

Attune Wellness LLC

Notice of Privacy Practices

This Notice of Privacy Practices (“Notice”) describes how medical and mental health information about you may be used and disclosed, and how you can access this information. Please review it carefully.

Attune Wellness LLC (the “Practice”) is committed to protecting your privacy. The Practice is required by federal law to maintain the privacy of Protected Health Information (“PHI”), which is information that identifies or could be used to identify you. The Practice is required to provide you with this Notice of Privacy Practices (this “Notice”), which explains the Practice's legal duties and privacy practices and your rights regarding PHI that we collect and maintain.

Your Rights

Below is a summary of your rights regarding your Protected Health Information (PHI):

Access to Records

You have the right to inspect and obtain a copy of your PHI, including your medical and mental health records. We will provide copies within 30 days of your request, and a reasonable fee may apply.

Amendments

You may request a correction to your record if you believe it contains errors or incomplete information. If your request is denied, you will receive a written explanation within 60 days.

Confidential Communications

You may request that we contact you by alternative means or at a different location to protect your privacy.

Restrictions on Use and Disclosure

You may request limitations on how your PHI is used or disclosed for treatment, payment, or operations. Although we are not required to agree to all requests, we will comply whenever possible.

Accounting of Disclosures

You may request a list of disclosures made without your authorization during the past six years, including the date, recipient, and purpose of each disclosure.

Copy of Notice

You may request a paper or electronic copy of this Notice at any time, even if you previously agreed to receive it electronically.

Personal Representative

If you have a legal guardian or someone with medical power of attorney, that individual may exercise your rights on your behalf.

Complaints

You have the right to file a complaint if you believe your privacy rights have been violated. You will not face retaliation for filing a complaint.

Routine Uses and Disclosures of PHI

Your PHI may be used or disclosed for the following purposes without your written authorization:

Treatment

We may use or share your PHI with other health care providers involved in your care. For example, your therapist may coordinate with your psychiatrist, primary care provider, or other specialists to ensure continuity of care.

Payment

We may use and disclose your PHI to obtain reimbursement from your insurance company or other payers. This may include sharing information about diagnoses, procedures, and treatment dates to secure payment for services provided.

Health Care Operations

We may use and disclose your PHI to manage and improve our practice's operations. This includes quality assessment, peer supervision, staff training, credentialing and licensing, compliance and risk management, business planning, and consulting with professionals such as attorneys, accountants, or IT specialists who are bound by confidentiality agreements.

Only the minimum necessary information is used or shared, consistent with HIPAA (45 C.F.R. §164.501) and Maryland privacy law.

Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Object

Certain uses and disclosures of your PHI are permitted or required by law without your authorization:

Required by Law

We may disclose PHI when required by federal, state, or local law.

Public Health and Safety

We may share PHI to report disease, injury, abuse, neglect, or domestic violence, or to prevent or control threats to public health.

Health Oversight

We may disclose PHI to regulatory agencies for audits, investigations, inspections, or licensing purposes.

Judicial and Administrative Proceedings

We may disclose PHI in response to a court order, subpoena, or other lawful process.

Law Enforcement

We may share PHI for identification purposes, reporting crimes, or locating suspects or missing persons.

Serious Threat to Health or Safety

We may use or disclose PHI to prevent or lessen a serious and imminent threat to the health or safety of you or others.

Specialized Government Functions

We may disclose PHI for national security, intelligence, or military activities when authorized by law.

Workers' Compensation

We may release PHI as necessary to comply with workers' compensation or similar laws.

Coroners and Medical Examiners

We may share PHI to identify a deceased person or determine cause of death.

Uses and Disclosures That May Be Made With Your Authorization or Opportunity to Object

You will be given an opportunity to object to the following uses and disclosures:

Individuals Involved in Your Care

We may disclose PHI to family members, friends, or others involved in your care or payment for your care, unless you object.

Disaster Relief

We may disclose limited PHI to help locate or notify family members during a disaster or emergency situation.

If you are unable to provide consent due to incapacity or emergency, we will use professional judgment to determine whether disclosure is in your best interest.

Uses and Disclosures Based Upon Written Authorization

The following uses and disclosures require your written consent:

Psychotherapy Notes

We will not release psychotherapy notes without your specific written authorization, except for limited legal or treatment-related purposes.

Marketing and Fundraising

We will not use or disclose PHI for marketing or fundraising without your authorization.

Sale of PHI

We will not sell your PHI without your explicit written consent.

Research

We may use or disclose your PHI for research purposes only with your written authorization or as otherwise permitted by law.

You may revoke your authorization in writing at any time, except where information has already been used or disclosed in reliance on your consent.

Business Associates

We may share your PHI with business associates who perform administrative or professional services on our behalf, such as billing, accounting, legal, or technology services. All business associates are required by law to sign a Business Associate Agreement (BAA) ensuring that they protect your PHI, use it only as permitted by contract, and report any potential or confirmed breaches. Business associates are subject to the same privacy and security standards required under HIPAA.

Our Responsibilities

We are required by law to maintain the privacy and security of your PHI. We will promptly notify you if a breach occurs that may have compromised your information. We must comply with the terms described in this Notice and provide a copy upon request. We will not use or share your PHI other than as described here unless you provide written authorization. You may revoke your consent at any time.

Additional Protections Under Maryland Law

Confidentiality of Medical Records

Under the Maryland Confidentiality of Medical Records Act (Md. Code Ann., Health-General §§ 4-301 through 4-309), medical records cannot be disclosed without written authorization except as permitted by law. This Act defines a medical record broadly to include all information about an individual's physical or mental health, diagnosis, or treatment. Recipients of such records are also bound by Maryland confidentiality rules and may not re-disclose information except as authorized by statute.

Mental Health Records

Mental health information is subject to heightened protection under Md. Code Ann., Health-General § 4-307. Disclosure is not permitted without written authorization, except in limited circumstances such as emergencies, court orders, or when coordination of care among qualified professionals is necessary. Psychotherapy notes require separate, specific authorization for release.

Regulatory Protections

COMAR 10.01.16.05, 10.22.20, and 10.42.06 require health care providers to use the minimum necessary standard for disclosures, safeguard the confidentiality of records, and comply with the Maryland Personal Information Protection Act (Md. Code, Com. Law § 14-3501 et seq.) to ensure secure handling of personal data.

Substance Use Disorder Records

Records related to substance use disorder treatment are protected by both Maryland law (Md. Code Ann., Health-General § 8-601 et seq.) and federal law (42 C.F.R. Part 2). These laws prohibit the disclosure of identifying information about an individual's treatment without written consent, except as otherwise authorized by law.

Minor Consent for Mental Health Treatment

Under Md. Code Ann., Health-General § 20-104(b)(1), minors aged twelve and older may consent to consultation, diagnosis, and treatment of a mental or emotional disorder by a licensed health professional. Parental consent is not required for such outpatient services. Providers may inform a parent or guardian when, in their professional judgment, the minor's condition is serious enough to warrant parental involvement or when it is in the minor's best interest. This statute does not authorize a minor to consent to inpatient psychiatric admission, which still requires parental consent under Md. Code Ann., Health-General § 10-610. When a minor consents to treatment under § 20-104, the confidentiality of their mental health records is protected by § 4-307, and such records may not be disclosed to parents or guardians without the minor's authorization, except as required by law.

Questions or Complaints

If you have questions about this Notice or believe your privacy rights have been violated, contact the Privacy Officer listed below. You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. There will be no retaliation for filing a complaint.

Megan Taylor, LCSW-C

Address: PO Box 843 Mechanicsville, MD 20659

Phone: 301-200-1881

Email: megan.taylor@attunewellness.org

Effective Date

January 11, 2026