



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.

Your Rights

When it comes to your health information, you have certain rights. You have the right to:

Get a copy of your medical record

You can ask to see or receive an electronic or paper copy of your medical record and other health information we have about you. We will usually provide a copy or summary within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

You can ask us to correct health information you believe is incorrect or incomplete. We may deny your request, but if we do, we will explain why in writing within 60 days.

Request confidential communications

You can ask us to contact you in a specific way or at a different address. We will accommodate reasonable requests.

Ask us to limit what we use or share

You can ask us not to use or share certain health information for treatment, payment or health care operations. We are generally not required to agree to your request.

If you pay for a service in full out of pocket, you can ask us not to share information about that service with your health insurer for payment or health care operations. We will honor that request unless disclosure is required by law.

Get a list of certain disclosures

You can ask for an accounting of certain disclosures of your health information made during the six years before your request. This does not include disclosures for treatment, payment, health care operations or certain other disclosures permitted by law. One accounting is available at no charge every 12 months; a reasonable fee may apply to additional requests.

Get a copy of this notice

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

Choose someone to act for you

If someone has legal authority to act on your behalf, such as through a medical power of attorney or legal guardianship, that person may exercise your privacy rights. We will verify that authority before taking action.

File a complaint

If you believe your privacy rights have been violated, you may contact Tara Acupuncture & Wellness using the information at the end of this notice.

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by visiting www.hhs.gov/hipaa/filing-a-complaint/, calling 1-877-696-6775 or writing to 200 Independence Avenue, S.W., Washington, D.C. 20201.

We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your preferences about what we share.

You can tell us whether you want us to:

- Share information with family, close friends or others involved in your care or payment for your care
- Share information in a disaster relief situation

If you are unable to tell us your preference, we may share information if we believe it is in your best interest or if needed to lessen a serious and imminent threat to health or safety.

We will not use or share your health information for marketing purposes or sell your information unless you give us written permission.

If psychotherapy notes are ever maintained as part of your record, most uses and disclosures of those notes would also require your written permission.

Our Uses and Disclosures

We may use or share your health information in the following ways:

For treatment

We may use your health information and share it with other healthcare professionals involved in your care.

For payment

We may use and share your health information to bill for services and obtain payment from you, your health plan or another responsible party.

For health care operations

We may use and share your health information to run the practice, improve our services and manage administrative activities such as scheduling, quality review and compliance.

We may also use or share your health information when permitted or required by law, including for:

- Public health and safety activities
- Reporting suspected abuse, neglect or domestic violence when required or permitted by law
- Health oversight activities
- Workers' compensation
- Certain law enforcement purposes

- Court or administrative proceedings
- Research when legal requirements are met
- Coroners, medical examiners and funeral directors
- Organ and tissue donation
- Certain government functions, including military and national security activities
- Preventing or reducing a serious and imminent threat to health or safety
- Compliance with federal or state law

California Privacy Protections

California law may provide additional protections for certain medical information. When applicable California law provides greater privacy protection than federal law, we will follow the more protective requirement.

Substance Use Disorder Records

To the extent that we have substance use disorder patient records subject to 42 CFR Part 2, we will not use or share information from those records in investigations or legal proceedings against you without your written consent or a court order and subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will notify you if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described in this notice unless you give us written permission. If you give permission, you may revoke it at any time by notifying us in writing.

Changes to This Notice

We may change the terms of this notice and make the revised notice effective for all protected health information we maintain.

If we make changes, the updated Notice of Privacy Practices will be available upon request, in our office and on our website.

Effective Date: October 24, 2026

This Notice of Privacy Practices applies to:

Tara Acupuncture & Wellness, Inc.

Privacy Official:

Dr. Tara M. Shah, DACM, LAc

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