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To: All Clients of Preferred EAP

Re: Health Information Privacy Notice

The Preferred EAP / LVHN Health Information Privacy Notice is posted in our waiting room and can be provided to you in order for us to comply with provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

It describes in detail how information about you may be used and disclosed and how you can get access to this information. If you want a pamphlet copy of this Notice, please inform the receptionist or your counselor and one will be provided.

To request your EAP records, please ask your counselor for a release form. It may take up ten (10) business days to fulfill the request.

Please ask your counselor about any questions you may have concerning your privacy and the confidentiality of your records. Thank you.

I acknowledge being advised of the *Health Information Privacy Notice*.

Client Name (please print): _____
(For ages 14 and older)

Client Signature: _____ Date: _____
(For ages 14 and older)

Parent/Guardian Name (please print): _____
(For children age 13 or younger)

Parent/Guardian Signature: _____ Date: _____
(For children age 13 or younger)

A copy of this document will be provided to you upon request.