KEAP

Request for Alternative Communications Regarding Your Protected Heath Information

Provide Information:

Name:

Employee Id Number:

Date:

I. Your Protected Health Information

The Kentucky Employee Assistance Program (KEAP) is a confidential program designed to help employees and their families deal with problems that may affect job performance, their personal life, and their general well-being. KEAP assists employees and their dependents with getting help for any number of personal problems including substance abuse, depression, anxiety, marital problems, financial problems, and problems with parenting. Each person seeking assistance through KEAP receives a confidential assessment with a trained professional. The assessment may be conducted face-to-face or by telephone. Once a thorough assessment is conducted, the KEAP associate may make a referral to the most appropriate professional or resource and provide assistance in making contact with those resources.

Through the assessment/referral process, KEAP may collect and maintain protected health information ("PHI") that includes personal identifiers, insurance information, and health information. Pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), KEAP may use and disclose your PHI for treatment, payment, or health care operations including, but not limited to, patient referrals, claims processing, preauthorization, and case management. Other uses and disclosures permitted or required by HIPAA are outlined in KEAP's Notice of Privacy Practices.

II. Your Rights

You have the right to request to receive communications of PHI from KEAP by alternative means or at alternative locations (i.e. by e-mail, at home, at work). KEAP will accommodate reasonable requests to receive communications by alternative means or at alternative locations provided you clearly state, in writing:

a. that the disclosure of all or part of your PHI could endanger you;
b. how payment, if any, will be handled; and
c. an alternate address or other method of contact.

III. Request for Alternative Communications

(a) Specify the types of communications regarding your PHI that are subject to your request:

(b) Specify the types of communication methods that are subject to your request.
(Check all that apply)

☐ E-mail ☐ Mailing Address ☐ Telephone ☐ Other

(c) Provide the alternative contact information:

- E-mail address:
- Mailing address:
  Street address/P.O. Box #:
  City, State, and Zip:
- Telephone #:

If no alternative contact information is provided, KEAP will use the contact information on file.

(d) Could disclosure of all or part of the information to which the request pertains endanger you? (Check one)

☐ Yes ☐ No

IV. **Signature of Member or Member's Personal Representative** *(Form MUST be completed before signing.)*

Printed Name of Member

Printed Name of Member's Personal Representative (If Applicable)

Signature of Member or Member's Personal Representative

If a Personal Representative – Describe Relationship to Member. Include authority/documentation proving status as a Personal Representative.

Date:

Remit Form To:

Privacy Officer Office of Legal Services Personnel Cabinet
501 High Street, 3rd Floor
Frankfort, KY 40601
Fax: (502) 564-7603

V. KEAP Response to Your Request for Alternative Communications

KEAP will accommodate reasonable requests to receive communications by alternative means or at alternative locations. KEAP:

☐ Has changed your contact information and will contact you in the manner specified by your request.

☐ Has not changed your contact information in accordance with your request as you have not:

- ☐ Specified how payment will be handled (if applicable);
- ☐ Provided a valid alternative address or other contact information; or
- ☐ Affirmatively stated that disclosure of all or part of the information to which the request pertains could endanger you.

Signature of Privacy Officer

Date Received:

Date Copy Mailed to Member: