



Purpose of the Notice: This Notice of Privacy Practices describes how we may share your “protected health information” (PHI) to carry out treatment, payment, health care operations, and for other purposes that are permitted or required by law. It also describes your rights to see and control your PHI.

Mindful Healing Works Wellness Center is required by law to:

- Make sure PHI is kept private
- Give you this Notice of our legal duties and privacy practices that affect your PHI,
- Follow the terms of the notice that is currently in effect,
- Notify affected individuals following a breach of unsecured protected health information

Uses and disclosures not described in this Notice will be made only with your written authorization, which may be revoked as provided below.

#### **Definitions:**

**Protected Health Information (PHI)** is medical information that identifies you or may provide a basis for identifying you, including demographic information. Your PHI relates to your past, present, or future physical or mental health condition and related health care services. Mindful Healing Works Wellness Center is required by law to keep records of the care which is provided to you.

**You/Your/Patient/Client** is defined as any person receiving a health-related service through Mindful Healing Works Wellness Center. If the subject of the PHI is a minor, “patient/client” means the parent (unless subject to a limiting court decree or custody agreement) or authorized legal representative(s). If the subject of the PHI is incapable of making an informed decision, “patient /client” means the authorized legal representative(s).

Mindful Healing Works Wellness Center in this Notice is defined as: Mindful Healing Works Wellness Center which includes Mindful Healing Works. Mindful Healing Works operates in Rosedale and Dundalk location in varies programs. Our centers and



programs may share PHI with each other for treatment, payment, or health care operation purposes described in this Notice.

**Treating Clinician** is defined as the individual primarily responsible for providing the patient's/client's mental health services at Mindful Healing Works.

**Medical Record** is defined as a record of clinical services provided. This may be in electronic or paper form. Billing records are separate from the medical record. In addition, psychotherapy notes are separated from the rest of the patient's medical record. Psychotherapy notes are notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session. Psychotherapy notes exclude medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.

**Who Will Follow this Notice:**

- Any Mindful Healing Works Wellness Center health care professional authorized to enter information into your medical record.
- All Mindful Healing Works Wellness Center, employees, physicians, departments, and units that have access to PHI
- Any Mindful Healing Works Wellness Center Interns and volunteer who is permitted to provide you services or assistance and volunteers providing Mindful Healing Works Wellness Center operational services assistance
- All these entities, sites, and locations defined Mindful Healing Works Wellness center.



**How We May Use and Share PHI About You:** These categories describe different ways that Mindful Healing Works Wellness Center uses and shares your PHI. For each location and service, we will explain what we mean and try to give some examples. Not every use in a category will be listed. However, all of the ways the Mindful Healing Works Wellness Center is permitted to use and disclose information will fall within one of the categories.

**For Treatment:** Mindful Healing Works Wellness Center will use and share your PHI to provide, coordinate, or manage your health care and related services. We may use and disclose your PHI to tell you about or recommend possible treatment options or alternatives that may be of interest to you. We may share PHI about you with:

- Health care practitioners such as doctors, nurses, technicians, student trainees, or other personnel who are involved in taking care of you at Mindful Healing Works Wellness Center
- Different departments of or contract personnel with Mindful Healing Works Wellness Center in order to coordinate the different things you need such as prescriptions and/or lab work.
- People outside of Mindful Healing Works Wellness Center who may be involved in your medical care, such as referrals to aftercare placement or providers outside of Mindful Healing Works Wellness Center who are treating you.

**For Payment:** Your PHI will be used to obtain payment for health care services provided by Mindful Healing Works Wellness Center. This will include contacting your insurance company to get approval for payment of recommended psychiatric services, to determine eligibility for benefits, to review services for medical necessity, and to undertake utilization review activities. This also may include sharing information with others, such as Medicare or Medicaid, for the purposes of obtaining payment.

**Healthcare Operations:** We may use and share your PHI to support healthcare operations of Mindful Healing Works Wellness Center. For example, we may use PHI to review our treatment and to evaluate the performance of our staff in caring for you. This



helps to make sure all of our patients/clients receive quality care and services. We may also combine PHI about many patients/clients to decide what additional services Mindful Healing Works Wellness Center should offer, what services are not needed, and whether certain treatments are effective. We may also share information with health care practitioners such as doctors, nurses, technicians, student trainees, and other personnel for review and learning purposes. We may also share your PHI with state, federal, or accrediting agencies for activities such as audits, inspections, and licensure.

**Appointment Reminders, Treatment Alternatives, and Health-Related Benefits and Services:** We may use PHI to remind you that you have an appointment for treatment or services at Mindful Healing Works Wellness Center. We may also tell you about possible treatment options that may be of interest to you, such as drug treatment services, clinical research studies, or services to address domestic violence.

**Individuals Involved in Your Care or Payment for Your Care:** With your agreement, we may share your PHI with a family member, relative, close friend, or any other person you identify. Only information that directly relates to that person's involvement in your healthcare will be shared. If you are unable to agree or object, we may share information, if based on professional judgment we determine that it is in your best interest. In addition, in the event of a disaster, we may share PHI related to your status and location with your family and/or organization assisting in disaster relief effort.

**Research:** In special cases, we may use and share your PHI for current or future research purposes. For example, a research project may compare the health and recovery of all patients /clients who received one medication to those who received a different medication for the same condition. However, all research projects must be approved through an Institutional Review Board. This process evaluates a proposed research project and its use of medical information. The patients'/ clients' need for privacy is balanced with the researcher's need for medical information. The Institutional Review Board will review and set up rules for using PHI before any information is released. If you volunteer to participate in a research study, the consent form you sign



to participate in the research study will inform you of any special uses to be made of your PHI.

**As Required By Law and Public Health Activities:** We may use or share your PHI to comply with local, state, or federal law. Only information that is required will be released. Examples of this would include reporting for public health activities; notification of abuse, neglect, or domestic violence; health oversight activities; judicial and administrative proceeding; and law enforcement activities.

**To Avert a Serious Threat to Health or Safety:** We may use and share PHI about you when, in our judgment, it is necessary to prevent a serious threat to your health and safety or to the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

**Military Activity and National Security and Intelligence Activities:** Under certain circumstances we may share your PHI with authorized federal officials involved in national security and intelligence activities. This may include activities such as providing protective services to the President or foreign heads of state. Information may also be given to federal officials to conduct special investigations. When appropriate conditions apply, we may use or share PHI of Armed Forces personnel (1) for activities deemed necessary by military command authorities, (2) to determine your eligibility for benefits by the Department of Veterans Affairs, or (3) to foreign military authority if you are a member of that foreign military services.

**Workers' Compensation:** Your PHI may be disclosed to comply with workers' compensation laws and other similar legally established programs. These programs provide benefits for work related injuries or illness.

#### **Your Rights Regarding PHI About You:**

You have the following rights regarding the PHI we maintain about you:

**Right to See and Copy Your PHI:** For as long as we keep your PHI, you have the right to see and get a copy of your PHI that is contained in your medical and/or billing records.



In most cases, the use or disclosure of psychotherapy notes requires your specific written permission.

- If you request a copy of the information, we may charge a reasonable fee for the associated costs of copying and mailing your request.
- In certain limited situations, we may deny your request to read and copy your PHI. In some circumstances, you may have a right to have this decision reviewed, and the decision to deny access may be reversed.

**Right to Amend Your PHI:** You have a right to amend by adding to your PHI in your medical record for as long as we keep this information. To request to add information, your request must be in writing. You must include a reason for your request. If your request is not in writing or does not include a satisfactory reason, we may deny your request to amend the record. In addition, we cannot permit you to amend information that:

- Was not created by us,
- Is not part of the PHI kept by or for Mindful Healing Works Wellness Center
- Is not part of the information which you would be permitted to inspect and copy,
- Is accurate and complete.

If we should deny your amendment request, you have the right to insert in the record a concise statement of the reason you disagree with the record.

**Right to a List of Disclosures:** You have a right to receive a list describing specifically who has received PHI about you during the last six (6) years. There are certain restrictions and limitations. This list will not include those who have received PHI for treatment, payment, or healthcare operations, as described in this Notice of Privacy Practices. It also will not include those who have made inquiry of a Facility Directory, family members or friends involved in your care, or to whom notification was given.

- Request must be in writing
- Your request must state a time period that may not be greater than six years.
- The first list you request within a 12-month period will be free.



- For additional lists, we may charge you for the costs of providing the list.

**Right to Choose Confidential Communications:** You have the right to request that we communicate with you about health care matters in a certain way. For example, you can ask that we only contact you at work or by mail which you must provide.

- To request confidential communications, you must make your request in writing to your treating clinician AND the office.
- Your request must list how or where you wish to be contacted.
- You do not have to give a reason for your request.
- We will accommodate reasonable requests.

**Right to a Paper Copy of This Notice:** You have the right to a paper copy of this Notice at any time, even if you have agreed to receive this Notice electronically. It may be obtained at our website [mindfulhealingworks.com](http://mindfulhealingworks.com) or you may contact our office.

**Changes to This Notice:** We have the right to change this Notice. We have the right to make the revised or changed Notice effective for PHI we already have about you, as well as any PHI we receive in the future. The effective date of the notice will be posted in the Notice. In addition, we will offer you a copy of the current Notice in effect each time you register or are readmitted to a Mindful Healing Works Wellness Center programs. Copy of the current Notice will be posted on the Mindful Healing Works Wellness Center web page and at our facilities.

**Other Uses of PHI:** Other uses of PHI not covered by this notice or the laws that apply to us will be made only with your written permission.

**Right to Revoke Authorization:** If you give us permission or authorization to use or share PHI about you, you may take back that permission or authorization in writing at any time. If you take back your permission, we will no longer use PHI about you for the reasons covered by your written authorization. We are unable to take back any disclosures we have already made with your permission. Also, you are unable to take back permission to share PHI if it was to permit the sharing of your PHI to an insurance



company as a condition of obtaining coverage to the extent that other laws allow the insurer to contest claims or coverage. We are required to keep records of the care that we provided to you.

- To take back your permission or authorization, you must make your request in writing. Send your request to any our locations.
- Written permission to use or share PHI about you is not a condition of receiving treatment at Mindful Healing Works Wellness Center except:
  - If the treatment is research-related, provision of treatment may be conditional on receipt of written permission to use or share PHI related to the treatment as necessary for the research or
  - If the purpose of the treatment services is to create PHI for disclosure to a third party, provision of the services may be conditioned on receipt of written permission from you to share PHI to that third party.

**Complaints:** If you believe your privacy rights have been violated, you may file a complaint with Mindful Healing Works Wellness Center by contacting the Clinical Director at Mindful Healing Works Wellness Center.

- All complaints must be made in writing
- You will not be penalized for filing a complaint

You may also file a complaint directly with the secretary of the U.S. Department of Health and Human Services. If you have questions about this Notice, or would like to exercise your Privacy Rights, please contact at 443-530-6921 or 443-530-6533.





<https://mindfulhealingworks.com/wp-content/uploads/2025/04/MHW-2025-Privacy-Policy.docx.pdf>