



Notice to Patients of Privacy Practices

This notice describes our office's policy regarding how your health information may be used and disclosed, how you can access this information, and how we protect your privacy. Please review it carefully.

Federal privacy requirements under the HIPAA privacy regulations require most healthcare practices to provide notice of privacy rights and detailed policies to protect your information. These regulations were established to safeguard patient information, especially as it is often shared digitally over computer networks. At HAD II Acupuncture PLLC, we are committed to maintaining the confidentiality of your personal health information.

We reserve the right to change our privacy practices and update the terms in this notice at any time, as permitted by law. These changes will apply to all health information we maintain, including any information created or received prior to the changes. Should we make any significant updates, we will modify this notice accordingly and make it available to you upon request. You may request a copy of this notice at any time. For more information or additional copies of this notice, please contact us using the information provided at the end of this notice.

Use & Disclosures of Health Information

We may use and disclose your health information for the following purposes:

- **Treatment:** We may share your health information with other healthcare providers involved in your treatment.
- **Payment:** We may use your health information to obtain payment for services rendered to you.
- **Healthcare Operations:** Your health information may be used for operations such as quality assessments, reviewing healthcare provider qualifications, training programs, accreditation, certification, licensing, and credentialing activities.
- **Your Authorization:** Any use of your health information beyond treatment, payment, or healthcare operations requires your written authorization. You may revoke your

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authorization in writing at any time. Revoking your authorization will not affect any disclosures made while your authorization was in effect.

- **To Family and Friends:** We may disclose your health information to family members or others involved in your care if you agree to such disclosures.
- **Persons Involved in Care:** In some cases, such as emergencies, we may use professional judgment to disclose health information to family members or other responsible individuals to help notify them of your condition or location.
- **Marketing Health-Related Services:** Your health information will not be used for marketing purposes without your written authorization.
- **Required by Law:** We may disclose your health information when required to do so by law.
- **Abuse or Neglect:** If we believe you are a victim of abuse, neglect, or domestic violence, we may disclose your health information to appropriate authorities.
- **National Security:** We may disclose health information of Armed Forces personnel to military authorities in certain circumstances. We may also disclose health information to authorized federal officials for national security activities.
- **Appointment Reminders:** We may use your health information to send appointment reminders through voicemail, postcards, or letters.

Patient Rights

- **Access:** You may request copies of your health records in writing. We may charge up to \$0.75 per page for paper copies.
- **Disclosure Accounting:** You may request a list of instances in which your health information was disclosed for purposes other than treatment or healthcare operations for the past six years.



- **Alternative Communication:** You may request that we communicate with you about your health information through alternative means or at alternative locations.
- **Amendment:** You may request an amendment to your health information in writing, but we may deny your request in certain cases.

Opt-In Contact Information Protection

If you choose to provide your contact information for appointment reminders, updates, or other communications, we will not share, sell, or distribute this information to third parties. Your opt-in consent is solely for our internal communication purposes, and you may opt out at any time.

Questions & Complaints

If you have any questions or concerns about our privacy practices, or if you believe we have violated your privacy rights, please contact us. You may also file a complaint with the New York State Department of Public Health. We will not retaliate against you for filing a complaint.

Disclosure of Information About Healthcare Practitioner

We will, upon request, provide information regarding your healthcare provider's educational background, experience, training, specialty, and board certification (if applicable). We will also disclose details about affiliations with hospitals, home care services, HMOs, or mental health facilities, as well as participation in continuing education programs and compliance with licensure and certification requirements where applicable.

Contact Information

For any questions regarding this notice or our privacy practices, please contact:

YOUNiverse Acupuncture, a subsidiary of HAD II Acupuncture PLLC

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