



New Patient Packet

For participation
in Dr. Shipon-Blum's evidenced-based
S-CAT® Program

Table of Contents

Welcome to the SMart Center.....	3
What is Social Communication Anxiety Treatment (S-CAT)®?.....	3
What makes the S-CAT® Program different from other treatment approaches?.....	5
Office Information.....	6
Privacy practices regarding health information (HIPAA).....	7



Welcome to the SMart Center!

The SMart Center is a comprehensive treatment and research center that specializes in treating children and young adults with selective mutism, social anxiety/shyness, social communication (pragmatic) disorder, and related challenges. Our holistic approach centers on treating the whole individual, not just his or her social communication issues.

The center is directed by [Dr. Elisa Shipon-Blum](#), who developed the evidence-based **Social Communication Anxiety Treatment (S-CAT)®**, which has been used successfully in thousands of children worldwide.

Presently, the SMart Center is the only location in the world that implements S-CAT®.

What is Social Communication Anxiety Treatment (S-CAT®)?

Dr. Shipon-Blum's S-CAT® program is based on the concept that Selective Mutism is more than just not speaking. Children with Selective Mutism (SM) may have difficulty communicating nonverbally and many cannot communicate at all when feeling anxious or uncomfortable. A child's social comfort and communication level is dictated by the setting and individuals present. Therefore, although mutism is the most noted symptom, it merely touches the surface of the problem.

According to Dr. Shipon-Blum's work, after a complete evaluation, treatment needs to address three key questions:

1. Why did the child develop SM?
2. Why is Selective Mutism persisting?
3. What can be done at home, in the real world, and within school to help the child build proper coping skills and overcome social communication challenges?

S-CAT® focuses on the whole child and incorporates a team approach involving the child, parents, school personnel, and treating professional.

Dr. Shipon-Blum emphasizes that although lowering anxiety is key, it is often not enough, especially as children get older. Over time, many children with Selective Mutism no longer feel anxious, but mutism

and lack of proper social engagement continues to exist in select settings. Many children with SM need strategies/interventions to progress from nonverbal to verbal communication.

S-CAT® incorporates anxiety lowering techniques, methods to build self-esteem, and strategies/interventions to help with social comfort and communication progression by “bridging” from shut-down to spoken communication.

Children with SM need to understand, feel in control, and have choice in their treatment (age dependent) in order to be successful in the S-CAT® program.

Silent goals (environmental changes) and active goals (child-directed goals) are used to help the child build the social comfort that must precede communication progression.

Every child is different and therefore an individualized treatment plan needs to be developed that incorporates home (parent education, environmental changes), the child's unique needs, and school (teacher education, accommodations/interventions).

By lowering anxiety, increasing self-esteem, and increasing communication and social confidence within a variety of real world settings, the child will develop necessary coping skills to enable for proper social, emotional, and academic functioning.

What makes Dr. Shipon-Blum's S-CAT® program different from other treatment approaches?

- ❖ *Because our practitioners are world experts in the field.*
 - Dr. Elisa Shipon-Blum, our director, pioneered early, effective treatment approaches to SM
 - Her Social Communication Anxiety Treatment® (S-CAT®) program is acknowledged as the gold standard for treating SM ... and is increasingly being used in treatment of a range of other social communication issues
 - She and our other practitioners have deep experience using S-CAT® to treat children, teenagers, and adults

- ❖ *Because our S-CAT® therapy is proven and extensively researched.*
 - More than 5,000 children have been successfully treated using the S-CAT® program
 - Research shows that children make statistically significant improvements in their ability to speak in school and other social settings with each treatment visit
 - The SMart Center is the only center in the world using the S-CAT® program

- ❖ *Because we get results faster than other approaches*
 - Our S-CAT® research shows children improve communication after each visit compared to what can feel like an endless mill of visits with the psychologist, therapist or speech pathologist
 - Our structured, step-by-step approach saves you money while delivering results

- ❖ *Because SM and social communication issues are all we do, all day, every day*
 - Unlike generalist medical practices, our center is dedicated to treating only children, teenagers and adults suffering from selective mutism, social communication anxiety, and related disorders
 - When you come to the SMart Center, you are getting specialists who know what you're dealing with and who can get results for your loved one

- ❖ *Because we treat the whole child/individual*
 - We take a holistic approach to treating your child or loved one
 - Our treatment is based on the understanding that social communication issues are a symptom, not the root cause of what is causing your loved one to be mute or socially anxious
 - We develop an individualized approach, tailoring our S-CAT® program to the unique needs of the patient

SMart Center Office Information

Office Hours of Operation: Monday-Friday, 9:00 am - 4:30 pm EST

Contact Information:

Direct Patient Line: 215-886-6090 (During hours of operation listed above)

Our **Front Desk Call Center is available 24 hours, 7 days per week. If you call our Direct Patient Line (215-886-6090) when we are not available, you will reach our front desk call center.*

Secure Fax: 215-827-5722

Mailing Address: SMart Center, 505 Old York Rd., Lower Level Ste03, Jenkintown, PA 19046

Established Patient Webpage: <http://www.selectivemutismcenter.org/services/patientportal>

Included on the Established Patients webpage:

- Access to forms requested prior to appointments
- Directions and travel information
- Lodging, restaurant and local sites information
- “Contact us” information

For any **urgent** questions/concerns, such as medication side effects or other emergency concerns, please contact our office at 215-886-6090. We will direct your questions to the appropriate clinician or our staff will guide you appropriately to outside medical help (i.e., calling your local pediatrician).

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.

If you have any questions about this notice, please contact 215-886-6090

OUR OBLIGATIONS:

We are required by law to:

- Maintain the privacy of protected health information
- Give you this notice of our legal duties and privacy practices regarding health information about you
- Follow the terms of our notice that is currently in effect

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION:

The following describes the ways we may use and disclose health information that identifies you (“Health Information”). Except for the purposes described below, we will use and disclose Health Information only with your written permission. You may revoke such permission at any time by writing to our practice Privacy Officer.

For Treatment. We may use and disclose Health Information for your treatment and to provide you with treatment-related health care services. For example, we may disclose Health Information to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.

For Payment. We may use and disclose Health Information so that we or others may bill and receive payment from you, an insurance company or a third party for the treatment and services you received. For example, we may give your health plan information about you so that they will pay for your treatment.

For Healthcare Operations. We may use and disclose Health Information for health care operations purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our office. We also may share

information with other entities that have a relationship with you (for example, your health plan) for their health care operation activities.

Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services. We may use and disclose Health Information to contact you to remind you that you have an appointment with us. We also may use and disclose Health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care. When appropriate, we may share Health Information with a person who is involved in your medical care or payment for your care, such as your family or a close friend.

Research. Under certain circumstances, we may use and disclose Health Information for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another, for the same condition. Before we use or disclose Health Information for research, the project will go through a special approval process. Even without special approval, we may permit researchers to look at records to help them identify patients who may be included in their research project or for other similar purposes, as long as they do not remove or take a copy of any Health Information.

SPECIAL SITUATIONS:

As Required by Law. We will disclose Health Information when required to do so by international, federal, state or local law.

To Avert a Serious Threat to Health or Safety. We may use and disclose Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

Business Associates. We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

Public Health Risks. We may disclose Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems

with products; notify people of recalls of products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities. We may disclose Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Data Breach Notification Purposes. We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court or administrative order. We also may disclose Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement. We may release Health Information if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

National Security and Intelligence Activities. We may release Health Information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT

Individuals Involved in Your Care or Payment for Your Care. Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such

information as necessary if we determine that it is in your best interest based on our professional judgment.

YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES

The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

1. Uses and disclosures of Protected Health Information for marketing purposes; and
2. Disclosures that constitute a sale of your Protected Health Information

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose Protected Health Information under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

YOUR RIGHTS:

You have the following rights regarding Health Information we have about you:

Right to Inspect and Copy. You have a right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes. To inspect and copy this Health Information, you must make your request, in writing, to: SMart Center, 505 Old York Rd., Jenkintown, PA 19046. We have up to 30 days to make your Protected Health Information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

Right to an Electronic Copy of Electronic Medical Records. If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to

provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

Right to Get Notice of a Breach. You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

Right to Amend. If you feel that Health Information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our office. To request an amendment, you must make your request, in writing, to: SMart Center, 505 Old York Rd., Jenkintown, PA 19046.

Right to an Accounting of Disclosures. You have the right to request a list of certain disclosures we made of Health Information for purposes other than treatment, payment and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request, in writing, to: SMart Center, 505 Old York Rd., Jenkintown, PA 19046.

Right to Request Restrictions. You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the Health Information we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request, in writing, to: SMart Center, 505 Old York Rd., Jenkintown, PA 19046. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your Protected Health Information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us "out-of-pocket" in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

Out-of-Pocket-Payments. You have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. To request confidential

communications, you must make your request, in writing, to: SMart Center, 505 Old York Rd., Jenkintown, PA 19046. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our web site, www.selectivemutismcenter.org. To obtain a paper copy of this notice, write to SMart Center, 505 Old York Rd., Jenkintown, PA 19046.

CHANGES TO THIS NOTICE:

We reserve the right to change this notice and make the new notice apply to Health Information we already have as well as any information we receive in the future. We will post a copy of our current notice at our office. The notice will contain the effective date on the first page, in the top right-hand corner.

COMPLAINTS:

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact our office at: SMart Center, 505 Old York Rd., Jenkintown, PA 19046. All complaints must be made in writing. **You will not be penalized for filing a complaint.**

For more information on HIPAA privacy requirements, HIPAA electronic transactions and code sets regulations and the proposed HIPAA security rules, please visit the SMart Center's website at: www.selectivemutismcenter.org or call 215-886-6090