information will only be used/disclosed without your authorization as permitted by the applicable state or federal law.
- **More Stringent Laws.** Some of your Protected Health Information may be subject to other laws and regulations and afforded greater protection than what is outlined in this Notice. For instance, HIV/AIDS, and mental health information are given more protection under Iowa law and substance abuse and genetic information are given more protection under federal law. In the event your Protected Health Information is afforded greater protection under federal or Iowa.

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written permission. For example, disclosures that constitute a sale of your Protected Health Information or uses and disclosures for marketing purposes require your written authorization. If you provide us permission to use or disclose Protected Health 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 Protected Health Information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

Your Rights Regarding Your Health Records

- **Right to Read and Copy Your Records.** You have the right to read and receive copies of your electronic or paper medical records which includes mental health/medical, billing, and any other records that are used to make decisions about your care. Your right to access to your records will be restricted only where there is compelling evidence that to do so would cause serious harm to you or if the information is contained in separately maintained psychotherapy or case notes. If we deny your request or restrict your access to your records, we will explain our decision and you have the right to protest this decision.

- **Right to Amend.** If you feel that any information we have documented about you is incorrect or incomplete, you may ask us to amend the information. We must act on your request to amend within 60 days and notify you of any delay which would require us to extend the deadline by the permitted 30 day extension. If we deny your request we will explain our decision and you have the right to protest this decision.

Right to Revoke Authorization to Disclose Information. When you have provided written, signed authorization for EFR to use or disclose any of your PHI, you may revoke this permission at any time. This revocation will only affect disclosure of information after the date of the revocation.

- **Right to an Accounting of Disclosures.** You have the right to obtain an accounting of certain disclosures by EFR of your PHI for up to past six years.
- **Right to Request Confidential Communication.** You have the right to request that EFR communicate with you about health matters in a certain way or at a certain location. For example, you may request that we send correspondence to a work address rather than your home address. We will accommodate reasonable requests.
- **Breach Notification.** If there is a breach of unsecured PHI concerning you, we may be required to notify you of this breach, including what happened and what you can do to protect yourself.
- **Right to Restrict Certain Disclosures of PHI.** You have the right to restrict PHI disclosures to health plans/insurance companies if you pay out of pocket in full or for services.
- **Right to a Copy of this Notice.** You have the right to a copy of this notice in paper and/or through electronic means.

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 Protected Health Information.

- **Right to an Accounting of Disclosures.** You have the right to obtain an accounting of certain disclosures by EFR of your PHI for up to past six years.
- **Right to Request Confidential Communication.** You have the right to request that EFR communicate with you about health matters in a certain way or at a certain location. For example, you may request that we send correspondence to a work address rather than your home address. We will accommodate reasonable requests.
- **Breach Notification.** If there is a breach of unsecured PHI concerning you, we may be required to notify you of this breach, including what happened and what you can do to protect yourself.
- **Right to Restrict Certain Disclosures of PHI.** You have the right to restrict PHI disclosures to health plans/insurance companies if you pay out of pocket in full or for services.
- **Right to a Copy of this Notice.** You have the right to a copy of this notice in paper and/or through electronic means.

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 Protected Health Information.

Requests/Complaints

For questions or to request to review or receive copies of your records, contact: Privacy Officer- Employee & Family Resources, 505 5th Avenue, Suite 600, Des Moines, IA 50309, or call (515) 244-6090. To file a complaint: if you believe we have violated your privacy rights, you have the right to submit your complaint in writing to our Privacy Officer and/or with the Secretary of Health and Human Services at 200 Independence Avenue, S.W., Washington, D.C. 20201, or by calling (202) 619-0257.

We cannot and will not retaliate against you for filing a complaint.

Effective Date

This notice is effective October 1, 2016. We reserve the right to revise our practices with respect to Protected Health Information and to amend this notice. Should our practices change, we will post our revised Notice of Privacy Practices on our website at www.efr.org. In addition, a current notice of our privacy practices may be obtained from our office by calling (515) 244- 6090, via email request to privacyofficer@efr.org, or by mail to Privacy Officer, Employee & Family Resources, 505 5th Avenue, Suite 600, Des Moines, IA 50309. Comprehensive information about HIPAA and your privacy rights can be found at <http://www.hhs.gov/ocr/privacy/index.html>.

Employee & Family Resources' Notice of Privacy Practices



Korean:

Employee & Family Resources 은(는) 관련 연방 공민권법을 준수하며 인종, 피부색, 출신 국가, 연령, 장애 또는 성별을 이유로 차별하지 않습니다. 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-515-243-4200.

Hindi:

Employee & Family Resources लागू होने योग्य संघीय नागरिक अधिकारि क़ानून का पालन किता है औ जाधत, िंग, िाणीय मूल, आय, धिकिलांगता, या धलंग के आििाि पि भेदभाि नहो कििता है। ध्यान दें: यध आप हहहहह बोलते हैं तो आपकेधलए मं त में भाषा सहायता सािंउपलब्ध है। 1-515-243-4200

French:

Employee & Family Resources respecte les lois fédérales en vigueur relatives aux droits civiques et ne pratique aucune discrimination basée sur la race, la couleur de peau, l'origine nationale, l'âge, le sexe ou un handicap. ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-515-243-4200.

Pennsylvanian Dutch:

Employee & Family Resources iss willich, die Gsetze (federal civil rights) vun die Owwerichkeet zu folliche un duht alle Leit behandle in der seem Weg. Es macht nix aus, vun welle Schtamm ebber beikummt, aus welle Land die Voreldre kumme sinn, was fer en Elt ebber hot, eb ebber en Mann iss odder en Fraa, verkrippelt iss odder net. Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kannsch du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-515-243-4200.

Thai:

Employee Family Resources ได้ปฏิบัติตามรัฐธรรมนูญตาดานสหททเหมาะสม และไมได้แบ่งแยกทางชาติพนธ สผว เชอชาติ อาย ความทพพลภาพ หรือเพศ เรยน: ถาคณพตภาษาไทยคณสามารถไซ บรการชวยเหลือทางภาษาได้พร โทร 1-515-243-4200.

Tagalog:

Sumusunod ang Employee & Family Resources sa mga naaangkop na Pederal na batas sa karapatang sibilat hindi nandiskrimina batay sa lahi, kulay, bansang pinagmulan, edad, kapansanan o kasarian.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wikanang walang bayad. Tumawag sa 1-515-243-4200.

Karen:

Employee & Family Resources vIRydmrRxGJ0JAzJ.'&J.xHzduD>zdtw>cGJ;w>,moJp;wz. 'D;A wyJmxHeDRz; w>vXA t 'd; o MR xD.to;vXA ySRuvkm<A zH;bh.vGJ><AxHuD>vXAtJ<Ao;eH.<AeD>cduh>*DRw*hR<Arhwrh>Aw>uJrk.cG gtzDcd.b.M.vDRI 1-515-243-4200.

Russian:

Employee & Family Resources соблюдает применимое федеральное законодательство в области гражданских прав и не допускает дискриминации по признакам расы, цвета кожи, национальной принадлежности, возраста, инвалидности или пола. ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-515-243-4200.