Acupuncture and Herbal Solutions
4802 26th Street West, Unit C • Bradenton, Florida 34207 • Phone: 941-479-2937 • Fax: 941-460-4389 • DrVonador.com

ACUPUNCTURE AND HERBAL SOLUTIONS
NOTICE OF PRIVACY PRACTICES
Your Information. Your Rights. Our Responsibilities.

Effective Date: November 18, 2026

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.

1. OUR COMMITMENT TO YOUR PRIVACY

At Acupuncture and Herbal Solutions, we are committed to protecting the privacy and confidentiality of your personal and medical information.
As your healthcare provider, we maintain records about your health history, symptoms, diagnosis, treatment plans, acupuncture treatments, herbal medicine consultations, and other services provided to you.
We are required by federal and applicable Florida law, including the Health Insurance Portability and Accountability Act (HIPAA), to protect your Protected Health Information (PHI), provide you with this Notice of Privacy Practices, and follow the privacy practices described in this notice.

2. HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

We may use or disclose your protected health information for the following purposes without obtaining additional written authorization when permitted by law.

Treatment

We may use your health information to provide, coordinate, and manage your healthcare.
Examples include:

- Documenting acupuncture treatments and clinical findings.
- Developing treatment plans and documenting your progress.
- Coordinating care with other healthcare providers involved in your treatment.
- Sharing relevant medical information with another healthcare professional when necessary for your care.

Payment

We may use or disclose your information to obtain payment for services provided.
Examples include:

- Submitting insurance claims.
- Verifying insurance coverage and benefits.
- Obtaining authorization for treatment.
- Processing payments and managing outstanding balances.

Healthcare Operations

We may use your information to operate and improve our practice.
Examples include:

- Maintaining medical records.
- Reviewing the quality and effectiveness of treatments.
- Managing scheduling and patient communications.
- Conducting administrative and business activities necessary to operate the practice.
- Training and educational activities, when permitted by law and appropriate patient privacy protections are in place.

3. OTHER PERMITTED USES AND DISCLOSURES
We may also disclose your protected health information without your written authorization when permitted or required by law, including:

- **As required by law:** When federal, state, or local laws require disclosure.
- **Public health activities:** To report certain diseases, injuries, or other public health concerns.
- **Abuse or neglect:** When required to report suspected abuse, neglect, or domestic violence.
- **Health and safety:** To prevent or lessen a serious threat to someone's health or safety.
- **Health oversight:** To authorized government agencies conducting legally permitted oversight activities.
- **Workers' compensation:** As necessary to comply with workers' compensation laws.
- **Law enforcement:** When disclosure is permitted or required by applicable law.
- **Legal proceedings:** In response to a valid court order or other lawful legal process.
- **Medical examiners:** When necessary for legally authorized duties following a patient's death.

When applicable, additional federal protections apply to substance use disorder records protected under 42 CFR Part 2. Such records may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against the individual without the consent or court authorization required by law.

4. USES AND DISCLOSURES THAT REQUIRE YOUR WRITTEN AUTHORIZATION
We will obtain your written authorization before using or disclosing your protected health information for purposes not otherwise permitted or required by law.
Written authorization is generally required for:

- Marketing activities involving your protected health information.
- Selling your protected health information.
- Disclosing psychotherapy notes, when applicable.
- Sharing your medical information for purposes not otherwise permitted by HIPAA.

You may revoke a written authorization at any time by submitting a written request. Revocation will not affect disclosures already made in reliance on your authorization.
Acupuncture and Herbal Solutions does not sell patient medical information.

5. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION
You have the following rights concerning your protected health information:
Right to Access Your Records
You may request to inspect or receive a copy of your medical records, including electronic records. Requests should be submitted in writing.
We will generally provide access within 30 days of receiving your request, as required by applicable law. A reasonable, cost-based fee may apply when permitted.
Right to Request Corrections
You may request an amendment to your medical records if you believe information is incorrect or incomplete.
We may deny your request under certain circumstances, but we will provide a written explanation if your request is denied.
Right to Request Confidential Communications
You may request that we contact you in a specific manner or at a particular location.
For example, you may request that we:

- Contact you by phone rather than email.
- Leave messages only at a designated number.
- Send correspondence to a specific mailing address.

We will accommodate reasonable requests.

Right to Request Restrictions

You may request restrictions on how we use or disclose your health information for treatment, payment, or healthcare operations.

We are not required to agree to every request. However, if you pay for a healthcare service entirely out of pocket and request that we not disclose information about that service to your health insurer for payment or healthcare operations purposes, we will honor that request unless disclosure is otherwise required by law.

Right to an Accounting of Disclosures

You may request a list of certain disclosures of your health information made during the six years prior to your request.

This accounting does not include certain disclosures, such as those made for treatment, payment, and healthcare operations.

Right to Receive a Copy of This Notice

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

Right to Choose a Personal Representative

You may designate someone legally authorized to act on your behalf regarding your medical information. We will verify their authority before providing access.

Right to File a Complaint

If you believe your privacy rights have been violated, you may file a complaint with our practice or the U.S. Department of Health and Human Services.

You will not be penalized or retaliated against for filing a privacy complaint.

6. YOUR CHOICES REGARDING SHARING INFORMATION

In certain circumstances, you may tell us whether you want us to share relevant health information with:

- Family members or friends involved in your care.
- Individuals responsible for paying for your care.
- Individuals assisting with your healthcare or in an emergency.

If you are unable to communicate your preference, we may share information when permitted by law and when doing so is in your best interest.

7. OUR RESPONSIBILITIES

Acupuncture and Herbal Solutions is required to:

- Maintain the privacy and security of your protected health information.
- Provide you with this notice describing our legal duties and privacy practices.
- Follow the terms of the Notice currently in effect.
- Notify you promptly if a breach occurs that may have compromised the privacy or security of your information, as required by law.
- Use appropriate safeguards to protect your medical and personal information.
- Obtain your written authorization for uses and disclosures when required by law.

We reserve the right to change the terms of this notice. Any revised notice will apply to the health information we maintain, as permitted by law. Updated notices will be available in our office and on our website.

8. QUESTIONS OR PRIVACY COMPLAINTS
If you have questions about this notice, wish to exercise your privacy rights, or believe your health information has been improperly used or disclosed, please contact:

Acupuncture and Herbal Solutions
Privacy Contact: Dominique Vonador, AP
Website: www.DrVonador.com
Telephone: 941-479-2937
Email: dominique@drvonador.com

You may also file a complaint with:

U.S. Department of Health and Human Services
Office for Civil Rights
200 Independence Avenue, S.W.
Washington, DC 20201
Telephone: 1-877-696-6775
Online: https://www.hhs.gov/hipaa/filing-a-complaint/
We will not retaliate against you for filing a complaint.

THANK YOU FOR TRUSTING ACUPUNCTURE AND HERBAL SOLUTIONS WITH YOUR HEALTHCARE.
Your privacy, confidentiality, and well-being are important to us.