Hipaa Privacy Policy

NOTICE OF PRIVACY PRACTICES

Resolve MD Primary Care

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.

This notice applies to health information maintained by [Practice Name] and the clinicians, staff, and others working on its behalf.

Privacy contact: Kane Banaria - lead admin
Telephone: 43-249-2339
Email: info@resolvemd.org

Our responsibilities

We are required by law to protect the privacy of your protected health information, provide this notice, and follow the notice currently in effect. We must notify affected individuals following a breach of unsecured protected health information as required by law.

We follow applicable federal and Maryland privacy laws. When another applicable law provides greater protection than HIPAA, we follow the more protective requirements.

How we use and disclose your information

Treatment: We may use and disclose information to provide and coordinate your healthcare. For example, we may send relevant records to a specialist or laboratory involved in your care.

Payment: We may use and disclose information to collect payment for services. For example, we may provide necessary information to a health plan to process a claim, when applicable.

Healthcare operations: We may use and disclose information to operate the practice, assess quality, and improve care. For example, we may review records to evaluate treatment outcomes. Service providers assisting us must protect information as required by applicable law and agreements.

Communications about your care: We may contact you about appointments, test results, treatment options, and health-related services.

People involved in your care: When permitted by law, we may share relevant information with someone involved in your care or payment if you agree or have an opportunity to object. If you cannot express a preference, we may share information based on professional judgment and your best interests. We may also disclose information for disaster-relief notification when permitted.

Other legally permitted or required purposes: Subject to applicable conditions and confidentiality protections, we may disclose information:

- For public-health reporting, disease prevention, medication safety, and product recalls.
- To report abuse, neglect, or domestic violence.
- To address a serious and imminent threat to health or safety.
- For health oversight, audits, investigations, and inspections.
- For research meeting applicable legal requirements.
- To organ-procurement organizations, coroners, medical examiners, and funeral directors.
- For workers' compensation and legally authorized law-enforcement activities.
- For authorized military, national-security, protective-service, and correctional purposes.
- In response to legal proceedings, court orders, or subpoenas when applicable legal requirements are satisfied.
- When otherwise required by law, including oversight by the U.S. Department of Health and Human Services.

These purposes do not authorize disclosure when a more protective law prohibits it.

Information receiving additional protection

Maryland mental-health records: Additional Maryland restrictions apply to records developed in connection with mental-health services. When disclosure without authorization is legally permitted, we limit the information released to information relevant to the permitted purpose.

Psychotherapy notes: Most uses and disclosures of separately maintained psychotherapy notes require your written authorization.

Substance-use-disorder records: If we receive or maintain records protected by 42 CFR Part 2, additional federal protections apply. These records, and testimony describing their contents, cannot be used or disclosed in civil, criminal, administrative, or legislative proceedings against you without your written consent or a qualifying court order accompanied by a subpoena or other legal requirement compelling disclosure. Required notice and an opportunity to be heard must be provided as applicable.

Other specially protected records will be handled according to applicable law.

Uses requiring your permission

Uses or disclosures not described in this notice require your written authorization unless otherwise permitted or required by law. Marketing uses and disclosures and disclosures constituting a sale of protected health information generally require written authorization, subject to limited legal exceptions.

You may revoke an authorization in writing through our privacy contact. Revocation does not undo actions already taken in reliance on your authorization.

If we contact you for fundraising, you may opt out of future fundraising communications. Before using Part 2 records for fundraising, we will provide a clear opportunity to decline those communications.

Information lawfully disclosed to a recipient may be redisclosed and may no longer be protected by HIPAA, although other confidentiality laws may still apply.

Your rights

Contact our privacy contact to exercise these rights or obtain assistance.

Access your records: You may request to inspect or obtain paper or electronic copies of your medical and billing records, subject to limited legal exceptions. We respond within applicable federal and Maryland deadlines, including Maryland's requirement to disclose medical records within a reasonable time, no more than 21 working days when applicable. Any copying fee will comply with applicable law. We will not withhold records because you owe a treatment bill.

Request corrections: You may request an amendment to information you believe is inaccurate or incomplete. We generally respond within 60 days. If a lawful extension is needed, we will notify you. If we deny your request, we will explain why in writing and explain your right to submit a statement of disagreement.

Request confidential communications: You may ask us to contact you by a particular method or at a different location. We accommodate reasonable requests.

Request restrictions: You may ask us to limit information used or disclosed for treatment, payment, or healthcare operations. We generally do not have to agree. However, when you pay in full out of pocket for a service, we must honor a request not to disclose information about that service to your health plan for payment or healthcare operations unless disclosure is required by law.

Receive an accounting: You may request an accounting of certain disclosures made during the preceding six years. It excludes disclosures for treatment, payment, operations, and certain other legally excluded disclosures. One accounting in a 12-month period is free; additional requests may carry a reasonable fee disclosed in advance.

Receive this notice: You may request a paper copy at any time, even if you agreed to receive it electronically.

Use a personal representative: A person legally authorized to act for you may exercise applicable rights on your behalf, subject to legal limits and verification of authority.

Questions and complaints

Contact our privacy contact listed above with questions or to submit a complaint.

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at:

https://www.hhs.gov/hipaa/filing-a-complaint/index.html

We will not retaliate against you for filing a complaint.

Changes to this notice

We reserve the right to revise this notice and apply the revised terms to information we already maintain and information received in the future, as permitted by law. The current notice will be available on our website, at our office, and upon request.