



Privacy Policy

Protecting your privacy and healthcare information is fundamental in the course of our relationship. This notice will remain in effect until it is replaced or amended by changes in law. We gather personal information and health information in several ways:

Information we receive from you
Information we receive from other healthcare providers
Information we receive from third-party payors

This information is used for treatment, payment and healthcare operations. You should be aware that during the course of our relationship with you we will likely use and disclose health information about you for the treatment, payment and healthcare operations.

You can specifically authorize us to use protected health information for any purpose or to disclose your health information by submitting the authorization in writing. Such disclosures will be made to any personal representative you choose to have your protected health information.

MARKETING: William A. Wood L.Ac , Aaron Winning, L.Ac will not use your health information for marketing communications without your written authorization. This clinic may send birthday cards, newsletters, and appointment reminders, by calls, postcards or letters. This clinic may send you information to support your health care, information about alternative treatments, and health-related services that may be of interest to you. Please advise this office if you do not wish to receive such communications, and we will not use or disclose your information for such purposes. **If you do not wish to receive this kind of communication, you must advise this clinic in writing at our contact address.**

DISCLOSURE: William A. Wood, L.Ac., or Aaron Winning, L.Ac. may use or disclose your Protected Health Information when required by law. Without your consent or authorization, this clinic may disclose information about you only for the following purposes:

- * To a public health agency, for the purpose such as controlling disease
- * In case of suspected child abuse, to the appropriate governmental authority.
- * In other cases of suspected abuse, neglect or domestic violence, to the appropriate governmental authority, with your agreement or if required by law, or if you are incapacitated or it appears necessary to prevent serious harm to you or others.
- * To health oversight authorities, for regulatory, licensing and other legal purposes
- * In litigation, subject to certain requirements controlling the terms of the disclosure
- * To law enforcement agencies, subject to applicable legal requirements and limitations.
- * For medical research purposes, subject to your authorization or approval by an institutional review board.
- * If you are in the United States military, national security or intelligence, or Foreign Service, to your authorized superiors or other authorized federal officials.

We may not use or disclose information about you for any other purpose without your written authorization, provided separately from your written consent.

PATIENT RIGHTS

- 1 Upon written request you have the right to access, review or receive copies of your healthcare records
- 2 Upon written request you have the right to receive a list of items this office disclosed about your healthcare information.
- 3 You have the right to request that this office place additional restrictions on disclosure of your Protected Health information.
- 4 You have the right to request that we amend your Protected Health Information; the request must be in writing
- 5 You have a right to receive all notices in writing If you have questions, complaints or want more information, please contact this office. **Contact: William A. Wood, Aaron Winning: Soco Clinic Integrated Healthcare, 1400 S. Congress SteB250, Austin, TX 78704 Phone 512.251.5799 Fax 512.707.1475**

COMPLAINTS: Complaints about your privacy right or how your privacy is handled at this office can be directed to the privacy officer by calling this office or directing a letter to his or her attention. If you are not satisfied with how this