

Kathleen Cramer, Ph.D.  
HIPAA Notice of Privacy Practices

This notice describes how health information about you (as a patient of this practice) may be used and disclosed. It also describes how you can gain access to your health information. This is required by the privacy regulations created as a result of the Health Insurance Portability Accountability Act of 1996 (HIPAA).

**My commitment to your privacy:**

My practice is dedicated to maintaining the privacy of your health information. I am required by law to maintain the confidentiality of your health information. While these laws are complicated, I must provide you with the following important information.

**Use and disclosure of your health information in certain special circumstances:**

The following circumstances may require me to use or disclose your health information:

1. To public health authorities and health oversight agencies that are authorized by law to collect information;
2. Lawsuits and similar proceedings in response to a court or administrative order;
3. If required to do so by a law enforcement official;
4. When necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public (I will only make disclosure to a person or organization able to help prevent the threat);
5. If you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities;
6. To federal officials for intelligence and national security activities authorized by law;
7. To correctional institutions or law enforcement officials if you are an inmate or under the custody of law enforcement official;
8. For Worker's Compensation and similar programs.

**Your rights regarding your health information:**

1. Communications: You can request that I communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that I contact you at home, rather than work. I will accommodate reasonable requests.
2. You can request a restriction in my use or disclosure of your health information for treatment, payment, or health care operation. Additionally, you have the right to request that I restrict my disclosure of your health information to only certain individuals involved in your care of the payment for your care, such as family members and friends. I am not required to agree to your request; however, if I agree, then I am bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you.
3. You have the right to review and copy your protected health information;
4. You have the right to have your provider amend your protected health information. In certain cases, I may deny your request for amendment. If that happens, then you have the right to file a statement of disagreement with me; and I may prepare a rebuttal to your statement. A copy of any such rebuttal will be provided to you.
5. You have the right to receive an accounting of certain disclosures I have made, if any, of your protected health information.
6. You have the right to obtain a paper copy of this Notice from my office.

***By signing below, I acknowledge that I have read this copy of Dr. Cramer's Privacy Practices.***

\_\_\_\_\_  
Print Patient Name

\_\_\_\_\_  
Patient Signature/Acknowledgement

\_\_\_\_\_  
Date