

Sano Acupuncture  
952 Southern Blvd. Suite 202  
Bronx, New York, 10474

# NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. YOU MAY HAVE ADDITIONAL RIGHTS UNDER NEW YORK STATE AND FEDERAL LAW. IF YOU HAVE QUESTIONS ABOUT YOUR RIGHTS, YOU MAY SEEK LEGAL COUNSEL.

---

## EFFECTIVE DATE OF THIS NOTICE

This Notice is effective as of **05/01/2026**.

---

## ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

Under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), you have certain rights regarding the use and disclosure of your protected health information (“PHI”).

---

## I. OUR PLEDGE REGARDING YOUR HEALTH INFORMATION

We understand that your health information is personal and are committed to protecting it. We create a record of the care and services you receive in our acupuncture practice. This record is necessary to provide you with quality care and to comply with legal requirements.

This Notice applies to all records of your care generated by this acupuncture clinic.

We are required by law to:

- Maintain the privacy of your PHI
- Provide you with this Notice of our legal duties and privacy practices

**Sano Acupuncture**  
**952 Southern Blvd. Suite 202**  
**Bronx, New York, 10474**

- Follow the terms of this Notice currently in effect.
  - We may update this Notice, and changes will apply to all PHI we maintain. The updated Notice will be available in our office and on our website upon request.
- 

## **II. HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU**

### **1. Treatment, Payment, and Health Care Operations**

We may use or disclose your PHI without your written authorization for:

- **Treatment:** Providing, coordinating, or managing your care (including consultation with other providers)
- **Payment:** Billing, insurance claims, eligibility verification
- **Health Care Operations:** Scheduling, quality improvement, training, and administrative activities

We may also use PHI to send:

- Appointment reminders
  - Treatment-related messages
  - Billing statements
- 

### **2. Lawsuits and Legal Matters**

We may disclose PHI if required by a court order, subpoena, or legal process, after attempting to notify you when permitted.

---

## **III. USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION**

**Sano Acupuncture**  
**952 Southern Blvd. Suite 202**  
**Bronx, New York, 10474**

We will obtain your written authorization for:

- Use of psychotherapy-style notes (if applicable)
- Marketing communications involving PHI
- Sale of PHI (we do not sell your PHI)

You may revoke authorization at any time in writing, except where action has already been taken based on your permission.

---

## **IV. USES AND DISCLOSURES THAT DO NOT REQUIRE AUTHORIZATION**

We may use or disclose PHI without your permission for:

- Appointment reminders and treatment coordination
- Required public health reporting (e.g., communicable disease reporting if applicable)
- Abuse or neglect reporting (child, elder, dependent adult)
- Health oversight audits and investigations
- Court orders or certain legal proceedings
- Law enforcement requests (as permitted by law)
- Coroners or medical examiners
- Workers' compensation claims
- Serious threats to health or safety

---

## **V. USES AND DISCLOSURES WITH OPPORTUNITY TO OBJECT**

We may share PHI with:

- Family members or friends involved in your care or payment
- Emergency or disaster relief personnel

**Sano Acupuncture**  
**952 Southern Blvd. Suite 202**  
**Bronx, New York, 10474**

Unless you object, or unless emergency circumstances require disclosure.

---

## **VI. YOUR RIGHTS REGARDING YOUR PHI**

You have the right to:

### **1. Request restrictions**

Ask us not to use or share certain PHI (we may decline if required for care or law).

### **2. Request confidential communications**

Ask us to contact you in a specific way (phone, email, address).

### **3. Access your records**

Request copies of your PHI (paper or electronic). We will respond within 30 days.

### **4. Request amendments**

Request corrections to your records if you believe they are inaccurate.

### **5. Accounting of disclosures**

Request a list of disclosures made outside treatment, payment, or operations (last 6 years).

### **6. Copy of this Notice**

You may request a paper or electronic copy at any time.

### **7. Choose a representative**

**Sano Acupuncture**  
**952 Southern Blvd. Suite 202**  
**Bronx, New York, 10474**

A legal guardian or authorized representative may act on your behalf.

## **8. File a complaint**

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

200 Independence Avenue SW, Washington, DC 20201

1-877-696-6775

[www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints)

You will not be penalized for filing a complaint.

---

## **VII. CHANGES TO THIS NOTICE**

We reserve the right to update this Notice at any time. Updated versions will apply to all PHI we maintain and will be posted in our office and website.

---

---

PRINT

---

SIGNATURE

---

DATE