

LIFE MASTERY CENTER/DR. DEAN KIRSCHNER NOTICE OF PRIVACY PRACTICES

Dr. Dean Kirschner/Life Mastery Center is committed to the privacy and confidentiality of your mental health information which includes information that identifies you and tells about your past, present, or future mental health or condition. Dr. Dean Kirschner/Life Mastery Center is required by law to protect the privacy of this information and to provide you with a copy of this notice which describes the health information privacy practices of Dr. Dean Kirschner/Life Mastery Center and its staff. A copy of our current notice always will be available.

When we say “you” in this Notice, this refers to the individual who is the subject of the mental health information. For minor patients (children), the patient’s “personal representative” has the right to exercise the rights explained in this Notice. The minor patient’s personal representative is someone who is authorized to act on behalf of the patient such as a parent or guardian.

If you have any questions about this Notice, please direct them to Dr. Dean Kirschner

Requirements for Written Authorization

Unless otherwise provided for this notice, Dr. Dean Kirschner/Life Mastery Center will obtain your written authorization before using your health information or sharing it with others outside the offices of Dr. Dean Kirschner/Life Mastery Center. If you provide us with written authorization, you may revoke that authorization at any time, except to the extent that we have already relied upon it. To revoke an authorization, please write to Dr. Dean Kirschner at 10635 York Road, Cockeyville, Maryland 21030

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR WRITTEN AUTHORIZATION.

Below is listed each reason for using or disclosing your health information without your written authorization with some examples which do not include all the ways we may disclose or use your information. Your mental health information Also may be shared with Affiliated providers so they made jointly perform certain payment activities and business operations.

1. **Treatment.** We may share your mental health information with doctors or nurses taking care of you, and they may use that information to learn more about your mental health condition or treat you. For example different psychiatrist or hospitals may share information about your mental health to coordinate your care.
2. **Payment.** We may use your mental health information or share it with others to obtain payment for your mental health care services. For example, we may share information about you with your health insurance company to determine whether it will cover your treatment or to obtain reimbursement after we have treated you.
3. **Healthcare operations.** We may use your mental health information or share it with others in order to conduct our normal business operations. For example, we may use your health information to evaluate the performances of our staff and caring for you.

4. **Business associates.** We may share your health information with another company that performs business services such as billing. If so, we will have a written contract to ensure that this company also protects the privacy of your health information.
5. **Appointment reminders, Follow up, treatment Alternatives, benefits and services.** We may use your health information when we contact you with a reminder that you have an appointment for treatment or services at our facility or to use as a follow-up to determine your well-being or satisfaction after receiving Care at our facility. We may also use your health information to recommend possible treatment alternatives.
6. **Family involved in your care.** Unless you have otherwise instructed, we may share your health information with a family member identifying Bayou who was involved in your care or payment for that care.
7. **Emergencies.** We may use or disclose your health information if you need emergency treatment or if we are required by law to treat you but we are unable to obtain written authorization. If this happens, we will try to obtain your written authorization as soon as we reasonably can after we treat you.
8. **As required by law.** We may use or disclose your health information if we are required by law to do so.
9. **Victims of abuse or neglect.** We may release your health information to a public health authority that is authorized to receive reports of abuse and neglect when the law requires or permits such reports. We will make every effort to obtain your permission before releasing this information, but in some cases we may be required or authorized to act without your permission.
10. **Health oversight activities.** We may release your health information to government agencies authorized to conduct audits, investigations, and inspections of mental health facilities.
11. **Lawsuits and disputes.** We may disclose your health information if required by law or an order of the court that is handling a lawsuit or other dispute.
12. **Law enforcement.** We may disclose your health information to law enforcement officials (under limited circumstances with some restrictions).
13. **To avert a serious threat to health or safety.** In limited circumstances, we may use your health information or share it with others when necessary to prevent a serious threat to your health and safety, or the health and safety of another person or the public.
14. **National Security and intelligence activities or Protective Services.** We may disclose your health information to authorized Federal officials who are conducting National Security and intelligence activities.