

Please keep this packet for your own reference.  
There is nothing to sign or to fill out in this packet.

Thank you.



**Lytle Behavioral Health**

160 Canal Basin St.  
Hollidaysburg, PA 16648

200 Cedar Ridge Drive, Ste 208  
Pittsburgh, PA 15205

2200 Garden Drive, Ste 200B  
Seven Fields, PA 16046

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# Office Policy

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## **Scheduling Appointments:**

Each clinician's office hours vary. Our offices are open Monday through Friday from 9:00 a.m. — 5:00 p.m. to schedule or change an appointment. You can schedule an appointment by calling 866-468-0638 and speaking to a member of the intake staff. When you require urgent attention, we will make every effort to meet your needs. In return, we appreciate your being on time for appointments and letting us know when you can't keep your appointment.

***Appointments missed by clients with less than 24 hours notice, will be charged a \$30.00 rescheduling fee.*** If you and your clinician agree that the circumstances were beyond your control, your clinician will waive the fee. It is important to note that insurance companies do not provide reimbursement for cancelled sessions. We will provide a courtesy reminder phone call and/or email to you at least 24 hours before each scheduled appointment. If by chance the reminder is not received you will still be responsible for keeping your appt. or canceling 24 hours in advance.

## **Emergencies & After Hours:**

For after-hours clinical emergencies, call 800-327-7272, and provide the requested information. You will be connected to the appropriate person. Emergencies during business hours can be addressed to the office staff (866-468-0638).

## **F.Y.I.**

Periodically, your clinician finds it helpful to consult about a case with other professionals. In these consultations, the clinician makes every effort to avoid revealing the identity of their client. The consultant is, of course, also legally bound to keep the information confidential. Unless you object, the clinician will not tell you about these consultations unless the clinician feels that it is important to your work together.

## **Treatment Termination:**

### *Voluntary:*

You may terminate treatment at any time for any reason. Your clinician would appreciate the opportunity to discuss with the reason for terminating and will provide referrals to other qualified providers upon your request.

### *Involuntary:*

If you miss three scheduled appointments during your course of treatment without providing us with at least a 24 hour notice of cancellation, your care may be transferred to a provider other than Lytle Behavioral Health at the option of your clinician.

We appreciate your selection of our practice. Our entire staff is committed to providing you with high quality care. Our goal is to do this in a pleasant environment with courtesy and attention to your personal needs. Please feel free to share your comments with any member of our staff. Your suggestions are welcome.

# *Financial Policy*

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Payment in full for office services is expected at the time care is rendered unless insurance billing arrangements have been made. Statements detailing outstanding account balances are sent monthly and are due and payable in full within 15 days of receipt. Partial payments are acceptable only under the terms of our credit policy.

## **Method of payment**

We accept cash, check, or money orders.

## **Checks returned by the bank**

There will be a \$25.00 charge for any check returned to us by your bank.

## **Insurance co-payments and deductibles**

If your insurance coverage requires a co-insurance payment or has an annual deductible, they are due and payable at the time of service.

## **Forms Completion**

There will be a fee charged for the completion of all forms including, but not limited to, work leave papers, disability applications, and medical reports. This fee will range from \$10.00 to \$40.00 depending on the complexity of the form. Payment will normally need to be made prior to the completion of the forms.

It is our policy that you, as the patient, or your legal representative, are responsible for all office visit charges. We will gladly submit claims to your insurance carrier as a courtesy to you. However, if your insurer has not responded within 60 days, the balance is immediately due and payable by you.

## **Non-Covered Charges**

- If we do not participate with your insurance company, payment is due at the time of your visit.
- If you have major medical coverage, we will provide you with any clinical information you need to fill out and submit your own insurance claim form. However, payment in full is due at the time of your visit.
- Once your insurance company has paid their portion of the charges, you are responsible for any remaining balance.
- If you become involved in legal proceedings and may require your clinician's involvement, you will be expected to pay for all of your clinician's professional time, including mileage and preparation costs. This also applies if your clinician is called to testify by another party.

## **Insurance Pre-Authorization**

If your insurance company requires a pre- authorization for services, it is your responsibility to obtain it prior to your office visit. If a required authorization has not been obtained, you may be asked to sign a waiver stating that you will be responsible for your bill if a referral is not received.

## **Billing Procedures**

- We will bill your insurance company within two weeks of your visit.
- We will bill you for patient responsibility balances due. If you are unresponsive to your bill after two billing statement cycles, we may begin collection proceedings.
- If you are financially unable to pay your account balance, you must address this with your clinician.

## **Collection Proceedings**

All patient responsibility balances must be paid within 90 days. After 90 days, delinquent accounts will be sent to a national collection agency. To help defray the cost of collection proceedings, a service charge will be applied to all accounts submitted for collection.

# *Client Electronic Communication Policy*

## **Email**

Emails are not considered a secure form of communication and are vulnerable to unauthorized access. If you communicate confidential or highly sensitive information via email, your therapist will assume that you have made an informed decision to do so, assuming the risk that such communication may be intercepted.

1. Do not use email for emergencies. Due to computer or network problems, emails may not be deliverable. Therapists may not check emails on a daily basis.
2. Email should be brief and are best used for informational updates; cancellations and requests for availability. They should not be used for conducting conversations of a sensitive or clinical nature.
3. Email(s) are part of your legal record here. They will be saved along with the rest of your records.
4. Email may be used to send appointment reminders or psycho-educational material.

## **Social Media (Facebook, LinkedIn, Twitter, etc.)**

Some of the therapists may have personal social media accounts or professional social media accounts from other places of business. Please note that our therapists do not accept “Friend” requests from current or former clients. We believe that doing so may compromise confidentiality and could blur the boundaries of the therapeutic relationship. For this reason, please do not request that we connect with you on social media.

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.

### **Notice of Privacy Practices**

**Privacy is a very important concern for all those who come to this office. It is also complicated because of federal and state laws and our profession. If you have any questions our Privacy Officer will be happy to help you. See end of this notice.**

#### **A. Introduction – To Our Clients**

This notice will tell you about how we handle information about you. It tells how we use the information here in this office, how we share it with other professionals and organizations, and how you can see it. We want you to know all of this so that you can make the best decisions for yourself and your family. We are also required to tell you about this because of the privacy regulations of a federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Because this law and the laws of this state are very complicated and we don't want to make you read a lot that may not apply to you, we have simplified some parts. If you have any questions or want to know more about anything in this notice, please ask our Privacy Officer for more details.

#### **B. What we mean by your medical information**

Each time you visit any doctor's office, hospital clinic, any other "healthcare provider" or us, information is collected about you and your physical and mental health. It may be information about your past, present, or future health or conditions, or the treatment or other services you got from us or from others, or about payment for healthcare. The information we collect from you is called, in the law, **PHI**, which stand for **Protected Health Information**. This information goes into your medical or healthcare record or file at an office. In this office, this PHI is likely to include these kinds of information.

- Your history as a child, in school, and at work, and your marital and personal history.
- Reasons you came for treatment including your problems, complaints, symptoms, needs, and goals.
- Diagnoses which are the medical terms for your problems or symptoms.
- A treatment plan. These are the treatments and services which we think will best help you.
- Progress notes. Each time you come in we write down some things about how you are doing, what we observe about you, and what you tell us.
- Records we get from others who treated you or evaluated you.
- Psychological test scores, school records, etc.
- Information about medications you took or are taking.
- Legal matters.
- Billing and Insurance information.

This list is just to give you an idea of information in this office. There may be other kinds of information that go into your healthcare record. We use this information for many purposes. For example, we may use it for the following:

- To plan your care and treatment
- To decide how well our treatments are working for you
- When we talk with other healthcare professionals who are also treating you such as your family doctor or the profession who referred you to us

- To show that you actually received the services from us whom we billed to you or to your health insurance company
- For teaching and training other healthcare professionals
- For medical or psychological research
- For public health officials trying to improve health care in this country
- To improve the way we do our job by measuring the results of our work

When you understand what is in your record and what it is used for you can make better decisions about whom, when, and why others should have this information.

Although your health record is the physical property of the healthcare practitioner or facility that collected it, the information belongs to you. You can inspect, read or review it. If you want a copy we can make one for you but may charge you for the costs of copying (and mailing if you want it mailed). In some very unusual situations you cannot see all of what is in your records. If you find anything in your records that you think is incorrect or something important is missing you can ask us to amend (add information to) your record although in some rare situations we don't have to agree to do that. Our Privacy Officer can explain more about this.

### **C. Privacy and the laws**

The HIPAA law requires us to keep your PHI private and to give you this notice of our legal duties and our privacy practices, which is called the **Notice of Privacy Practices** or **NPP**. We will obey the rules of this notice and as long as it is in effect but if we change it the rules of the new NPP will apply to the entire PHI we keep. In addition, if changed the new NPP will be posted in our office where everyone can see it. You or anyone else can get a copy from our Privacy Officer at any time.

### **D. How your protected health information can be used and shared**

When your information is read by others or me in this office it is called, in the law, "use". If the information is shared with or sent to others outside this office, that is called, in the law, "disclosure". Except in some special circumstances, when we use your PHI here or disclose it to others we share only the minimum necessary PHI needed for the purpose. The law gives you rights to know about your PHI, how it is used and to have say in how it is disclosed and so we will tell you more about what we do with your information.

We use and disclose PHI for several reasons. Mainly, we will use and disclose (share) it for routine purposes and we will explain more about these below. For other uses we must tell you about them and have a written authorization from you unless the law lets or requires us to make the use or disclosure without your authorization. However, the law also says that we are allowed to make some uses and disclosures without your consent or authorization.

#### **1) Uses and disclosures of PHI in healthcare with your consent**

After you have read this notice you will be asked to sign a separate **Consent Form** to allow us to use and share your PHI with other people or organizations to provide **treatment** to you, arrange for **payment** for our services, or some other business functions call health care **operations**. Together these routine purposes are called **TPO** and the consent form allows us to use and disclose your PHI for TPO. Re-read that last sentence until it is clear because it is very important.

## **1a. For treatment, payment, or health care operations**

We need information about you and your condition to provide care to you. You have to agree to let us collect the information and to use it and share it as necessary to care for you properly. Therefore you must sign the consent form before we begin to treat you because if you do not agree to consent, we cannot treat you. Generally, we may use or disclose your PHI for three purposes: treatment, obtaining payment, and what are called healthcare operations.

For treatment

We use your medical information to provide you with psychological treatment or services. These might include: individual or family therapy, psychological, educational, or vocational testing, treatment planning, or measuring the effects of our services.

We may share or disclose your PHI to others who provide treatment to you. We are likely to share your information with your personal physician. If you are being treated by a team we can share some of your PHI with them so that the services you received will be coordinated. They will also enter their findings, the actions they took, and their plans into your record and so we all can decide what treatments work best for you and make up a Treatment Plan. We may refer you to other professionals or consultants for services we cannot offer such as special testing or treatments. When we do this we need to tell them some things about you and your conditions. We will get back their findings and opinions and those will go into your records here. If you receive treatment in the future from other professionals we can also share your PHI with them. These are some examples so that you can see how we use and disclose your PHI for treatment.

For Payment

We may use your information to bill you, your insurance, or others to be paid for the treatment we provide to you. We may contact your insurance company to check on exactly what your insurance covers. We may have to tell them about your diagnoses, what treatments you have received, and what we expect as we treat you. We will need to tell them about when we met, your progress, and other similar things.

### **For Healthcare Operations**

There are some other ways we may use or disclose your PHI, which are called healthcare operations. For example, we may use your PHI to see where we can make improvements in the care and services we provide. We may be required to supply some information to some government health agencies so they can study disorders and treatment and make plans for services that are needed. If we do, your name and identity will be removed from what we need to send.

## **1b. Other uses in healthcare**

**Appointment Reminders.** We may use and disclose medical information to reschedule or remind you of appointments for treatment or other care. If you want us to call or write you only at your home or your work or prefer some other way to reach you, we usually can arrange that. Just tell us.

**Treatment Alternatives.** We may use and disclose your PHI to tell you about or recommend possible treatments or alternatives that may be of interest to you.



**Other Benefits and Services.** We may use and disclose your PHI to tell you about health related benefits or services that may be of interest to you.

**Research.** We may use or share your information to do research to improve treatments. For example, comparing two treatments for the same disorder to see which works better or faster or costs less. In all cases your name, address and other information that reveals who you are will be removed from the information given to researchers. If they need to know who you are we will discuss the research project with you and you will have to sign a special authorization form before any information is shared.

**Business Associates.** There are some jobs we hire other businesses to do for us. They are called our business associates in the law. Examples include a copy service we may use to make copies of your health records and a billing service that figures out, prints, and mails bills. These business associates need to receive some of your PHI to do their jobs properly. To protect your privacy they have agreed in their contract with us to safeguard your information.

## **2. Uses and disclosures requiring your Authorization**

If we want to use your information for any purpose besides the TPO or those we described above we need your permission on an Authorization form. We don't expect to need this very often. If you do authorize us to use or disclose your PHI, you can revoke (cancel) that permission, in writing, at any time. After that time we will not use or disclose your information for the purposes that we agreed to. Of course, we cannot take back any information we had already disclosed with your permission or that we had used in our office.

## **3. Uses and disclosures of PHI from mental health records Not Requiring Consent or Authorization**

The laws let us use and disclose some of your PHI without your consent or authorization in some cases.

### **When required by law:**

There are some federal, state, or local laws, which require us to disclose PHI.

- We have to report suspected child abuse.
- If you are involved in a law suit or legal proceedings and we receive a subpoena, discovery request, or other lawful process we may have to release some of you PHI. We will only do so after trying to tell you about the request, consulting your lawyer, or trying to get a court order to protect the information they requested.
- We have to release (disclose) some information to the government agencies which check on us to see that we are obeying the privacy laws.

### **For Law Enforcement Purposes and for Specific Government Functions**

We may release medical information if asked to do so by law enforcement officials to investigate a crime or criminals.

We may disclose PHI of military personnel and veterans to government benefit programs relating to eligibility and enrollment, to Worker's Compensations programs, to correctional facilities if you are an inmate, and for national security reasons.

**To Prevent a Serious Threat to Health or Safety**

If we come to believe that there is a serious threat to your health or safety or that of another person or the public, we can disclose some of your PHI. We will only do this to persons who can prevent the danger.

**4) Uses and Disclosures requiring you to have an opportunity to object**

We can share some information about you with your family or close others. We will only share information with those involved in your care and anyone else you choose such as close friends or clergy. We will ask you about whom you want us to tell what information about your condition or treatment. You can tell us what you want and we will honor your wishes as long as it is not against the law.

If it is an emergency—so we cannot ask if you disagree—we can share information if we believe that it is what you would have wanted and if we believe it will help you if we do share it. If we do share information, in an emergency we will tell you as soon as we can. If you don't approve we will stop, as long as it is not against the law.

**5) An accounting of disclosures**

When we discuss your PHI, we keep some records of which we sent it to, when we sent it, and what we sent. You can get an accounting (a list) of many of these disclosures.

**Questions or Problems**

If you need more information or have questions about the privacy practices described above, please speak to the Privacy Officer listed below. If you have a problem with how your PHI has been handled or if you believe your privacy rights have been violated, contact the Privacy Officer. You have the right to file a complaint with us or with the Secretary of the Department of Health and Human Services. We promise that we will not in any way limit your care here or take any actions against you if you complain.

If you have any questions regarding this notice or our health information privacy policies, please contact our office at 866-468-0638.

The effective date of this notice is March 5, 2007.