

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.

## Lotus Blossom Acupuncture Update Company Info - Google Docs

### 1. Our Legal Duty

We are required by law to maintain the privacy of your protected health information (PHI), provide you with this notice of our legal duties and privacy practices, and notify you following a breach of unsecured PHI. We must follow the terms of the notice currently in effect.

### 2. How We May Use and Disclose Your Health Information

We may use or disclose your health information for the following purposes without your written authorization:

- **Treatment:** To provide, coordinate, or manage your acupuncture care and related services. For example, we may share information with your primary care physician to coordinate your treatment.
- **Payment:** To bill and collect payment from you, an insurance company, or another third party.
- **Healthcare Operations:** For internal business activities such as quality assessment, practitioner performance evaluations, and licensing.
- **Appointment Reminders:** To contact you (via phone, email, or mail) as a reminder of an upcoming appointment.
- **Required by Law:** When required to do so by federal, state, or local law, such as for public health activities, workers' compensation claims, or in response to a court order.

### 3. Disclosures Requiring Your Opportunity to Object

Unless you object, we may disclose your PHI to a family member, relative, or close friend who is involved in your care or the payment for your care.

### 4. Uses and Disclosures Requiring Your Written Authorization

Other uses and disclosures will be made only with your written authorization. You may revoke this authorization in writing at any time. Specific examples requiring authorization include:

- Most uses and disclosures of psychotherapy notes.
- Uses and disclosures for marketing purposes.
- The sale of your health information.

### 5. Your Individual Rights

You have the following rights regarding your health information:



- **Right to Inspect and Copy:** You may request to see or obtain an electronic or paper copy of your medical and billing records.
- **Right to Amend:** If you feel information we have is incorrect or incomplete, you may ask us to amend it.
- **Right to an Accounting of Disclosures:** You may request a list of certain disclosures we have made of your PHI for purposes other than treatment, payment, or operations.
- **Right to Request Restrictions:** You may ask us not to use or share certain health information for treatment, payment, or operations. We are not required to agree to your request, but if we do, we will comply.
- **Right to Confidential Communications:** You may request that we communicate with you in a specific way (e.g., home phone vs. work phone) or at a specific location.
- **Right to a Paper Copy:** You may request a paper copy of this notice at any time.

## 6. Changes to This Notice

We reserve the right to change this notice and make the new terms effective for all health information we maintain. We will post the revised notice in our office and on our website.

## 7. Complaints

If you believe your privacy rights have been violated, you may file a complaint with our office or with the U.S. Department of Health and Human Services Office for Civil Rights. We will not retaliate against you for filing a complaint.



Today's Date: 08/24/2022  
Office Ally Username & User ID #: lotus accept  
Contact/Requestor Name: Dian Qiu Huang  
Contact Phone Number: 347.405.4558  
Contact Email Address: lotusheals@gmail.com

Please UPDATE the Company Information of the Office Ally Username/User ID # above as follows:

☐ UPDATE Company Name to be: \_\_\_\_\_  
Note: this is not a Transfer of Ownership, only a change in Company Name, the Owner remains the same.

☐ UPDATE Company Phone to be: \_\_\_\_\_

☒ UPDATE Company Fax to be: 888.928.1126

☒ UPDATE Company Address to be:

Street Address: 353 Lexington Avenue / 130 E. 40th Street, Suite 1205

City, State Zip: New York, NY 10016

Please update the Authorized Contact(s) of the Office Ally Username/User ID # above as follows:

☐ UPDATE current Authorized Contact: \_\_\_\_\_ with the new information below:

☐ ADD an Authorized Contact with the information below:

To add additional authorized contacts click [here](#) and complete the additional form. Note: The form must be returned with the Update Company Information/Authorized Contacts on File request in order to be processed.

First and Last Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Reset Password and Security Question? Yes ☐ No ☐

Send Invoices to this Authorized Contact? Yes ☐ No ☐

☐ REMOVE current Authorized Contact:

First and Last Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Note: Only the President/CEO/Owner of Entity who owns the Office Ally Account can remove an Authorized Contact and at least one Authorized Contact must be set to receive invoices.

[Signature]  
Signature of Authorized Contact, President,  
CEO, or Owner of the Entity who owns the  
Office Ally account being updated

Dian Qiu Huang  
Printed Name of Signer

Date Signed: 08/24/22

L.A.C. CEO  
Title of Signer