



255 South 17th Street, Suite 1010, Philadelphia, PA 19103 O# 215-732-6308 F# 215-732-8240
WWW.HPTHERAPY.COM

Notice of Privacy Practices-Brief Version

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. THE FULL HIPAA NOTICE IS AVAILABLE ON WWW.HPTHERAPY.COM OR IN OUR OFFICES.

Our commitment to your privacy

Our practice is dedicated to maintaining the privacy of your personal health information as part of providing professional care. We also are required by law to keep your information private. These laws are complicated, but we must give you this important information. This page is a shorter version of the full, legally required Notice of Privacy Practices (NPP) that you received along with this, so refer to it for more information. However, we can't cover all possible situations so please talk to our Privacy Officer (see below) about any questions or problems you might have.

We will use the health information that we get from you or from others mainly to provide you with **treatment**, to arrange for **payment** for our services, and for some other business activities that are called health care **operations**. After you have read this NPP we will ask you to sign a **Consent Form** to let us use and share you information in accordance with Pennsylvania and/or federal law, whichever protects you more.

If we or you want to disclose (send, share, release) your information for any other purposes, we will discuss this with you and ask you to sign an Authorization Form to allow this.

We will keep your health information private, but there are some times when the laws require us to use or share it without requiring your written consent. For example:

- When there is a serious threat to your health and safety or the health and safety of another individual or the public. We will only share information with a person or organization that is able to help prevent or reduce the threat.
- Some lawsuits and legal or court proceedings.
- If a law enforcement official requires us to do so.
- For Workers Compensation and similar benefit programs.

There are some other rarely occurring situations like these. They are described in the longer version of the NPP.

Your rights regarding your health information

- You can ask us to communicate with you about your health and related issues in a particular way or at a certain place that is more private for you. For example, you can ask us to call you at home and not at work to schedule or cancel an appointment. We will try our best to do as you ask.
- You have the right to ask us to limit what we tell people involved in your care or the payment of your care, such as family members and friends. While we don't have to agree to your request, if we do agree, we will keep our agreement except if it is against the law, in an emergency, or when the information is necessary to treat you.
- You have the right to look at the health information we have about you such as your medical and billing records. You can even get a copy of these records but we may charge you. Contact our Privacy Officer (below) to learn how to see your records.
- If you believe the information in your records is incorrect or missing important information, you can ask us to make some kinds of changes (called amending) to your health information. You have to make this request in writing and send it to our Privacy Officer. You must tell us the reasons you want to make the changes.
- You have the right to a copy of this notice. If we change this NPP we will post the new version in our waiting area and you can always get a copy of the NPP from the Privacy Officer.
- You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with our Privacy Officer and with the Secretary of the Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care we provide you in any way.

If you have any questions regarding this notice or our health information privacy policies, please contact our Privacy Officer, Dr. Robin Hornstein, at 215-732-6308 ext 5.

Revision Date: December 11, 2017 – Combined Psychotherapy Review and Retain Packet

Client name:

Provider Name:

Members' Rights and Responsibilities

Members have the right to:

- Be treated with dignity and respect.
- Fair treatment; regardless of their race, religion, gender, ethnicity, age, disability, or source of payment.
- Their treatment and other member information kept private. Only where permitted by law, may records be released without member permission.
- Easily access timely care in a timely fashion.
- Know about their treatment choices. This is regardless of cost or coverage by the member's benefit plan.
- Share in developing their plan of care.
- Information in a language they can understand.
- A clear explanation of their condition and treatment options.
- Information about Magellan, its practitioners, services and role in the treatment process.
- Information about clinical guidelines used in providing and managing their care.
- Ask their provider about their work history and training.
- Give input on the Members' Rights and Responsibilities policy.
- Know about advocacy and community groups and prevention services.
- Freely file a complaint or appeal and to learn how to do so.
- Know of their rights and responsibilities in the treatment process.
- Receive services that will not jeopardize their employment.
- Request certain preferences in a provider. Have provider decisions about their care made without regard to financial incentives.

Members have the responsibility to:

- Treat those giving them care with dignity and respect.
- Give providers information they need. This is so providers can deliver the best possible care.
- Ask questions about their care. This is to help them understand their care.
- Follow the treatment plan. The plan of care is to be agreed upon by the member and provider.
- Follow the agreed upon medication plan.
- Tell their provider and primary care physician about medication changes, including medications given to them by others.
- Keep their appointments. Members should call their provider(s) as soon they know they need to cancel visits.
- Let their provider know when the treatment plan isn't working for them.
- Let their provider know about problems with paying fees.
- Report abuse and fraud.
- Openly report concerns about the quality of care they receive.

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Office Policies and Procedures

Welcome to our practice! Our goal is to offer you the most appropriate and up to date services in the most professional manner possible. You will be offered services specifically designed to help you. The services may include individual, couple, or family therapy. If it appears you will benefit from medication, then you can be referred to an appropriate practitioner who will evaluate your need for medication and will provide brief check-up appointments to monitor your response. Other psychological services such as testing, group therapy or hypnosis may also be recommended. In these situations you will also be provided with a referral to an appropriate practitioner.

Appointments are 45 minutes in length. Except in rare emergencies, you will be seen at the time scheduled. Because this time is set-aside just for you, it is important that you keep this appointment. It is understandable that circumstances may necessitate the cancellation of occasional appointments. In these situations, we ask that you give at least **24 hours** notice of any appointment that you need to cancel. This will allow your time to be offered to another client. **You will be charged \$50 for all appointments missed without 24 business hours advance notice, except in the case of genuine emergencies or illness.**

Costs for Services

The fee for your treatment if you are not using insurance is \$125 per hour for psychotherapy. Except for very brief reports or messages, (up to 10 minutes) you will be charged for phone communications, report writing, or other professional services at the rate of \$65 per hour. Most insurance coverage requires you to pay a client responsibility fee for your visit. Payment is required at each session. If you are having difficulty paying your bill, a payment schedule can be discussed. Clients who owe money and fail to make arrangements to pay may be referred to a collection agency.

Health Care Insurance

Many health insurance policies cover the services of psychotherapists and nutritionists. Nevertheless, reimbursement varies considerably from policy to policy. Also, most policies have annual deductibles, co-payments, or other benefit limits. **Read your policy carefully and be aware of what is or is not covered. You may wish to call the member services number on the back of your card to find out the details of your coverage.**

Confidentiality

Psychological services are best provided in an atmosphere of trust. You expect your provider to be honest about your problems and progress. Your role is to be honest about your expectations for services, your compliance with treatment, and any other barriers to treatment. Because trust is so important, all services are confidential. Everything you say to your provider remains within the office walls. Nevertheless, psychotherapists are required by law to make exceptions in narrow circumstances such as when there is child abuse, immediate danger to another person, or other rare circumstances. Information about your treatment can certainly be shared with another professional or agency if you wish. You will be asked to sign a release of information form to allow us to accomplish this.

Emergencies

In an emergency, if you cannot reach your provider, you should contact the clinician on call by calling (215)-732-6308 x 5 and following the instructions for urgent situations. In such an emergency your call will be returned as soon as possible. **If you do not have time to wait for a response, do not hesitate to call 911 or go to the nearest emergency room if necessary.**

Treatment Concerns

We adhere to the codes of ethics of the American Psychological Association and to the State of Pennsylvania statutes. Please feel free to discuss any concerns you have about your treatment with your provider.

Requests for Records or Treatment Summaries

Requests for Records or Treatment Summaries

We adhere to ethical standards as established by the Pennsylvania Psychological Association. Requests for treatment summaries and or medical records can be made by healthcare providers on behalf of clients only with a signed Release of Information form on file. We cannot release treatment records or summaries directly to clients or their representatives. If you wish to review your treatment history, you can arrange an appointment with your provider or the Clinical Director if your provider is no longer affiliated with HPA. **Please be aware that requests for medical records or other documentation may necessitate a processing fee.**

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Consent to Treatment

I acknowledge that I have received, have read (or have had read to me), and understand the “Policies and Procedures” description about the therapy I am considering. I have had all my questions answered fully.

I do hereby seek and consent to take part in the treatment by the provider named below. I understand that developing a treatment plan with this provider and regularly reviewing our work toward meeting the treatment goals are in my best interest. I agree to play an active role in this process.

I understand that no promises have been made to me as the results of treatment or any procedures provided by this provider.

I am aware that I may stop my treatment with this provider at any time. The only thing I will still be responsible for is paying for the services I have already received. I understand that I may lose other services or any have to deal with other issues if I stop treatment. (For example, if my treatment has been court-ordered, I will have to answer to the court.)

I know that I must call to cancel an appointment at least 24 hours before the time of the appointment. If I do not cancel or do not show up, I will be charged \$50 for that appointment. I understand that I will be responsible for full payment for such sessions, and that my insurance company cannot be billed for them.

I am aware that an agent of my insurance or other third-party payer may be given information about the type(s), cost(s), date(s), and providers of any services or treatments I receive. It may also be necessary to provide treatment information such as notes or diagnosis to third party payers. I agree to allow the release of any information necessary for third party payment to be remitted if I choose to use my insurance. I also understand that if payment for the services I receive here is not made, the provider may stop my treatment.

I am aware that I am fully responsible for payment for treatment I receive, regardless of the determination of insurance company eligibility. I further understand that my provider can employ the services of a collection agency to retrieve any monies I owe after a reasonable attempt has been made to request payment.

The provider has discussed the issues above with the client (and/or his or her parent, guardian or representative). In the state of Pennsylvania, a child who is fourteen (14) years of age or older and still below the age of eighteen (18), may seek, receive and consent to mental health care without the express consent of the parent/s or legal guardian.

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