

NATURAL HEALTH CENTER, LLC

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY

THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices described in the Notice while it is in effect.

We reserve the right to change our privacy practices and the terms of this Notice at any time provided such changes are permitted by law. Such changes shall be effective for all health information that we maintain, including that created or received prior to the changes. If we make a significant change to our privacy practices, we will change this Notice, provide a general notice of the changes and make the revised policies available to you upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information at the end of this Notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

We may use and disclose health information about you for treatment, payment and healthcare operations. For example:

- **TREATMENT:** We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.
- **PAYMENT:** We may use and disclose your health information to obtain payment for services we provide to you.
- **HEALTHCARE OPERATIONS:** We may use and disclose your health information in connection with our healthcare operations. Healthcare operations can include quality assessment and improvement activities, reviewing the competence or qualification of healthcare professionals, evaluation of practitioners and provider performance.

YOUR AUTHORIZATION: Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this notice. You may revoke your authorization in writing at any time.

YOUR FAMILY AND FRIENDS: We must disclose your health information to you, as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

PERSONS INVOLVED WITH CARE: We must use or disclose health information to notify, or assist in the notification of a family member or your personal representative or another person responsible for your care, to inform them of your location, your general condition, or death. If you are present, we will provide you with an opportunity to object to such disclosures prior to disclosure of your health information. In the event you are incapable of expressing your desires or in emergency circumstances, we will disclose health information as needed based on our professional judgment and disclosing only health information that is directly relevant to your healthcare.

MARKETING HEALTH-RELATED SERVICES: We will not use your health information for marketing communications without your written authorization.

REQUIRED BY LAW: We may use or disclose your health information when we are required to do so by law.

ABUSE OR NEGLECT: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

NATIONAL SECURITY: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose health information required for lawful intelligence, counterintelligence, and other national security activities to authorized federal officials. We may disclose protected health information of inmates or patients under certain circumstances to correctional institution or law enforcement officials having lawful custody of such persons.

APPOINTMENT REMINDERS: We may use or disclose your health information to provide you with appointment reminders (such as voicemail or e-mail messages).

PATIENT RIGHTS:

Access: You have the right to look at or get copies of your health information, with limited exceptions. You must make a request in writing to obtain access to your health information. You may obtain a form to request access from the front desk staff or via the contact information listed at the end of this Notice.

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes other than treatment, payment, or healthcare operations for the last 6 years prior to April 14, 2003. If you request this accounting more than once in a 12-month period, we will charge you a reasonable, cost-based fee for responding to these additional requests.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement except in an emergency situation.

Alternative Communication: You have the right to request, in writing, that we communicate with you about your health information by alternative means or to alternative locations. Your request must specify the alternative means or location, and provide satisfactory explanation of how payments will be handled under the alternative means or location you request.

Amendment: You have the right to request, in writing, that we amend your health information. You must include an explanation of why the information should be amended. We may deny your request under certain circumstances.

QUESTIONS AND COMPLAINTS: If you want more information about our privacy policies or have questions or concerns, please contact us.

You may complain to us using the contact information listed at the end of this Notice if:

- You are concerned that we may have violated your privacy rights
- You disagree with a decision we made about access to your health information
- You feel we have not met your request to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations.

You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Information:

Natural Health Center, LLC

3330 Eagle Street

Anchorage, AK 99503

Telephone: (907) 561-2330, Fax: (907) 561-1282