



Phone: (512) 968-2605 • FAX: (512) 532-0808

Privacy Practices

This notice describes how Sage Acupuncture LLC., or any of its associates, protects your health information and what rights you have regarding it. We are obligated by law to give you notice of our privacy practices. Please review them carefully.

Right to Notice

As a patient, you have the right to adequate notice of the uses and disclosures of your protected health information. Under the Health Insurance Portability and Accessibility Act (HIPPA), we can use your protected health information for treatment, payment, and healthcare operations.

- a) Treatment – We may use or disclose your health information to a physician or other health care provider providing treatment to you.
- b) Payment – We may use and disclose your health information to obtain payment for services that we provide to you.
- c) Healthcare operations – We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competency or qualifications of healthcare professionals, evaluating provider performance, conducting training programs, accreditation, certification, licensing, or credentialing activities.

Your Authorization

Most uses and disclosures that do not fall under treatment, payment, and healthcare operations will require your written authorization. Upon signing, you may revoke your authorization (in writing) through our practice at any time.

Emergency Situations

In the event of your incapacity or an emergency situation, we will disclose health information to a family member, or another person responsible for your care, using our professional judgment. We will only disclose health care information that is directly relevant to the person's involvement in your health care.

Marketing

We will not use your health information for marketing communications without your written authorization.

Required by Law

We may also use or disclose your health information when we are required to do so by law.

Abuse or Neglect

We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence, or the victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your or other people's health and safety.

National Security

We may disclose the health information of Armed Forces personnel to military authorities under certain circumstances. We may disclose health information to authorized federal officials required for lawful

intelligence, counterintelligence, and other national security activities. We may disclose health information of inmates or patients to the appropriate authorities under certain circumstances.

Appointment Reminders and Follow Up Communication

We may use or disclose your health information to provide you with appointment reminders and follow-up communication via phone, voicemail, email, text (including SMS), or letter.

Your Rights as a Patient

- a) You have the right to restrict the disclosure of your protected health information (in writing). The request for restriction may be denied if the information is required for treatment, payment, or healthcare operations.
- b) You have the right to receive confidential communications regarding your protected health care information.
- c) You have the right to inspect and copy your protected health information (PHI). Requests for copies of PHI must be made in writing to our office and will be available for review within 30 days of the date of the request.
- d) You have the right to amend/update your protected health information. To provide the best health care possible, it is always recommended that you keep us up to date on ALL of your health information/conditions.
- e) You have the right to receive an account of disclosures of your protected health information. Our office will provide it within 30 days of a written request.
- f) You have the right to a paper copy of this notice of privacy practices.

Legal Requirements

We are required by law to maintain the privacy of your protected health information. We are required to abide by the terms of this notice as it is currently stated, and reserve the right to change this notice. The policies in any new notice will not be in effect until they are posted within our office.

Complaints

It is always our utmost goal to treat our patients with care and respect. If, however, you have complaints regarding the way that your protected health information is handled, you may submit a complaint to our office. We hope that you always let us know what we may do to improve your patient care.

Contact Information

For further information about our privacy policies, please contact Sage Acupuncture LLC at 1707 West Koenig Ln, Austin, TX 78756