

**NOTICE OF PRIVACY PRACTICES**

Alaska Alternative Medicine Clinic (AAMC) is a NON-COVERED ENTITY for purposes of complying with the HIPAA regulations, as we do not transmit information electronically for billing purposes. We will continue with our strict privacy requirements that are already in place, however, and will proceed with due caution with any future uses or releases of your private health information.

The Health Insurance Portability & Accountability Act of 1996 (“HIPAA”) is a federal program that requires covered entities to keep patient information confidential and provides the means for you to understand and control how your health information is used. By law, your medical records information can be used for three purposes, as follows:

1. **Treatment** – we can use your current record to carry out your medical treatment in-house. Examples: referring to lab results for a treatment plan for you to follow, or discussing your information with a referral physician.
2. **Payment** – Allows the release of information for different financial transactions. Examples: sending office notes to insurance payers so that they will process benefits to you, or other billing activities.
3. **Healthcare Operations** – Allows us to conduct quality assessments, improve our healthcare activities, auditing functions, cost-management analysis, and customer service. Also allows us to call you by name in the reception room and to disclose your protected health information, as necessary, to contact you for appointments reminders, treatment alternatives, or other health-related information that would be of interest to you.

AAMC may use or disclose your protected health information as follows without your authorization: as Required by Law; Public Health issues as required by law, Communicable Disease, Health oversight, abuse or neglect situations, FDA requirements; legal proceedings, law enforcement; coroners, funeral directors and organ donation; research; criminal activity; military activity and national security; Workers' Compensation; and inmates.

**ALL OTHER DISCLOSURES WILL REQUIRE YOUR WRITTEN AUTHORIZATION BEFORE THE INFORMATION WILL BE RELEASED BY AAMC.** You may revoke such authorization in writing and no further releases will be made without obtaining new written authorization allowing AAMC to again release your personal health information. We will not disclose your private health information to family members, other relatives, close personal friends, or any other person unless specifically authorized by you, in writing, to release or discuss your personal health information.

You have the right to access your medical records information at any time. Written request to preview must be submitted to the Office Manager (Privacy Officer). The original medical record is the property of AAMC but you may obtain a copy. You may obtain information of any disclosures of your protected health information. All communications from AAMC will be confidential and protected from disclosure to the best of our ability. You have the right to amend your protected health information without destroying or deleting any current information found in your medical record.

Please advise the Office Manager if you feel your rights have been violated. There will be no retaliation for registering such a complaint.

Your signature below acknowledges that you have received a copy of this Notice of Privacy Practices by Alaska Alternative Medicine Clinic.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print your name here)

\_\_\_\_\_  
(Signature of Parent or Guardian)