Notice of Privacy Practices

Shamrock Acupuncture PLLC

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

1. Our Commitment to Your Privacy

Shamrock Acupuncture PLLC is committed to protecting the privacy and security of your Protected Health Information (PHI).

Protected Health Information includes information about your health, medical conditions, treatments, services received, and payment for healthcare that can identify you.

We are required by law to:

- Maintain the privacy and security of your protected health information.
- Provide you with this Notice explaining our legal duties and privacy practices.
- Notify you if a breach occurs that may have compromised the privacy or security of your unsecured PHI.
- Follow the terms of the Notice currently in effect.

2. How We May Use and Disclose Your Health Information

We may use or disclose your health information without your separate written authorization for the following purposes, as permitted by law:

A. Treatment

We may use and disclose your health information to provide, coordinate, or manage your acupuncture and related healthcare services.

For example, we may share relevant treatment information with another healthcare provider involved in your care.

B. Payment

We may use and disclose your information to obtain payment for services provided.

Examples include:

- Verifying insurance eligibility and benefits.
- Submitting claims to insurance companies.
- Obtaining payment from insurance plans.
- Determining patient copayments, coinsurance, and deductibles.

C. Healthcare Operations

We may use your information for activities necessary to operate our practice, including:

- Quality assessment and improvement.
- Reviewing treatment effectiveness.
- Administrative and billing activities.
- Compliance and internal audits.
- Practice management and staff training.

3. Other Permitted or Required Disclosures

We may disclose your health information when permitted or required by law, including:

- When required by federal, state, or local law.
- For public health activities as authorized by law.
- To report suspected abuse, neglect, or domestic violence when legally required or permitted.
- For health oversight activities, such as audits and investigations.
- In response to valid court orders or other lawful legal processes.
- To avert a serious threat to health or safety, as permitted by law.
- For workers' compensation purposes when authorized by law.
- To comply with applicable law enforcement requirements.

Any disclosure will be limited to the information permitted or required by applicable law.

4. Uses and Disclosures Requiring Your Written Authorization

We will obtain your written authorization before using or disclosing your PHI for purposes not otherwise permitted by law.

Examples include:

- Marketing activities that require your authorization.
- Selling your protected health information.
- Most disclosures of psychotherapy notes, if applicable.

You may revoke your authorization in writing at any time, except to the extent we have already acted in reliance on it.

5. Your Rights Regarding Your Health Information

You have the following rights under HIPAA:

A. Right to Access Your Records

You may request to inspect or obtain a copy of your health and billing records. We will respond within the time required by law. Reasonable, legally permitted fees may apply.

B. Right to Request an Amendment

You may request that we correct or amend information you believe is inaccurate or incomplete. We may deny your request in certain circumstances, as permitted by law.

C. Right to Request Restrictions

You may request restrictions on how we use or disclose your health information. We are not required to agree to every request, except where the law requires otherwise.

If you pay for a healthcare item or service entirely out of pocket, you may request that we not disclose information about that item or service to your health plan for payment or healthcare operations purposes, and we must honor that request unless disclosure is required by law.

D. Right to Request Confidential Communications

You may request that we contact you in a specific way or at a particular location.

For example, you may request that we contact you by phone instead of email, or use an alternative mailing address.

We will accommodate reasonable requests.

E. Right to an Accounting of Disclosures

You may request a list of certain disclosures of your health information made by our practice during the six years prior to your request, subject to legal exceptions.

F. Right to a Copy of This Notice

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

6. Electronic Records and Technology

Shamrock Acupuncture PLLC may maintain health information electronically and use secure electronic systems to support patient care, scheduling, billing, documentation, and practice operations.

We may use third-party service providers, including electronic record storage and technology providers, to perform services on our behalf.

When required by law, these providers must agree to protect your health information through appropriate contractual safeguards, including Business Associate Agreements.

We use reasonable administrative, technical, and physical safeguards to protect your information against unauthorized access, use, or disclosure.

7. Our Responsibilities

We are required to:

- Maintain appropriate safeguards to protect your PHI.
- Limit access to your information to authorized individuals who need it for legitimate purposes.
- Follow applicable privacy and security laws.
- Provide notice of certain breaches as required by law.
- Not use or disclose your information beyond what is permitted by law or this Notice.

8. Changes to This Notice

We reserve the right to change the terms of this Notice.

Any revised Notice will apply to all health information we maintain. The updated Notice will be available upon request and at our practice.

9. Questions, Complaints, and Contact Information

If you have questions about this Notice or believe your privacy rights have been violated, please contact:

Shamrock Acupuncture PLLC
Privacy Officer: Wanjun Xu
1850 Round Rock Ave, Suite 4, Round Rock, TX 78681
Phone: 512-270-0393
Email: shamrockacu@gmail.com

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights (OCR).

Website: https://www.hhs.gov/hipaa/filing-a-complaint/

You will not be retaliated against for filing a complaint.