



NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Kramer Psychiatric Services, LLC is required to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have any questions about any part of this notice or if you want more information about the privacy practices of Kramer Psychiatric Services, LLC, please contact:

Eric S. Kramer, M.D.
3925 N. I-10 Service Rd. W., Ste 201E
Metairie, LA 70002

Effective date of this notice: February 01, 2019

I. How Kramer Psychiatric Services, LLC May Use or Disclose Your Health Information

Kramer Psychiatric Services, LLC collects health information from you and stores it in a chart and/or on a computer. This is your medical record. The medical record is the property of Kramer Psychiatric Services, LLC, but the information in the medical record belongs to you. Kramer Psychiatric Services, LLC protects the privacy of your health information. The law permits Kramer Psychiatric Services, LLC to use or disclose your health information for the following purposes:

1. Treatment. Medical information about you may be given to doctors, nurses, technicians and medical personnel who are involved in providing your care.
2. Payment. Medical information about you concerning the treatment and service received will be billed either to the patient or the patient's insurer. Your health plan or third-party payer may request information from your medical record to authorize prior approval or certification for service.
3. Regular healthcare care operations. Information about you may be used in order to review treatment and services and in order to evaluate the performance of the staff.
4. Notification and communication with family. We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or in the event of your death. If you are able and available to agree or object, we will give you the opportunity to object prior to making this notification. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.
5. Required by law. As required by law, we may use and disclose your health information.
6. Public health. As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling injury or disability, reporting to the Food and Drug Administration problems with products and reactions to medications and reporting disease of infection exposure.
7. Health oversight activities. We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings.
8. Judicial and administrative proceedings. We may disclose your health information in the course of any administrative or judicial proceeding.
9. Law enforcement. We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.
10. Public safety. We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

II. Kramer Psychiatric Services, LLC may not use or disclose your health information except as described in this Notice of Privacy Practices without your written authorization. If you do authorize us to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

III. Your Health Information Rights

1. You have the right to request restrictions on certain uses and disclosures of your health information. Kramer Psychiatric Services, LLC is not required to agree to the restriction.
2. You have the right to receive your health information through a reasonable alternative means. You will have to have a written authorization, specification of method (email or mail), and payment method if applicable.
3. You have the right to inspect and copy your health information.
4. You have the right to request Kramer Psychiatric Services, LLC amend your health record that is incorrect or incomplete. We are not required to change your health information and will provide you with information about our denial and how you can disagree with the denial.
5. You have the right to receive an accounting of disclosures of your health information made by Kramer Psychiatric Services, LLC, except for the uses and disclosures listed in section I of the Notice of Privacy Practices.
6. You have the right to a paper copy of the Notice of Privacy Practices.

IV. Changes to this Notice of Privacy Practices

Kramer Psychiatric Services, LLC reserves the right to amend Privacy Practices at any time in the future and to make the new provisions effective for all information that it maintains, including information that was created or received prior to the date of such amendment. Until such amendment is made, Kramer Psychiatric Services, LLC is required by law to comply with this Notice. Whatever the reason for these changes in the Privacy Practices we will provide you with a revised notice on your return appointment.

V. Complaints

Complaints about this Notice of Privacy Practices or how Kramer Psychiatric Services, LLC handles your health information should be directed to:

Eric S. Kramer, M.D.
3925 N. I-10 Service Rd. W., Ste 201E
Metairie, LA 70002

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

Department of Health and Human Services
Office of Civil Rights
200 Independence Avenue, S.W.
Room 509 F
Washington, DC 20201



ACKNOWLEDGMENT OF RECEIPT OF NOTICE

I hereby acknowledge that I received, reviewed, and understand the copy of Kramer Psychiatric Services, LLC's Notice of Privacy Practices.

Patient's Signature

Date

Patient Name

Signature of authorized agent (if applicable)

Date

Authorized Agent Name (if applicable)