



Penn Psychiatric Center

3774 Ridge Pike
Collegeville, PA 19426
Phone: (610) 489-9390
Fax: (610) 489-9390

601 Gay Street
Phoenixville, PA 19460
Phone: (610) 917-2200
Fax: (610) 917-2360

Notice of Privacy Practices – HIPAA (Abridged)

By law, we are required to maintain the privacy of protected health information, give you this notice of our legal responsibilities and privacy practices pertaining to your health information and follow all terms set forth by this notice.

Penn Psychiatric Center/Collegeville Psychological Center may use/disclose health information for the following:

- Treatment
- Research
- Law Enforcement
- Payment/Insurance/Reminders /Health Related Benefits
- Law
- Reporting Death
- Operations
- Audits/Investigations
- Security, Intelligence Activities, Inmates, General Government Functions
- Persons involved in any aspect of your care
- When there is a health threat/safety threat/risk

You do have the right to object in the following situations:

- Disclosure of Health Information to members or your family, friends or those involved with your treatment.
- Disclosure your Health Information to disaster relief agencies that may coordinate your care in the event

PLEASE NOTE: *Other uses of Health Information that are not included in this Privacy Notice will only be disclosed with your written consent. You have the right to revoke these consents at any time.*

Your rights regarding your Health Information are as follows:

- You have the right to inspect and copy Health information that is used to make decisions about your care or payment for your care, excluding psychotherapy notes.
- You have the right and will be notified if any of your Health Information has been breached.
- You have the right to request an amendment if you feel that your Health Information is invalid or complete.
- You have the right to request restrictions on the Health Information that we use to disclose for your treatment, payment or operations.
- You have the right to request that your Health Information not be disclosed to entities involved with the payment of your treatment (your health plan) if you pay out of pocket for your services.
- You have the right to request the avenue by which communications from our office occur regarding your Health Information.
- You have the right to obtain a copy of the complete Privacy Notice at any time. A copy of this privacy practice has been made available on our website at www.ppcmh.com or a paper version may be printed for your records by our staff.

If you have a complaint and you feel that your privacy rights have been violated:

- You may file a complaint with our office or with the US Department of Health and Human Services. If filing a complaint with our office directly, all complaints must be submitted in writing to the Compliance and Quality Assurance Manager. There will be no penalties against an individual for submitting a complaint.

For additional information or the complete notice, please see the Consumer Policies and Practices Handbook located in the waiting room.

If you would like more information regarding your rights and HIPAA, please visit the US Department of Health and Human Services at <http://www.hhs.gov/ocr/privacy/index.html>

