

**Amelia “Molly” Greacen, Dipl. Ac., Dipl. C.H.,
Licensed Acupuncturist
3625 Conifer Court, Boulder, Colorado 80304, 303-546-0987**

Notice of Health Information Practices

This Notice Describes How Information about Patients May be Used and Disclosed and How patients can Get Access to This Information. Please Read It Carefully.

Introduction

Amelia “Molly” Greacen is committed to treating and using personal health information about our patients responsibly. This Notices of Health Information Practices describes the personal information we collect, and how and when we may use or disclose this information. It also describes patient rights as they relate to personal health information. This applies to all personal health information as defined by federal regulations.

Understanding Health Records /Information

Each time a patients visits Amelia “Molly” Greacen for a treatment and/or consultation a record is made of this visit. Typically, this record contains symptoms, examination test results, diagnosis, treatment, and a plan for future care or treatment. This information often referred to as the health or medical record, can possibly serve as:

Basis for planning care and treatment:

- Means of communicating between the many health professionals who contribute to care*
- Legal document describing the care received*
- Means by which a third party payer can verify that such services billed were actually provided*
- A tool in educating health professionals
- A source of data for medical research
- A source of information for public health officials charged with improving the health and state of the nation
- A source of data for planning and marketing
- A tool in which we can assess and continually work to improve the care we render and the outcomes we achieve.

*most likely uses of personal information at Amelia “Molly” Greacen’s office.

Understanding what is in your record and how your health information is used helps you to ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

Your Health Information Rights

Although your health record is the physical property of Amelia “Molly” Greacen, the information belongs to you. You have the right to:

- Obtain a paper copy of this notice upon request
- Inspect and copy the health record (a reasonable fee may be required)
- Request an amendment of the health record
- Obtain a list of the disclosures of the health information
- Request a restriction on certain uses and disclosures of your information and

- Revoke your authorization to use or disclose health information except to the extent that action has already been taken

Our Responsibilities

Amelia “Molly” Greacen is required to:

- Maintain the privacy of health care information
- Provide patients with this notice as our legal duties and privacy practices with respect to information that we collect and maintain
- Abide by the terms of this notice
- Notify the patients if we are unable to agree to a requested restriction.

We reserve the right to change our practices and to make the new provisions effective for all protected health information that we maintain. Should our information practices change we will provide the updated policy readily available at the office for your review.

We will not use or disclose health information without authorization, except as described in this notice. We will also discontinue to use or disclose health information after we have received a written revocation of the authorization.

We will provide health information without authorization when necessary for treatment or payment.

Funeral Directors: We may disclose information to funeral directors consistent with applicable laws to carry out their duties.

Appointment Notification: We may contact you to remind you of appointments, suggest follow-up appointments, and to check on supplement supply.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse effects with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Workers Compensation: We may disclose health information to the extent authorized by and with laws relating to workers compensation or other similar programs established by law.

Public Health: As required by law, we may disclose health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Correctional Institution: Should a patient eventually become an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for healthcare and the health and safety of other individuals.

Law Enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a subpoena (e.g. child protection).

Federal law makes provision for health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

For More Information or to Report a Problem:

If you want additional information or you believe that your privacy rights have been violated, you can contact “Molly” Amelia Greacen or the Office for Civil Rights, US Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights. The address is Office for Civil Rights US Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington, D.C. 20201

**Name of Practice: Amelia “Molly” Greacen, Licensed Acupuncturist
Provider: Amelia “Molly” Greacen, Dipl. Ac, Dipl. C.H.**

Name of Patient (please print) _____ Date of Birth _____

Acknowledgement of Notice of Privacy Practices

I hereby acknowledge that I received Amelia “Molly” Greacen’s Notice of Privacy Practices.

Signature of patient or representative _____ Date _____

Document of Good Faith Efforts to Obtain Patients Acknowledgement that they received provider’s Notice of Privacy Practices.

The patient presented to the office on _____ and was provided with a copy of Covered Entity’s Privacy Practices. A good faith effort was made to obtain from the patient a written acknowledgement of his/her receipt of the Notice. However, such acknowledgment was not obtained because:

____ Patient refused to sign.

____ Patient was unable to sign because:

____ Other reason (describe below)

Signature of person completing form _____