



HYDE PARK MEDICAL
ACUPUNCTURE

NOTICE OF PRIVACY PRACTICES

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.

WHAT IS THIS NOTICE AND WHY IS IT IMPORTANT?

Hyde Park Medical Acupuncture, LLC (Hyde Park Medical Acupuncture) is required by law to maintain the privacy of patient protected health information, provide patients with notice of our legal duties and privacy practices regarding protected health information, and notify individuals when a breach of unsecured protected health information occurs. We understand that your health information is highly personal. We are committed to safeguarding your privacy.

Please read this Notice thoroughly. It describes how we may use and disclose your protected health information for treatment, payment, and health care operations purposes, and for other purposes that the law allows. It also describes your legal right to access and control the use and disclosure of your protected health information.

The rights outlined below belong to the patient or the patient's personal representative, which is the patient's parent, legal guardian or any person that has the **legal** authority to represent the interests of the patient and act on the patient's behalf.

WHAT DOES THIS NOTICE COVER?

This Notice covers information about your health condition, health care treatment, or payment for health care treatment that could reasonably identify who you are. This Notice applies to all personnel, volunteers, contractors, or anyone working here who might have access to your health information.

HOW HYDE PARK MEDICAL ACUPUNCTURE WILL USE YOUR HEALTH INFORMATION

We are permitted to use or to disclose to others outside Hyde Park Medical Acupuncture your health information without permission from you for three basic types of activities:

Treatment – We are permitted to use your health information or disclose it to others outside Hyde Park Medical Acupuncture to provide proper medical care to you. This means we can provide your health information to nurses, technicians, doctors, therapists involved in your care. For example, other physicians may need to have your information to advise those providing your care. In some circumstances, we may require you to complete an Authorization form for disclosure of your protected health information to an outside health care provider.

Health care operations – We are permitted to use your health information or disclose it to others outside Hyde Park Medical Acupuncture in order to run the clinic and ensure high quality care. For example, we may use or disclose your information to review how we provide care to you, help us improve how we operate the clinic, meet compliance or licensing requirements, or send you appointment reminders.

There are some other situations in which we may use your information or disclose it to others outside Hyde Park Medical Acupuncture without a written authorization from you, such as:

- Treatment Alternatives – We may use or disclose your health information to tell you about or recommend possible treatment-related options, activities, or alternatives that may be helpful to you.
- Health-Related Benefits and Services – We may use or disclose your health information to tell you about health-related benefits or services that may be of interest to you.

- Individuals Involved in Your Care or Payment for Your Care – During times of treatment, we will disclose your health information to you or your personal representative. We may also disclose your health information to individuals involved in your care or payment for your care that relates to that involvement.
- As Required By Law – We will disclose your information when required by law.
- Public Health Activities -- We may use and disclose your information for public health activities, such as reporting of diseases, injuries, vital events, or exposures to communicable diseases.
- Government Oversight Activities – We may use and disclose your information to a health oversight agency responsible for overseeing, for example, the healthcare system or government benefits and regulatory programs. In some circumstances, such as if we believe a crime has been or is being committed on our premises, in an emergency, or for national security purposes, we may disclose limited information to law enforcement officials.
- To Avoid a Serious Threat to Health or Safety – We may use and disclose your health information to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- Marketing – We are **NOT** permitted to use your information in order to conduct marketing activities unless you have specifically authorized the communication
- Sale of Protected Health Information – We are **NOT** permitted to sell your information unless you have specifically authorized the disclosure.

SPECIAL PROTECTION FOR CERTAIN INFORMATION

Certain types of health information have additional protections under federal or state law:

- **Substance Use Disorder (SUD) Records:** If we receive or maintain records from a federally assisted SUD program (under 42 CFR Part 2), these records are subject to stricter protections. We will only use or disclose them for treatment, payment, or healthcare operations if you have provided a single "consent for all future uses" or a specific authorization, except in rare emergencies or as required by law.
- **Reproductive Health Care:** We will not use or disclose your PHI to investigate or impose liability on any person for the mere act of seeking, obtaining, providing, or facilitating lawful reproductive health care. For certain requests (e.g., law enforcement or judicial proceedings), we will require a signed Attestation from the requester confirming the information will not be used for these prohibited purposes.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Authorization to Use Your Information – In order for us to use or disclose your information, other than as described in the previous section, we will generally need to obtain your written authorization which you may revoke at any time to stop any future uses and disclosures.

Right to Access to Your Information – You have the right to look at or have a copy of your health information; information that may be used in a civil, criminal or administrative action or proceeding; or where prohibited by law. A request for inspection or a copy of your health information must be in writing and directed to Hyde Park Medical Acupuncture via email at uduong@hydeparkmedicalacupuncture.com. If applicable, we will charge a nominal fee for copying and postage costs.

Right to Amend Your Information – If you believe the information we have about you is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information. The request must be in writing and directed to Hyde Park Medical Acupuncture at 5724 Dragon Way, Suite 315, Cincinnati, OH 45227.

Right to Request Confidential Information be Provided in Certain Ways – You may request that when we send your information to you, we do so in a specific way that is convenient for you, such as only using a work number or by mail. We are not required to follow your request, but we will make every reasonable effort to do so or find a mutually satisfactory alternative.

Right to an Accounting of Our Disclosures of Your Information – You also have the right to receive a list of instances where we have disclosed your health information to others for reasons other than for purposes of treatment, payment, operations, national security or intelligence, or to notify persons involved in your care, or for use a facility directory, to you or persons involved in your care, or as a part of a limited data set, or as Authorized by you. The request must be in writing and directed to Hyde Park Medical Acupuncture via email at uduong@hydeparkmedicalacupuncture.com.

Right to Limit Our Use or Disclosure of Your Information – You may request in writing that we not use or disclose your information for treatment (other than emergency treatment), payment, or operations purposes, or to individuals involved in your care, unless required by law. We will consider your request and respond, but we are not required to accept the request. However, we will accept a request for a restriction on a disclosure of your information to a health plan for payment or operations purposes, if not otherwise required by law, if the information pertains solely to an item or service for which or someone other than a health plan on your behalf has paid in full.

Right to a Paper Copy of this Notice – You have the right to obtain a paper copy of this Notice upon request.

HYDE PARK MEDICAL ACUPUNCTURE DUTIES REGARDING YOUR HEALTH INFORMATION

We are required to protect the privacy of your information, establish Policies and Procedures that do so, provide this Notice about our privacy practices, and to follow the practices described in this Notice.

We reserve the right to change our Policies and Procedures for protecting health information. When we make a significant change in how we use or disclose your health information, we will also change this Notice and post the new Notice in waiting rooms and registration areas. You can request a written copy of the most recent version of this Notice at any time.

HOW TO MAKE A COMPLAINT ABOUT HOW YOUR INFORMATION IS USED

If you believe we have not properly protected your privacy, have violated your privacy rights, or you disagree with a decision we made about access to your protected health information, you may contact us directly at Hyde Park Medical Acupuncture, 5725 Dragon Way, Suite 315, Cincinnati, Ohio 45227. You also may send a written complaint to the U.S. Department of Health and Human Services.

THE EFFECTIVE DATE OF THIS NOTICE

This Notice was issued on February 16, 2026.

ACKNOWLEDGMENT OF

HYDE PARK MEDICAL ACUPUNCTURE LLC - NOTICE OF PRIVACY PRACTICES

Please sign and date below to indicate that you have received a copy of the Hyde Park Medical Acupuncture, LLC Notice of Privacy Practices and an explanation of what it contains.

Date

Patient name

Signature

(If signature is not that of the patient) Name (Last, First, Middle Initial) (Please Print)

Please check appropriate relationship:

- | | |
|----------------------------------|---|
| <input type="checkbox"/> Patient | <input type="checkbox"/> Legal Guardian |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Other _____ |

The following is to be completed by Hyde Park Medical Acupuncture personnel:

Please check the applicable box:

- The Notice of Privacy Practices was offered and accepted by the patient and the patient signed this Acknowledgment.
- The Notice of Privacy Practices was offered and accepted by the patient and the patient refused to sign this Acknowledgment.
- The Notice of Privacy Practices was offered and refused by the patient and the patient agreed to sign this Acknowledgment.
- The Notice of Privacy Practices was offered to and refused by the patient and the patient refused to sign this Acknowledgment.