



NEW PATIENT PACKET

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Hours of operation: M-F 8:30 am -4:30 pm EST
On-Site Office Manager: Jen Brittingham

Contact Information:

To best serve our families we offer direct patient services, this includes:

(1) **DIRECT PATIENT LINE.** 215-886-6090 during hours of operation listed above

*Our FRONT DESK CALL Center is available 24 hrs, 7 days per week. 215-887-5748.
If you call our Direct Patient Line when we are not available, you reach our front desk call center.

(2) **Direct EMAIL address:** Smartcenter06@aol.com

(3) **FAX:** 215-827-5722

(4) **ESTABLISHED PATIENT WEB PAGE.**

Please go to our website at: www.selectivemutismcenter.org →PATIENTS →
Established Patients

Included on the ESTABLISHED PATIENTS' webpage:

- Access to the SM Follow-up Form © ****NEEDED** prior to each consultation
- Access to the SM School Evaluation Form ©
- Access to 'UPDATE Dr. E' (where you can email Dr. E or other professional staff members!)
- Insurance and payment information
- Directions and travel information
- Lodging, restaurant and local sites information!
- Smart Center POLICIES. (I.e. Fee Policy, Email Policy, Privacy Policy, etc. etc.)
- Medication Refill access
- Follow-Up consultation scheduling access
- 'Contact us' information
- Emergency Contact information!

(5) **Mailing address:**

Smart Center ~ 505 Old York Rd. ~ Lower Level ~ Jenkintown, PA 19046

For any questions/concerns that are **URGENT**, 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)

PHILOSOPHY of Treatment at the Smart Center

Social Communication Anxiety Therapy (SCAT) is the philosophy of treatment developed by Dr. Elisa Shipon-Blum and implemented at the Selective Mutism Anxiety Research and Treatment Center (SMart Center) www.selectivemutismcenter.org

What is Social Communication Anxiety Treatment (SCAT)??

SCAT is based on the concept that Selective Mutism is more than just not speaking. Children suffering from Selective Mutism (SM) may have difficulty communicating nonverbally and many cannot communicate at all when feeling anxious or uncomfortable. Depending on the setting and individuals present in a setting will dictate a child's social and communication level. Therefore, although mutism is the most noted symptom, it merely touches on the surface of our children.

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

- WHY did a child develop SM?
- Why is Selective Mutism continuing?
- WHAT can be done at home, the real world and within school to help the child build the coping skills and overcome their social communication challenges?

SCAT focuses on the WHOLE CHILD and incorporates a TEAM approach involving the child, parent, school personnel and treating professional.

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

SCAT incorporates anxiety lowering techniques, methods to build self-esteem and strategies/interventions to help with social comfort and communication progression, such as 'Bridging' from shut down to spoken communication, verbal intermediaries, ritual sound shaping, etc.

The KEY concept that children with SM need to understand, feel in control and have choice in their treatment (age dependent) are critical components of SCAT.

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

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

Therefore, by lowering anxiety, increasing self-esteem as well as increasing communication and social confidence within a variety of REAL WORLD settings, the child suffering in silence will develop necessary coping skills to enable for proper social, emotional and academic functioning.

Follow-Up Consultations

(~every 4 weeks)

Follow-Up treatment at the Smart Center is considered a consultation, NOT an appointment.

Why? At the Smart Center our Follow-Up consultations include significantly MORE than the typical 'appointment' that most families are accustomed to. Children/teens are not 'just seen' and 'go home' but there is a significant amount of professional time spent PRIOR to (reviewing e-mail updates, reviewing both parent & School Follow-up forms and planning) and AFTER each visit (developing an appt summary and updated goals/games for both home and school).

Each monthly Follow-Up consultation includes the following:

- Unlimited E-Mail updates TO clinician from parent and/or teachers

(Clinician reads and files to use in preparation for upcoming follow-up consultation)

*Email correspondence requires signed parent waiver. **Additional fees apply to requested email feedback.

- Evaluation of SM-Follow-Up Questionnaire (c) by parent(s)

*Submitted prior to consultation. Allows clinician to review and plan for upcoming consultation.

Please view link: <http://www.drelisashiponblum.org/AllForms.html>

- Evaluation of SM School Evaluation Form (c) by school personnel

*Submitted prior to consultation. Allows clinician to review and plan for upcoming consultation.

Please view link: <http://www.drelisashiponblum.org/AllForms.html>

- 1 hour in person or teleconference consultation

- Written appointment summary with recommendations for home/school.

- Updated games/goals presented within summary and/or separately via chart(s).

- Fee: \$350

* 30 min office/teleconference consultations available in select situations, such as with school personnel and frequent parent teleconferences. Fee: \$200 for 30 min of time.

In-person and Teleconference *Contact office for fees for other staff members

For questions, please contact our office manager at: smartcenter@selectivemutism.org Attn: office manager

Email Policy and Convenience Consultation!

Dr. Shipon-Blum and associates encourage email updates. This is a service we include in your treatment. The purpose for your update helps to keep Dr E and associates current on your child's progress both in and out of school. Your update is read and used to prepare for your next scheduled appointment.

Although privacy is of concern for internet transmission, primarily, due to time constraints, Dr. E and professional associates do not respond to emails

With hundreds of patients in our database and the demands of our current patient load and conference schedule, one can only imagine the time it takes on daily basis to read/respond to emails from countless families and teachers.

(1) 'Email corresponding'

If requested, Dr. E and associates WILL address your questions via email. Similar to other professionals, this is a billable professional service.

This professional service will include reading your email, developing a written response & filing in your patient file. The fee for this service is \$100/15 min of time. You will be billed on a biweekly basis for this service. A credit card will be kept on file and for any unpaid invoices beyond 30 days; your credit card will be billed. A \$10 billing fee will apply to any late invoices or requests for credit card charges. (3% billing fee for invoices beyond \$300)

If this is a service you choose, please contact us and we will add this to your patient file. We ask that you sign a request form & waiver for email release for this service. Please call (215-886-6090) or email Jen: smartcenter06@aol.com. She will send you the necessary information. You can simply sign and send back via mail or as an email attachment or fax. Email response time is within 1-3 working days.

Since most of our patients are on a monthly in-person or teleconference consultation schedule, we understand that questions do arise in between appointments. We are sensitive to this and are therefore offering the following options for families who would like to have questions addressed outside of regular scheduled appointments.

(2) 'Convenience consultations'

These are designated consultation time slots that are not routinely scheduled for but are for patients who have questions or matters to discuss in-between regularly scheduled appointments. These appointments are on a first-come, first-serve basis and are booked no more than 2 weeks in-advance of an appointment slot.

Convenience consultations are usually for teleconferences, however, on special occasion, an in-person consultation can be scheduled. Time slots will vary from 15-30 min. OR, if time is available, longer time. 'Convenience consultations' will be early morning slots beginning at 8:00 am. Afternoon or evening appointments are not available unless we have a sudden opening in our schedule. We cannot make any exceptions to these time slots since other hours are for our regular appointment slots. Fees for this service are based on \$100/15 min of time.

OFFICE (Patient Care) Fee POLICY

At the SMart Center, we strive to provide a high-value service at all times. Billing rate alone does not determine the value of our services. Factors such as the expertise of our professionals, the quality of our work, parent and child support and the speed with which the work is completed is a basis for our fees. Fees differ depending upon professional administering service and type of service provided.

Dr. Elisa Shipon-Blum- President/Director of the SMart Center: \$350/hour. \$67/10 min or \$100/15 min
Licensed Psychologists at SMart Center begin at: \$210/hour. \$35/10 min for additional services
Speech and Language Pathologists begin at: \$150 per hour. \$20/10 min for additional services.

Please note that SMart Center offers an array of professional services in addition to below that include: Academic Assessments, Psycho educational Evaluations, Neuropsychological Evaluations, Speech and Language Testing/Treatment, Occupational Therapy Evaluation/Treatment, School Workshops/in-services, Family and couple counseling, Parent coaching, etc. Please contact us about above services.

In addition to routine follow-up consultations described previously, there are additional services that may be needed or requested.

- i) **School Evaluations-** Fee based on professional providing service. (\$210-350/hr)
 - In-person or teleconference meeting with school personnel *Includes evaluation of SM School Eval Form © and brief summary of recommendations for updated interventions
 - ii) **Real World exposure appointments:** Fee based on professional providing service (\$100-350/hr)
 Experienced therapist/counselor/special education educator works with child and/or parents to help implement 'real world' strategies that were designed by treatment professional to help child become more social/communicative in public settings.
 - iii) **Medication Management (Med-Checks):** FEE: \$125
 -20 min in length and includes SM-Follow-UP Q (c), Physical Exam, discussion with parent/child regarding treatment response and medication tolerance. Additional time billed at \$100/15 min of time.
- **Additional Services:** *Professional fees apply to the following requested services. \$100/15 min
 - Letter or report writing/editing (i.e., Letters to teachers/school personnel about child's progress/issues,
 - Development of accommodation plans (504 plans, IEP's),
 - Document reviewing (i.e. educational testing reports, school evaluations, IEP review/amendment, 504 plan review/amendment)
 - Meeting preparation (Will inform patient if there is a charge for this service when a meeting is planned)
 - In-person consultations at school for meetings, prehearings, hearings. Travel time is additional.
 - Scheduled telephone discussions with professionals regarding child. (IE, Specialists evaluating/treating child, physicians, psychologists, advocates, school personnel, etc)
 - Requests for e-mail replies from Dr. E to 'detailed' nonurgent questions that could otherwise be asked during a regular follow-up consultation

Note: **PO's (Purchase Orders) from schools are accepted for ALL services;** However, these must be submitted PRIOR to the service being performed. Patients are ultimately responsible for services. If fee has not been received within one month of service being performed, Parent is expected to submit payment and then request reimbursement from the school directly. Patients will be expected to sign an acceptance form stating their responsibility for payment.

***NO fee applies to:**

- Reading brief parent email updates about child's progress.
- Reading brief teacher email updates about child's progress.
- Child updating Dr. E or just writing to say 'hi!'
- Urgent or emergency phone calls from established patients (Please call our direct patient line 215-886-6090)
- Prescription refills (Fee will be charged if refill is requested due to one month over cancelled scheduled consultation).
- Email or phone call regarding brief (less than 10 min) clarification from a recent consultation

NOTICE OF PRIVACY PRACTICES At the Smart Center

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED, DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.

This notice will explain how we may use and disclose your medical information, our obligations related to the use and disclosure of your medical information and your rights related to any medical information that we have about you. This notice applies to the medical records that are generated in or by Smart Center hospitals, clinics, home care and nursing home known hereafter as Smart Center entities and facilities.

This notice also describes the practices of Smart Center and that of any physician with staff privileges with respect to your Protected Health Information (PHI) created while you are a patient of Smart Center. Physicians with staff privileges and personnel authorized to have access to your medical chart are subject to this notice. In addition, physicians with staff privileges may share medical information with each other for treatment, and payment of health care operations described in this notice. Generally, we are required by law to ensure that medical information that identifies you is kept private. Further, we must give you this information related to our legal duties and privacy with respect to any medical information we create or receive about you. We are required by law to follow the terms of the notice that is currently in effect.

I understand that the physicians participating in my care at Smart Center may not be employees or agents of Smart Center and may not be acting for or on behalf of Smart Center but are independent physicians who have been granted privileges to use Smart Center facilities for the care of their patients. I understand that medical decisions regarding my care and treatment at Smart Center may be made by such physicians and not by Smart Center.

With a few exceptions, we are required to obtain your authorization for the use or disclosure of the information. We have listed some of the reasons why we might use or disclose your medical information and some examples of the types of uses and disclosures below. Not every use or disclosure is covered. However, all of the ways that we are allowed to use and disclose information will fall into one of these categories.

In addition to hospital departments, clinic departments, employees, physicians and other Smart Center personnel, the following persons will also follow the practices described in this Notice of Privacy Practices:

- Any health care professional who is authorized to enter information in your medical record.
- Any member of a volunteer group that we allow to help you while you are at this site; any student, resident or intern. All sites within Smart Center will follow the terms of the Notice of Privacy Practices. In addition, they may share medical information for treatment, payment or healthcare operations as they are described in this Notice of Privacy Practices.

Use and Disclosure of Medical Information

We can use or disclose medical information about you regarding your treatment, payment for services or for healthcare operations. We may also disclose your protected health care information (PHI) for the treatment activities of another provider, the payment activities of another provider or covered entity, and certain limited healthcare operations of another covered entity.

For Treatment: To provide you with medical treatment or services, we may need to use or disclose information about you to doctors, therapists, school personnel, etc. who are involved in your treatment. For example, a doctor may need to know what drugs you are allergic to before prescribing medications. Departments within the hospital and clinics may share medical information about you to coordinate your care. For instance, the laboratory may request information to complete lab work. We may also disclose medical information about you to people who

may be involved in your medical care after you leave the Smart Center.

For Payment: We may use or disclose your medical information to your insurance company about a service you received at the Smart Center so that your insurance company can reimburse you for the service. We may also ask your insurance company for prior approval for a service to determine whether the insurance company will pay for the service.

For Health Care Operations: We can use and disclose medical information about you for health care operations. These include uses and disclosures that are necessary to run Smart Center Health System and make sure that our patients receive quality care. For example, we may use or disclose medical information about you to evaluate the performance of the doctors, nurses, technicians and students caring for you. Medical information about you and other Smart Center patients may be combined to allow us to evaluate whether Smart Center should offer additional services or discontinue other services and whether certain treatments are effective. We may also compare this information with other hospitals, clinics or services outside of Smart Center to evaluate whether we can make improvements in the care and services that we offer. **To best protect your privacy when we are combining medical information, we will remove information that identifies you known as "facially de-identified information".**

Uses and Disclosures of Medical Information That Do Not Require Your Authorization

We can use or disclose health information about your **without your authorization** when there is an emergency or when we are required by law to treat you; when we are required by law to use or disclose certain information, or when there are substantial communication barriers to obtaining authorization from you. Further, we may use or disclose your health information without your authorization in any of the following circumstances:

- When necessary to contact you to provide:
 - Appointment providers
 - Information about treatment alternatives or other health related benefits of services that may be of interest to you or,
 - Participation in a clinical trial or research protocol;
- When it is required by law;
- When it involves use and disclosure for public health activities, such as mandated disease reporting, etc.,
- When reporting information about victims of abuse, neglect or domestic violence;
- When disclosing information for the purpose of health oversight activities, such as audits, investigations, licensure or disciplinary actions or legal proceedings or actions;
- When disclosing information to Business Associates for purposes of creating a limited data set which may include zip codes, dates of birth, or dates of service but **may not** contain patient identifiers such as name, address, phone number or social security number;
- When disclosing information for law enforcement purposes, for instance, to locate or identify a suspect, fugitive, witness or missing person or regarding a victim of a crime who can not give authorization because of incapacity;
- When disclosing information about deceased persons to medical examiners, coroners and funeral directors;
- When disclosing or using information for organ and tissue donation purposes;
- When disclosing information related to a research project when a waiver of authorization has been approved by the Institutional Review Board;
- When we believe in good faith that the disclosure is necessary to avert a serious health or safety threat to you or to the public's safety;

- When required by law to notify a person subject to the jurisdiction of the FDA for public health purposes related to the quality, safety, or effectiveness of FDA regulated products or activities such as collecting or reporting adverse events, dangerous products and defects or problems with FDA regulated products;
- When disclosure is necessary for specialized government functions, such as military service, for the protection of the President or for national security and intelligence activities; medical suitability determinations and government programs providing public benefits;
- When required by military command authorities, if you are a member of the armed forces or if you are a foreign military member;
- When you are a prison inmate, information can be released to the correctional facility in which you reside for the following purposes: (1) for the institution to provide you with health care; (2) to protect the health and safety of others; or (3) for the safety and security of the correctional facility; and
- When disclosure is necessary to comply with Worker's Compensation laws or purposes.

Planned Uses or Disclosures to Which You May Object

- We will use or disclose your health information for any of the purposes described in the above section unless you affirmatively object to or otherwise restrict a particular release. You must direct your **written objections or restrictions** to the Privacy Site Coordinator or the Smart Center Corporate Privacy Officer, 1235 E. Cherokee Springfield, MO 65804.
- We may use or disclose your health information in order to include you in the hospitals, clinics, or long term patient care directory. Directory information includes your name, location in the hospital, clinic or long-term care facility and, if applicable, your general condition. We will only disclose this information to people **that you ask for by name**. Unless you affirmatively object, a member of the clergy of your denomination only may obtain your religious affiliation without asking for you by name.
- We may use health information about you to contact you in an effort to raise money for the hospital. A Foundation related to the hospitals or clinics may receive contact information, which includes your name, address and phone number and the dates that you received services from the hospitals, clinics, or Hospice but will not receive medical information from your medical records.
- We may release health information about you to a friend and/or family member who is involved in your care. We can also give this information to someone who will help you or is helping to pay for your care.
- We can disclose health information about you to a public or private entity that is authorized by law or its charter to assist in disaster relief efforts, i.e., the American Red Cross, for the purposes of your whereabouts and condition.

Other Uses and Disclosures

- **We will not use or disclose your health information without your written authorization except as described in this Notice of Privacy Practices.** If you provide us written authorization to use or disclose information, you can change your mind and revoke your authorization at any time, as long as it is in writing. If you revoke your authorization, we will no longer use or disclose the information. However, we will not be able to take back any disclosures that we have made pursuant to your previous authorization.

Your Health Information Rights

Although your health record is the property of Smart Center, you have the right to:

- **Request Restrictions:** You have the right to request that we restrict any use or disclosure of your health information. **We are not required to agree to any restriction that you request.** If we do agree to adhere to our restrictions, we will comply with your request unless the information is needed to provide you treatment. Any request to restrict uses or disclosures must be made in writing to the Privacy Site Coordinator or the Smart Center Corporate Privacy Officer. Your request must indicate: (1) what

information you want limited; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

- **Receive Information in Certain Form and Location:** You have the right to receive information about your health in a certain form and location. For instance, you can request that we contact you at work. To request confidential communications, you must make your request **in writing** to the Privacy Site Coordinator or the Smart Center Corporate Privacy Officer. The request must tell us how and/or where you want to receive information. We will attempt to accommodate reasonable requests.
- **Inspect and Copy Your Protected Health Information (PHI):** You have the right to inspect and copy your protected health information that may be used to make decisions about your care, with the exception of psychotherapy notes. If you want to see or copy your medical information, you must submit your request in writing to the Privacy Site Coordinator or to the Smart Center Privacy Officer. If you request copies of information, we may charge a fee for any costs associated with your request, including the cost of copies, mailing, or other supplies.

***** In limited circumstances we can deny access to your health information. If access is denied, you can request that the denial be reviewed. Another licensed health care professional chosen by the hospital, clinic, or home care will review your request and the denial. We will adhere to the decision of the reviewer.**

- **Request Amendment to your Protected Health Information (PHI):** You have the right to request that your health information be changed if you believe that it is correct or incomplete. You have a right to request changes for as long as the information is kept by the hospitals, clinics, mercy Villa, or Home Care. To request a change in your information, you must submit it in writing to the Privacy Site Coordinator or the Smart Center Corporate Privacy Officer. In addition, you must give the reason why you think the information is incorrect or incomplete, and specify whom you want notified of the change, such as your physician. We must notify you within 60 days upon receipt of your written request. We may extend the time for an additional 30 days provided we notify you of our reason for delay and the date we expect to complete our action on your request.

***** NOTE:** We can deny your request if it is not in writing and if it does not include why the information should be changed. We can also deny your request for the following reasons: (1) the information was not created by Smart Center or unless the person or entity that did create the information is no longer available; (2) the information is not part of the medical record kept by or for Smart Center, or (3) the information is not part of the information that you would be permitted to inspect and copy; or (4) we believe the information is accurate and complete.

- **Accounting of Disclosures:** Even if you have agreed to receive this notice in another form, you can still have a paper copy of this notice. To obtain a paper copy of this notice, contact the Privacy Site Coordinator or the Smart Center Corporate Privacy Officer.
- **Receive a copy of this Notice of Privacy Practices:** Even if you have agreed to receive this notice in another form, you can still have a paper copy of this notice. To obtain a paper copy of this notice, contact the Privacy Site Coordinator, or the Smart Center Corporate Privacy Officer.

Complaints

If you believe that we have violated any of your privacy rights or have not adhered to the information contained in this Notice of Privacy Practices, you can file a complaint by putting it in writing and sending it to the Privacy Site Coordinator or the Smart Center, 505 Old York Rd, Jenkintown, PA 19046. You may also file a complaint with Secretary of the U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, D.C. 20201. To acquire a copy of the complaint form from the Office of Civil Rights please call 1-(800)-368-1019.

According to the law, you will not be retaliated against nor intimidated for filing a complaint with Smart Center or the U.S. Department of Health and Human Services.

Changes To This Notice of Privacy Practices

We reserve the right to change or modify the information contained in this Notice of Privacy Practices. Any changes that we can make can be effective for any health information that we can have about you and any information that we might obtain. Each time you receive services from a Smart Center entity we will offer to provide you the most current copy of our Notice of Privacy Practices. The most recent version of our Notice of Practices will be posted in our building or can be obtained from the Privacy Site Coordinator or the Smart Center Corporate Privacy Officer whose information is included on the first page of this Notice of Privacy Practices.

If you have any questions about the content of this Notice of Privacy Practices, or if you need to contact someone about any of the information contained in this Notice of Privacy Practices, please contact:

Smart Center ~ 505 Old York Rd ~ Jenkintown, PA 19046 Attn: Privacy Practices

Web Site Privacy Statement

As a health care provider, Smart Center is strongly committed to protect the right of privacy for patients and visitors to this Web site. We feel it is important for you to know how we handle your information we collect via the Internet. This statement outlines how we collect, use and protect the personal information you provide to us and serves to assist you in making informed decisions when using our site. Please read this entire statement to understand how your information will be treated. For information regarding Smart Center use and disclosure of Protected Health Information (PHI), please see our [Notice of Privacy Practices](#).

The services and links of our Web site

Our Web site may enable you to communicate with other visitors or to post information that can be accessed by others. When you do so, other visitors may collect your data whereby Smart Center is not responsible for the privacy practices or the content of other Web sites. Users should view the privacy policies of each site they visit to determine what information is collected.

Log Files

We collect and log the IP address of each visitor to gather aggregate data on visitors to determine how our site is being used. We do not associate IP addresses with any personally identifiable information.

How we use “Cookies”

“Cookies” are small pieces of information that are stored on your computer’s hard drive when you visit them. Cookies may be sent to your computer to collect general information about how Smart Center site manages your session (The time while you are on our site.)

Data Collection and Purpose Specification

We collect the personal data that you may volunteer while using our services. This information may be used to fulfill user requests for information. We do not collect information about our visitors from other sources, such as public records or bodies, or private organizations.

Registration Information

Any registration form that requires a visitor to provide us with contact information (i.e., name, address, phone number), unique identifiers (i.e., email address, social security number), financial information (i.e., account or credit card numbers), and other information (i.e., employment history) is covered in this privacy policy. Financial information that is collected is used to only bill the visitor for services and products utilized. Unique identifiers (i.e., social security numbers) are collected only for registration and education enrollment.

Security

Smart Center has security measures in place to prevent the loss, misuse or alteration of information, or unauthorized access under our control. All personally identifiable information that you enter on this site is encrypted with Secure Sockets Layer (SSL) with 128-bit encryption. The encryption means that your data is protected while it is being transferred over the Internet to our servers. Once your data reaches our servers, the same security software that guards Smart Center business information protects your personal information as well. All of our employees and data processors, who have access to, and are associated with the processing of personal data, are obligated to respect the confidentiality of our visitor's personal information.

E-mail

Smart Center Website provides you with the opportunity to send and receive communications from us. We give you the option of using a secure transmission method to send us the following types of personal data via the forms on our site:

- primary personal data (such as name and contact details)
- specific personal data (such as medical data)
- Medical receipts, patient questionnaires, etc.

If you decide you would like to stop receiving communications from this Web site, you may e-mail Smartcenter@selectivemutism.org or send mail to the following postal address: Smart Center ~ 505 Old Yord Road ~ Jenkintown, PA 19046

Questions

If you have any questions about our privacy statement, please send them to the Smart Center at the above address or email: smartcenter@selectivemutism.org