

Awakenings³ Bodywork

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NOTICE OF HEALTH INFORMATION PRIVACY PRACTICES

Effective April 14, 2003, federal legislation enacted the following rules to govern the protection of your health information, your rights and my responsibilities regarding the sharing of your health information.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights regarding your health information:

1. You may read and obtain a copy of your information. To obtain a copy of your record, you will need to request it in writing, and I may charge a fee for the costs of copying, mailing or other supplies or services related to your request.
2. You may amend your health information. If you feel that what I have written in your chart is incorrect or incomplete, you may ask me to amend the information in writing. Please understand I cannot amend any information that was not created by me, unless the person or entity that created the information is no longer available to make the amendment. I also cannot amend information that is not kept by my office.
3. You have the right to an accounting of disclosures, both written and verbal, that I have made except for the uses and disclosures for treatment, payment, and health care operations as described below. Your request must be in writing and must state a time period that may not be longer than six years previous. This request cannot include dates earlier than April 14, 2003. For additional lists, I may notify you of the cost involved and you may choose to change or withdraw your request. I will mail you a list of disclosures in written form within 30 days of your request.
4. You may request restrictions on the disclosure of your health information. This request must be in writing and must specify what you want restricted. While I will try to accommodate your request, I am not required to do so if I believe it will negatively impact the care I may provide you, or that may be provided you in an emergency situation.
5. You may request that I communicate with you about health matters in a certain way or at a certain location. I will accommodate all reasonable requests.
6. You have a right to a paper copy of this notice.
7. Minors and people with guardians have all the rights outlined in this document, except in emergency situations, or when the law requires reporting of abuse and neglect.
8. If you believe your privacy rights have been violated, you may file a complaint with me or with the Secretary of the Department of Health and Human Services. All complaints must be in writing. Your care will not be penalized for filing a complaint.
9. Other uses and disclosures of health information not covered by this Notice will be made only with your written permission. If you give permission, you may revoke it, in writing, at any time. Please understand that any disclosures made before the revocation cannot be taken back.

HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

1. For treatment or payment. I may refer you to another practitioner, and may disclose health information only about the particular reason for the referral. I will always at the least discuss this with you. I usually try to get a written Release of Information from you unless there is a time constraint. My services are not currently covered by insurance. If they should become covered, both private and public insurance reimbursement may be withheld without information as to the services provided.
2. Research. There may be situations where I want to use and disclose health information about you for research purposes. For any research project that uses your health information, I will either obtain an authorization from you or ask an Institutional Review or Privacy Board to waive the requirement to obtain authorization. A waiver of authorization will be based upon assurances from me that I will de-identify your information; that is, remove any personal identifying information from the health information being studied.
3. As required by law. I will disclose health information about you when required by federal, state, local law, or if you serve in the military, as required by military command authorities or the Department of Veteran Affairs.
4. To avert a serious threat to health or safety. I may disclose information about you when necessary 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.
5. Workers' compensation. I may release information about you for workers' compensation or similar programs that provide benefits for work-related injuries or illness.
6. Public health risks. I may disclose information about you for public health reasons which generally includes the following:
 - To prevent or control disease, injury or disability,
 - To report child abuse or neglect,
 - To report reactions to medications or problems with products,
 - To notify people of recalls of products they may be using, or
 - To notify the appropriate government authority if I believe a patient has been the victim of abuse, neglect, or domestic violence. This disclosure is only made if you agree or when required by law.
7. Health oversight activities. I may disclose health information to a health oversight agency for activities authorized by law. The activities may include investigations, inspections, or licensure.
8. Lawsuits and law enforcement. If you are involved in a lawsuit or dispute, I may disclose information about you in response to a court order, subpoena, discovery request, etc. This may also be: 1) to identify or locate a suspect, fugitive, material witness or missing person, 2) if you are a victim of a crime and are unable to give your consent, or 3) to report a crime in an emergency. I may only release this information after an effort has been made to notify you about the request and you have time to obtain a court order protecting the information requested.
9. I may release health information to a coroner or health examiner to identify you or determine a time or cause of death.

If you have any questions about this policy, please feel free to ask me.