NOTICE OF PRIVACY PRACTICES

Clarity ADHD, PLLC | Lucas Craft, PA-C | Washington State | Effective: July 14, 2026 | Version 1.0

Your Information. Your Rights. Our Responsibilities. This Notice tells you how we may use and share your medical information. It also tells you how to access that information. Please read it carefully.

Your Rights

You have the right to:

- Inspect and copy your health information, with limited exceptions. We may charge a reasonable fee for a copy.
- Ask us to correct information that is wrong or incomplete
- Ask us to limit what information we share
- Ask us to contact you in a specific way or at a specific location
- Get a list of the times we have shared your information
- Get a paper copy of this Notice at any time, even if you agreed to receive it electronically
- Choose someone to act for you (such as a legal guardian or someone with your medical power of attorney)
- File a complaint if you think your privacy rights have been violated

Please note: Lucas Craft, PA-C will not testify in court on behalf of a patient or write letters for use in court proceedings. If you need records for a legal matter, please use the Release of Information form.

To use any of these rights, contact us through the SimplePractice portal or by email at lucas@clarityadhdwa.com.

How We Use and Share Your Information

We use and share your health information to provide your care and run our practice. We also share it when the law requires. Here is a summary:

To treat you. We may share your health information with other providers who are involved in your care.

To run our practice. We may use your information for quality improvement, training, and administrative tasks.

As required by law. We will share your information when federal or state law requires it.

To report abuse or neglect. Washington State law requires us to report suspected abuse or neglect of children, vulnerable adults, or dependent adults.

To prevent a serious threat. We may share your information if needed to prevent a serious and immediate threat to your health or safety, or someone else's.

In response to court orders. We may share your information in response to a court order, subpoena, or other legal process. This may include some government and law enforcement requests.

For purposes that need your written permission. We will ask for your written permission before using your information for anything not described in this Notice. This includes most sharing of therapy notes, marketing, and sale of your health information. You may take back your permission at any time in writing.

Changes to This Notice

We may update this Notice at any time. Changes apply to all information we have about you. The current Notice is at clarityadhdwa.com. You may ask for a paper copy at any time.

We review this Notice at least once a year. The version number and effective date are at the top of this document.

How to File a Complaint

If you think your privacy rights were violated, you may file a complaint with us or with the U.S. Department of Health and Human Services (HHS) Office for Civil Rights.

To reach HHS: write to 200 Independence Avenue SW, Washington DC 20201, call 1-877-696-6775, or visit https://www.hhs.gov/hipaa/filing-a-complaint/index.html.

You will not be punished for filing a complaint.

Acknowledgment of Receipt

By signing below, I confirm that I have received a copy of Clarity ADHD, PLLC's Notice of Privacy Practices.

[ ] I acknowledge receipt of Clarity ADHD, PLLC's Notice of Privacy Practices.

Patient Name (print):	
Patient Signature:	
Date:	

If the patient declines to sign, the provider should document the attempt.