

**NEW WAY ACUPUNCTURE LLC Notice of Privacy Practices HIPA**  
3355 St. John's Ln. Ellicott City MD 21043 T:301-818-9191

Effective Date: \_\_\_\_\_

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

At New Way Acupuncture LLC, we are committed to protecting the privacy and confidentiality of your Protected Health Information (PHI) as required by the Health Insurance Portability and Accountability Act (HIPAA).

**How We May Use and Disclose Your Health Information**

1. **Treatment:** We may use and disclose your medical information to provide, coordinate, or manage your healthcare.
2. **Payment:** We may use and disclose your information to obtain payment for services, including communication with insurance companies, Workers' Compensation, or collection agencies.
3. **Healthcare Operations:** We may use your information for clinic operations, staff training, and administrative purposes.
4. **Appointment Reminders:** We may contact you by phone, voicemail, text, or email regarding appointments.
5. **Emergencies:** We may disclose your information to a family member or caregiver in emergency situations.
6. **Public Health and Safety:** We may disclose your information as required by law for public health activities or reporting abuse/neglect.
7. **Judicial and Administrative Proceedings:** We may disclose your information in response to a court order or legal process.
8. **Business Associates:** Third-party vendors are contractually required to protect your information per HIPAA regulations.

**Authorization for Release of Information** I hereby authorize New Way Acupuncture LLC to release my Protected Health Information (PHI) to my insurance company, other healthcare providers, or legal representatives as necessary for the purpose of treatment, payment, or healthcare operations, including the coordination of my care with other doctors or Workers' Compensation claims. [ ] I agree to this authorization. [ ] I do not authorize the release of my information to parties other than those required by law.

**Your Rights Regarding Your Health Information** You have the right to:

- Inspect and obtain a copy of your medical records.
- Request corrections or amendments to your records.
- Request restrictions on certain uses or disclosures.
- Request confidential communications.
- Receive a list of certain disclosures made of your information.
- Receive a paper copy of this Notice upon request.
- File a complaint if you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint.

**Our Responsibilities** New Way Acupuncture LLC is required by law to:

- Maintain the privacy and security of your protected health information.
- Provide you with this Notice of Privacy Practices.
- Follow the terms currently in effect.
- Notify you if a breach occurs that may compromise your information.

**Contact Information** New Way Acupuncture LLC.

Phone: 301-818-9191 Email: Dr.lee.cure@gmail.com

**Acknowledgement of Receipt** I acknowledge that I have received and reviewed the Notice of Privacy Practices from New Way Acupuncture LLC.

Patient Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_