

Bucks County Anxiety Center, LLC, Notice of Privacy Practices

THIS NOTICE IS ISSUED TO ENSURE YOU THAT YOU/YOUR CHILD'S MEDICAL INFORMATION IS PROTECTED AT ALL TIMES AND THAT BUCKS COUNTY ANXIETY CENTER IS IN COMPLIANCE WITH ALL HIPAA REGULATIONS. THIS NOTICE FURTHER DESCRIBES:

- HOW THIS MEDICAL INFORMATION WILL BE USED AND DISCLOSED
- HOW YOU CAN ACCESS YOUR INFORMATION
- HOW TO MAKE A PRIVACY COMPLAINT

On an ongoing basis, Bucks County Anxiety Center, LLC, will review and monitor our privacy practices to ensure that your privacy is protected. We reserve the right to make any necessary changes in our privacy practices. A copy of this notice shall remain posted on our web site at all times. You may access and print this notice at any time.

Uses and Disclosures of Protected Health Information (PHI)

Treatment – The health information you provide will be used by employees or disclosed to other health care professionals within the practice for the purpose of providing therapeutic intervention to you/your child.

Payment – In order to use your insurance benefits, you have authorized Bucks County Anxiety Center to bill for services. Your health information will be used as necessary to obtain payment from your insurance carrier or referring agency.

Superbills Submitted for Reimbursement – If you are paying out of pocket for services, you will be issued a superbill that you can submit to your insurance company for reimbursement. The superbill will contain personal health information such as your diagnosis.

Operations – Your health information may be used as necessary to carry out the day-to-day operations of Bucks County Anxiety Center, LLC, as in budgeting, financial reporting, and activities which improve quality of care.

Law Enforcement/Public Health Agencies/State and Federal Regulation Agencies – Your health information may be disclosed to these agencies without your permission as required by law or as necessary to carry out audits, inspections, and mandated reporting.

Other Uses and Disclosures – Any use or disclosure of your health information not described above requires specific written authorization by you. You may also change your mind after authorizing an additional authorization by submitting a written request; however, this change cannot revoke any use or disclosure that occurred prior to your change.

Additional Uses of Patient Health Information

Appointment Scheduling – Your health information will be utilized by our staff for the purposes of scheduling your appointments.

Treatment Information – Your health information may be used to send you information about your treatment, and new programs that may be beneficial to your progression.

Your Health Information Rights

You have certain rights under the federal HIPAA Privacy Regulations, including:

- the right to request restrictions on the use and disclosure of you/your child's health information
- the right to receive confidential communications regarding your/your child's treatment
- the right to inspect your health information and have it copied (at a charge)
- the right to amend and/or correct your health information
- the right to receive an explanation of how your information has been disclosed and to whom it was disclosed
- the right to receive a printed copy of this notice

Bucks County Anxiety Center's Health Information Privacy Responsibilities

Bucks County Anxiety Center, LLC, is required by law to maintain the privacy of your health information and provide you with this Notice of Privacy Practices. We are also required by law to enforce the policies described within this notice.

Bucks County Anxiety Center's Right to Revise Privacy Practices

As permitted by law, Bucks County Anxiety Center reserves the right to amend or modify our privacy policies. Any changes may be required by changes in the federal and/or state laws and regulations. Any revised policies will be applied to all protected health information and be available for you upon your request.

Requests to Inspect Protected Health Information

As permitted by law, we require that all requests to inspect or copy protected health information be submitted in writing.

Complaints Regarding Bucks County Anxiety Center's Privacy Practices

If you believe that you/your child's privacy rights have been violated, you have the right to submit a complaint. All complaints regarding our privacy practices must be sent in writing to:

Dr. Ronit Levy
Clinical Director
Bucks County Anxiety Center
4 Terry Drive, Suite 11
Newtown, PA 18940

Please be sure to include as much information as possible. Dr. Levy will respond in writing to you after your complaint is reviewed. You may also file a written complaint with the Office of Civil Rights.