

# Traditional Acupuncture

Claudia Olson

## Practices Regarding Disclosure of Client Health Information

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*Your health information will be routinely used for treatment/consultation, payment, and your consent, or the opportunity to agree or object, is not required in these instances:*

- **Treatment/consultation** - Information obtained by your practitioner will be entered in your record and used to plan services provided you. Your health information may be shared with others involved in your care or providing consultation about your services. Your practitioner's expectations and those of others involved in your care may also be recorded.
- **Payment** - Your record will be used to receive payment for services rendered. A bill may be sent to you with accompanying documentation that identifies you, your diagnosis and/or practitioner's impressions, and procedures performed.

In addition, the following disclosures are required and do not require your consent:

- **Food and Drug Administration (FDA)** – Claudia Olson, MAc, LAc, is required by law to disclose health information to the FDA related to any adverse effects of food, supplements, products, and product defects for surveillance to enable product recalls, repairs, or replacements.
- **Public Health** - This office is required by law to disclose health information to public health and/or legal authorities to avert a serious threat to health or safety, to report communicable disease, injury, or disability, or to comply with

mandated reporting requirements for tracking of birth and morbidity.

- **Law Enforcement** - As required under state or federal law, your health information will be disclosed to appropriate health oversight agencies, public health authorities, law enforcement officials, or attorneys: (1) In response to a valid subpoena; (2) In the event that your practitioner believes in good faith that one or more clients, workers, or the general public are endangered due to suspected unlawful conduct of a practitioner or violations of professional or clinical standards; (3) When a client is a suspected victim of abuse, neglect or domestic violence.

*It is our practice to consider the following as routine uses and disclosures for which specific authorization will not be requested. You have the right to request restrictions on these uses. Otherwise, your practitioner will request your authorization whenever disclosure of personal health information is necessary to parties other than those referenced here.*

- **Communications with Family** - Using best judgment, a family member, close friend identified by you, personal representative, or other persons responsible for your care may be notified or given information about your care to assist them in enhancing your well-being or to confirm your whereabouts.

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### Notice of Privacy Practices

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*This notice, and the accompanying Practices Regarding Disclosure of Client Health Information, describes how health information about you may be used and disclosed and how you can get access to your health information. Copies are given to all individuals receiving care. Please review this information carefully.*

**Understanding your health record**--A record is made each time you come to Claudia Olson, MAc, LAc for a treatment/consultation. Your symptoms, the practitioner's judgments, and a plan of services are recorded. This record forms the basis for planning your care and treatment at future visits, and also serves as a means of communication among other health professionals who may contribute to your care. Understanding what information is retained in your record and how that information may be used will assist you to ensure it is accurate and make informed decisions about who, what, when, where, and why others may be allowed access to your information.

**Understanding your health information rights**--Your health record is the physical property of Claudia Olson, MAc, LAc, but the content is about you, and therefore belongs to you. You have the right to review or obtain a paper copy of your health record, and to request that appropriate amendments be made to your health record. You have the right to request restrictions, to authorize disclosure of the record to others, and be given an account of those disclosures. Other than activity that has already occurred, you may revoke any further authorizations to use or disclose your health information. Should we need to contact you, you have the right to request communication by alternate means or to alternate locations.

**Our responsibilities**— Claudia Olson, MAc, Lac, Expanding Heart Center, and Sunrise Acupuncture are required to maintain the privacy of your health information and to provide you with this notice of our privacy practices. We're required to follow the terms of this notice and to notify you if we are unable to grant your request to disclose or restrict disclosure of your health information to others. We reserve the right to change our practices and promises to make a good faith effort to notify you of any changes. Other than for the reasons described in this notice, we agree not to use or disclose your information without your consent.

**TO RECEIVE ADDITIONAL INFORMATION OR REPORT A PROBLEM**, please contact me at PO Box 13, Dickerson, MD, 20871. 240-994-2571.

If you believe your privacy rights have been violated, you have the right to file a complaint with us and/or with the U.S. Secretary of Health and Human Services with no fear of retaliation by this office. Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W. Room 509F, HHH Building, Washington, D.C. 20201, Hotlines-Voice: 1-800-368-1019