



2023

**INVOLUNTARY CONFINEMENT
BENCH BOOK**

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INTRODUCTION

This Bench Book is intended to protect the health and safety of southern Nevada communities and visitors by improving legal preparedness for both public health emergencies and more routine public health cases. While it would be impractical to address each and every aspect of the legal system potentially impacted by public health concerns, this Bench Book will serve as a readily accessible legal reference for judges, staff, and related parties to use in a court room, providing, for example, procedural frameworks, statutory text, summaries, relevant case law, and model orders.

This Bench Book specifically focuses on the procedural aspects of involuntary confinement as related to Tuberculosis. However, the procedures outlined in this Bench Book may be used in any other case that requires involuntary confinement for a communicable disease, as defined in NRS 441A.040.¹ Further, while this Bench Book specifically refers to isolation as defined in NRS 441A.065, the same procedures can be used for quarantine as defined in NRS 441A.115.

Tuberculosis

Tuberculosis (“TB”) is caused by a bacterial organism which can affect any part of the body; but, is most often found in the lungs. TB is transmitted from person to person in airborne aerosolized droplets produced by persons with pulmonary or respiratory tract tuberculosis during forceful expiratory efforts, such as coughing, singing or sneezing. The risk of exposure and subsequent infection is linked with the intimacy and duration of the contact, the ventilation in the shared environment, and the degree of contagiousness of the affected individual. The period of communicability lasts as long as viable TB germs are discharged in the respiratory secretions. Effective antibiotic treatment usually eliminates communicability within 2-6 weeks. However, untreated or inadequately treated patients can have viable TB organisms in the respiratory secretions intermittently for years. Therefore, the goal of public health programs is to treat those with TB until they are cured. Accordingly, infection control measures are fundamental to reducing the spread of communicable diseases such as TB.

¹ The communicable diseases include, but are not limited to, Ebola, SARS, MSRA, Measles, Pertussis, Cholera, Smallpox, Yellow Fever, as well as sexually transmitted diseases.

Transmission of TB from person to person can occur in many locations such as home, work, school, and healthcare facilities. It is impossible to prevent all exposure. However, the goal is to reduce the amount of transmission.

Infection Control Measures

There are three types of infection control measures—administrative, environmental, and personal respiratory protection. Administrative controls are primarily early identification isolation and appropriate treatment of infectious patients, i.e., treat to cure. Environmental controls are focused on preventing the spread and reducing the concentration of infectious droplet nuclei in the air. Personal respiratory protection may provide additional protection for healthcare workers in high-risk settings such as isolation rooms and cough-inducing or aerosol-generating suites.

This Bench Book is focused primarily on the administrative controls. The most effective means of reducing disease transmission of TB is to rapidly identify patients who have pulmonary TB, isolate or restrict activities of patients with or suspected to have infectious TB, and treat such patients with antibiotics until they are cured.

Isolation

Isolation is a historically recognized public health technique used to contain the spread of infectious diseases.² Isolation requires the separation of infected persons from the public. This separation is achieved by confinement of the infected person to treatment facilities, residences and/or other locations, depending upon the nature of the implicated disease and the available facilities. In most cases, individuals will voluntarily undertake isolation procedures at the request of the state or the local health department, and the court will not be required to intervene. However, when individuals refuse to undertake isolation or quarantine procedures or become noncompliant with procedures already in place, the court's assistance may be required.

Isolation or quarantine must be instituted by the least restrictive means necessary to prevent the spread of a disease to others.³ Moreover, isolated individuals must be released as soon as practicable when the local health officer determines that they pose no substantial risk of constituting a serious or imminent threat to others.

² See, e.g., *Compagnie Francaise de Navigation à Vapeur v. State Board of Health*, 186 U.S. 380 (1902) (recognizing power of states to institute quarantine to protect their citizens from infectious diseases).

³ NRS 441A.120.

Treating TB requires prolonged administration of antibiotics, in some cases for as long as two years. Experience has shown that some patients do not continue to take their antibiotics regularly, often missing doses or stopping treatment altogether. Patient compliance in taking antibiotics is of the highest importance to prevent disease recurrence and the emergence of antibiotic-resistant TB germs. Patients who start and stop and restart and stop antibiotic treatment are at the highest risk for developing drug-resistant strains of TB.

Because of the seriousness of the emergence of drug-resistant TB organisms, the standard of care is to monitor all patients with directly observed therapy or DOT. Patients are treated using DOT until medically cured. Non-compliant patients may require prolonged isolation under judicial order to achieve this result. To the greatest possible extent, cultural and religious beliefs should be considered in addressing the needs of individuals and establishing and maintaining isolation processes.

Due Process Concerns

It is well settled that the judiciary is both an enforcer of governmental health policies and an arbiter of the conflicts between individual liberties and public interests that arise from governmental public health action.⁴ Isolation represents a substantial intrusion on a person's privacy and liberty rights, especially because it may restrict how that person spends the final days or hours of his/her life. Thus, even in a public health emergency, the requirements of procedural due process are, to some extent, applicable.⁵

Notwithstanding the above, isolation laws have limits. For example, they cannot be imposed in a discriminatory manner.⁶ Additionally, the law requires that some process be afforded to allegedly ill persons subject to isolation. For example, the West Virginia Supreme Court held that, under the statute permitting the confinement of a TB patient, the person being confined must be afforded adequate notice of the underlying basis of commitment, the right to counsel, the right to be present, the right to cross-examine and to present witnesses, the standard of proof of "clear, cogent and convincing evidence" and the right to a verbatim transcript of the proceeding for appeal purposes.⁷ Likewise, Nevada statutes provide a right to refuse medical treatment. However, that right may be outweighed when an individual with a communicable disease poses a significant risk

⁴ See *Jacobson v. Massachusetts*, 197 U.S. 11 (1905).

⁵ *Zinerman v. Burch*, 494 U.S. 113 (1990) (discussing the requirements of procedural due process).

⁶ *Yick Wo v. Hopkins*, 118 U.S. 356 (1886) (striking down an ordinance targeting Chinese laundries).

⁷ See *Greene v. Edwards*, 263 S.E. 2d 661 (W.Va. 1980).

to the health of others and there are no lesser restrictive means of protecting the public's health. In those circumstances, the court may compel an individual to submit to involuntary treatment.⁸

Ebola and the Rule of Law

In the spring of 2014, reports of fever in central West Africa were confirmed as Ebola. Hundreds of U.S. healthcare workers voluntarily went to West Africa in support of outbreak response activities. However, several healthcare workers came home with Ebola.

The sheer virulence of the disease led to a heightened global awareness, fear, and anxiety and created the perfect storm for Kaci Hickox, a nurse who volunteered in Sierra Leone with Doctors Without Borders. On October 24, 2014, Kaci Hickox returned to the U.S. after thirty days of treating Ebola patients in Sierra Leone. At the Newark, New Jersey airport, she was detained and questioned for several hours before being moved to an isolation tent behind Newark University Hospital. Despite testing negative twice and being asymptomatic (other than a raised temperature taken by a forehead scanner), Ms. Hickox was held for eighty hours by the state of New Jersey. Upon her release and return to her home in Maine, the Maine Department of Health and Human Services petitioned the district court for a mandatory quarantine order.⁹ Ms. Hickox argued that the mandatory quarantine was not a sound public health decision and violated her due process rights.¹⁰ The Maine court agreed with her, denied quarantine, but ordered self-directed active monitoring, as outlined in the Centers for Disease Control and Prevention (CDC) guidelines.¹¹

Ebola was as much an epidemiological outbreak as it was an educational crisis. With the combination of the right resources, the right protocols, and the right political will, Ebola, ultimately, was defeated – patients survived, and health care workers remained safe. Whether or not you agree with the Maine court's decision, despite the palpable fear and anxiety generated by this devastating disease, by seeking to balance communicable disease laws with Ms. Hickox' liberty interests, the Maine court's ruling demonstrated real time application of the balancing act known as the rule of law, i.e., the principle that all persons will be equally subject to laws while protecting their fundamental rights.

⁸ See *Jacobsen v. Massachusetts*, 197 U.S. 11 (1905) (compulsory Small Pox vaccination); *Reynolds v. McNichols*, 488 F.2d 1378 (10th Cir. 1973) (compulsory treatment for Venereal Disease); *City of New York v. Antoinette R.*, 630 NYS 2d 1008 (NY Sup. Ct. 1995) (compulsory treatment for Tuberculosis).

⁹No. CV-2014-36 (D. Maine Oct. 31, 2014 (order pending hearing), available at: http://courts.maine.gov/news_reference/high_profile/hickox/order_pending_hearing.pdf (last visited June 26, 2017)

¹⁰ *Id.*

¹¹ *Id.*

COVID-19 Pandemic

On March 11, 2020, after more than 118,000 cases in 114 countries, the World Health Organization declared COVID-19 a pandemic.¹² By March 15, states began implementing shutdowns of businesses, restaurants, and school systems in order to prevent the spread of the disease.¹³

Due to the virulence of the disease and its severity in vulnerable populations, governments across the world and local health departments in the United States were immediately faced with the task of implementing mitigation and response measures. Among the first recommendations by the CDC were wearing masks indoors, social distancing, and isolating for 14 days upon testing positive for the disease.¹⁴

The unprecedented lockdowns enacted during the COVID-19 pandemic have pushed courts to consider how constitutional rights stand up in the context of a global pandemic. While *Jacobson* has historically been cited as the precedent for broad deference to state authorities in matters of health and safety, modern courts are beginning to reign in its broad application when balancing against the protection of constitutional rights.¹⁵ Through the course of the pandemic, courts across the country have demonstrated the differing views regarding this balance.

Ultimately, the COVID-19 pandemic did not involve invoking involuntary isolation and quarantine procedures, once it reached the level of community spread. Court action for involuntary confinement became unreasonably cumbersome. Contact tracers were verbally informing COVID-19 positive patients of the current isolation guidance from the CDC in hopes that those individuals would stay home and stop the spread.

Use of Force

The Nevada Attorney General issued an opinion on August 8, 2006 regarding the acceptable degree of force a police officer may use when taking a person into custody pursuant to an order

¹² *WHO Director-General's Opening Remarks at the Media Briefing on COVID-19*, WHO (Mar. 11, 2020) <https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020>.

¹³ *CDC Museum COVID-19 Timeline*, CDC (Aug. 16, 2022) <https://www.cdc.gov/museum/timeline/covid19.html>.

¹⁴ *Id.*

¹⁵ *See Roman Catholic Diocese of Brooklyn, New York v. Cuomo*, 141 S.Ct. 63, 68 (U.S. 2020) (“[E]ven in a pandemic, the Constitution cannot be put away and forgotten. The restrictions at issue here, by effectively barring many from attending religious services, strike at the very heart of the First Amendment’s guarantee of religious liberty . . . [W]e have a duty to conduct a serious examination of the need for such a drastic measure.”).

for involuntary isolation or quarantine.¹⁶ The Attorney General opined that the use of force must be reasonable given the totality of the circumstances. Deadly force may only be used when an officer has probable cause to believe that a person has committed a felony which involves the infliction of serious bodily harm or the use of deadly force or that the person poses a threat of serious bodily harm to the officer or to others. In issuing this opinion, the Attorney General relied upon the United States Supreme Court Case of *Tennessee v. Garner*, 471 U.S. 1, 8-9 (1984) (relating to the reasonableness of the use of force) and NRS 171.1455 (limiting the use of deadly force). The entire opinion is included in this Bench Book as Appendix B.

HIPAA Concerns

45 CFR §164.512(b)(1)(i) provides an exception for protected health information (PHI) to be disclosed for "public health activities" including for the "purpose of preventing or controlling disease." Additionally, 45 CFR §164.512(b)(1)(iv) allows PHI to be disclosed to a person who may be at risk of contracting or spreading a disease (i.e., the transporting officer).

45 CFR §164.512(f)(1)(ii)(C) allows PHI to be disclosed to law enforcement pursuant to an administrative request or similar process authorized under law, so long as the information is relevant and material, is limited in scope to the extent necessary, and de-identified information (removing all identifiable information) could not have been used.

Building on the above, a Ninth Circuit case discusses 45 CFR §164.512(b) as it relates to a prison's right to know a prisoner's medical status so that the guards can protect themselves and other inmates against possible infection.¹⁷ As indicated by the Circuit Court, "loss of privacy is an inherent incident of confinement."¹⁸

Based upon the exceptions noted within HIPAA regulations and supporting case law, HIPAA does not preclude disclosure of identifying information of a potentially infected person, such disclosure falls within several exceptions, including, but not limited to the "public health" exception.

For additional information regarding HIPAA protections and exceptions, please see Appendix C.

¹⁶ See copy of Nevada Attorney General opinion in Appendix B

¹⁷ See *Seaton v. Mayberg*, 610 F.3d 530, 535 (9th Cir. 2010).

¹⁸ *Id.* at 534.

EXHIBITS

Exhibit A – Emergency Detection Order

EMERGENCY DETENTION ORDER

_____, you are hereby ordered to detention at _____
_____, pursuant to NRS 441A.560. Your isolation or
quarantine commences on _____ at _____ a.m./p.m.
This Order will remain in effect until _____ at _____ a.m./p.m.
unless otherwise rescinded, but not to exceed ten (10) days.

Suspected communicable disease or infectious agent, if known: _____

Measures taken by the local Health Officer to seek voluntary compliance or basis on
which local health officer determined that seeking voluntary compliance would create risk of
serious harm: _____

Medical basis on which decision to isolate or quarantine is justified: _____

Special instructions: _____

Failure to comply with Emergency Detention Order is a misdemeanor pursuant NRS
441A.910.

It is very important for the protection of your own health and that of others that you abide
by this Emergency Detention Order. If you have any questions about this Order or need
assistance in complying, please call _____.

1 If isolation or quarantine is necessary beyond the ten (10) day period allowed under this
2 Order, the Health Officer may petition the District Court for an Order to Continue Isolation or
3 Quarantine for a period up to thirty (30) days.

4
5
6 District Health Officer/Chief Medical Officer

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8
9 **IMPORTANT NOTICE**

10 You have the right to petition the District Court for release from isolation or quarantine in
11 accordance with NRS 441A.540 and NRS 441A.550. You have a right to legal counsel. If you
12 are unable to afford legal counsel, then counsel will be appointed for you at government expense
13 and you should request the appointment of counsel at this time. If you currently have legal
14 counsel, then you have an opportunity to contact that counsel for assistance.
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Exhibit B – Petition for Emergency Isolation

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8 **DISTRICT COURT**

9 _____ **COUNTY, NEVADA**

10 In the Matter of _____

11
12
13 Defendant.

Case No.:

Dept. No.:

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16 **PETITION FOR EMERGENCY ISOLATION**

17 COMES NOW, _____ and the _____, the
18 health authority for _____ County, Nevada, by and through his/her Attorney,
19 _____, and sets forth the following in support of his/her request for
20 emergency isolation of _____, including compliance with the
21 prescribed plan of treatment, and alleges as follows:

22
23 1. _____ is the District Health Officer for
24 _____, a public entity created pursuant to Nevada Revised Statutes (NRS)
25 Chapter 439 which has jurisdiction over all public health matters in _____ County, Nevada,
26 and consisting of a district health officer and district board of health. _____ and
27 _____ are the health authority for _____ County, Nevada pursuant to NRS
28 441A.050.

1 2. _____, date of birth _____, is located at _____

2 _____, and:

3 a. Has been examined or had the circumstances of his/her possible exposure to a
4 communicable disease investigated by _____,

5 b. Is infected with or exposed to Tuberculosis, a communicable disease as defined
6 by NRS 441A.040, and

7 c. Is likely to be contagious or become contagious and an immediate threat to the
8 health of the public.

9 WHEREFORE, _____, District Health Officer of _____, the
10 health authority for _____ County, Nevada, requests entry of Orders as follows:

11 1. For the emergency isolation of _____ at _____
12 or any other appropriate medical facility, once _____ has been located.

13 2. For any peace officer or health authority in _____ County, Nevada, or any
14 other location within the State of Nevada, to take _____ into custody
15 and to transport him/her to allow the health authority to isolate and detain in a public or private
16 medical facility, residence or other safe location under emergency isolation.

17 3. Alternatively for emergency isolation of _____ at a residence
18 or other safe location and to be fitted by an ankle monitoring GPS device, to maintain such
19 device by charging a minimum of two hours each day, not leave said residence or other safe
20 location unless permitted or directed by the health authority, and to wear a mask or other
21 personal protective equipment as directed by the health authority.

22 4. Ordering _____ to not travel until further order by this
23 Court.

24 5. Ordering _____ to cooperate and comply with the
25 prescribed treatment plan during such involuntary isolation.

26 DATED this _____ day of _____, 20__.

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Exhibit C – Certificate of Registered Nurse in Support of Petition for Emergency Isolation

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DISTRICT COURT

_____ **COUNTY, NEVADA**

In the Matter of _____

Defendant.

Case No.:

Dept. No.:

**CERTIFICATE OF REGISTERED NURSE IN SUPPORT OF
PETITION FOR EMERGENCY ISOLATION**

STATE OF NEVADA)

) ss.

COUNTY OF CLARK)

COMES NOW, _____ and the _____, the health
authority for _____ County, Nevada, by and through his/her Attorney,
_____, and sets forth the following in support of his/her request for emergency
isolation of _____, including compliance with the prescribed plan of
treatment, and alleges as follows:

1. My name is _____ and I am a registered nurse employed as a
community health nurse for _____, assigned to the TB (Tuberculosis) Clinic.

1 My duties include examination and treatment of persons with Tuberculosis, a
2 communicable disease. I am over eighteen (18) years of age.

3 2. I have investigated the circumstances of potential infection or exposure regarding _____
4 _____. I am familiar with the facts and circumstances contained herein
5 based on information and belief.

6 3. STATE FACTS AND CIRCUMSTANCES OF INVESTIGATION: _____
7 _____
8 _____
9 _____

10 4. Based on the above facts and circumstances, I have concluded that _____
11 _____ is infected with or has been exposed to a communicable disease, namely,
12 Tuberculosis, as defined by NRS 441A.040.

13 5. As a result of the above _____ is likely to be contagious or become
14 contagious and is an immediate threat to the health of the public.

15 6. I have read the above and it is true.

16 DATED this _____ day of _____, 20____.

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18
19 _____, Registered Nurse
20
21

22 SUBSCRIBED and SWORN to before me
23 this _____ day of _____, 20____.

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27 _____
28 Notary Public in and for said County and State

Exhibit D – Order for Emergency Isolation

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7 **DISTRICT COURT**

8 _____ **COUNTY, NEVADA**

9 In the Matter of _____
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12 Defendant.
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Case No.:

Dept. No.:

15 **ORDER FOR EMERGENCY ISOLATION**

16 The above entitled matter having come before the Court pursuant to PETITION FOR
17 EMERGENCY ISOLATION by _____, and the _____,
18 the health authority for _____ County, Nevada, and this Court having reviewed all papers
19 and pleadings on file, and this Court finding that there exists probable cause to believe that _____
20 _____, date of birth _____ has been infected with or exposed to a
21 communicable disease, to wit: Tuberculosis, and that because of the risk of that disease, _____
22 _____ is likely to be an immediate threat to the health of the public, and good cause
23 appearing, therefore;

24 IT IS HEREBY ORDERED, ADJUDGED AND DECREED that any peace officer or
25 health authority in _____ County, Nevada, or any other location within the State of Nevada,
26 shall take _____, date of birth _____ into emergency isolation to allow
27 the health authority to investigate, file and prosecute its Petition for Involuntary Court-Ordered
28 Isolation of _____, and for the provision of consensual medical treatment.

1 IT IS FURTHER ORDERED, ADJUDGED AND DECREED that _____
2 shall cooperate and comply with the prescribed treatment plan during such emergency isolation,
3 to complete Directly Observed Therapy and to follow instructions for such Directly Observed
4 Therapy (DOT).

5 IT IS FURTHER ORDERED, ADJUDGED AND DECREED for _____
6 to wear a GPS device for the purpose of location and monitoring to provide DOT therapy until
7 completion, maintain the device and keep it fully charged.

8 IT IS FURTHER ORDERED, ADJUDGED AND DECREED that the Sheriff of _____
9 County, Nevada, or any other law enforcement agency within _____ County, Nevada, in
10 accordance with this Court's Order stated above or health authority employee, shall transport _____
11 _____, date of birth _____ to the (local hospital). _____ shall place a
12 brace or GPS device on his person or post a security officer where he shall be detained in
13 isolation for the purposes specified above.

14 IT IS FURTHER ORDERED, ADJUDGED AND DECREED that this EMERGENCY
15 ORDER FOR ISOLATION is effective immediately, and shall remain in full force and effect
16 until _____ has been detained as ordered above for a time period of 72 hours
17 or until further Order of this court, whichever occurs first.

18 IT IS FURTHER ORDERED, ADJUDGED AND DECREED that upon _____
19 _____ being detained at the (local hospital), and having a brace or GPS device placed on him,
20 or posting a security officer, this Court, and Petitioner _____, District Health Officer
21 of _____ shall be so advised.

22 DATED this _____ day of _____, 20____.

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26 _____
27 DISTRICT COURT JUDGE
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Exhibit E – Petition for Involuntary Court-Ordered Isolation

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**DISTRICT COURT
CLARK COUNTY, NEVADA**

In the Matter of _____

Defendant.

Case No.:

Dept. No.:

PETITION FOR INVOLUNTARY COURT-ORDERED ISOLATION

COMES NOW, _____ and the _____, the health authority for Clark County, Nevada, by and through his/her Attorney, _____, and sets forth the following in support of his request for involuntary court-ordered isolation of _____, including compliance with the prescribed plan of treatment, and alleges as follows:

1. _____ is the District Health Officer for _____, a public entity created pursuant to Nevada Revised Statutes (NRS) Chapter 439, which has jurisdiction over all public health matters in _____ County, Nevada, and consisting of a district health officer and district board of health. _____ and _____ are the health authority for _____ County, Nevada pursuant to NRS 441A.050.

2. _____, date of birth _____, is located at _____, and:

a. Is infected with Tuberculosis or exposed to, a communicable disease as defined by NRS 441A.040,

b. Has a history of non-compliance and unwillingness to complete prescribed treatment known to control or resolve the transmission of said communicable disease, and

c. Is likely to be contagious or become contagious and an immediate threat to the health of the public.

3. In accordance with NRS 441A.600, accompanying this Petition is the Certificate of Registered Nurse (_____), Certificate of Disease Investigation and Intervention Specialist (_____), _____, Tuberculosis Clinic and letter from _____, MD, stating:

a. that _____ has been infected with Tuberculosis, a communicable disease,

b. that _____ has been infected with Tuberculosis, a communicable disease, and further, may have single-drug resistance to Tuberculosis, and

c. that because of the risks of Tuberculosis and his history of non-compliance and unwillingness to complete prescribed treatment to control or resolve transmission of said communicable disease, _____ is likely to be an immediate and serious threat to the health of the public.

WHEREFORE, _____ and _____, the health authority for _____ County, Nevada, requests entry of Orders as follows:

1. For the involuntary court-ordered isolation of _____ at _____ or any other appropriate medical facility, once _____ has been located.

1 2. For any peace officer or health authority in _____ County, Nevada, or any
2 other location within the State of Nevada, to take _____, into custody
3 and to transport him/her to allow the health authority to isolate and detain in a public or private
4 medical facility, residence, or other safe location under involuntary court-ordered isolation.

5 3. Alternatively for involuntary isolation of _____, at a residence
6 or other safe location and to be fitted by an ankle monitoring GPS device, to maintain such
7 device by charging a minimum of two hours each day, not leave said residence or other safe
8 location unless permitted or directed by the health authority, and to wear a mask or other
9 personal protective equipment as directed by the health authority.

10 4. Ordering _____ to not travel until treatment has been
11 completed.

12 5. Ordering _____ to cooperate and comply with the
13 prescribed treatment plan during such involuntary isolation.
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15 DATED this _____ day of _____, 20__.

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Exhibit F – Confidential List of Exhibits

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DISTRICT COURT
_____ COUNTY, NEVADA

In the Matter of _____

Defendant.

Case No.:

Dept. No.:

CONFIDENTIAL LIST OF EXHIBITS

_____, date of birth _____ is currently hospitalized at _____, (city), Nevada and is being treated for Tuberculosis, but has a history of non-compliance.

The _____ and _____, District Health Officer for _____, hereby files its CONFIDENTIAL LIST OF EXHIBITS attached hereto referenced in the Certificate of Registered Nurse (_____), Certificate of Disease Investigation and Intervention Specialist (_____) and PETITION FOR INVOLUNTARY COURT-ORDERED ISOLATION.

...
...

1 Said records involve confidential medical information, protected by NRS 441A.220, and
2 privacy issues. These should not be placed into public record in order to maintain patient
3 confidentiality.

4 DATED this _____ day of _____, 20____.
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EXHIBIT LIST OF **'S CASE**

- EXHIBIT 1** Certificate of Registered Nurse – _____
- EXHIBIT 2** Certificate of Registered Nurse – _____
- EXHIBIT 3** Certificate of Disease Investigation and
Intervention Specialist – _____
- EXHIBIT 4** Physician's Assessment from _____
from _____ dated _____
- EXHIBIT 5** Administrative Order of District Health Officer
dated _____
- EXHIBIT 6** Nevada State Health Laboratory – Mycobacteriology
Reports
- EXHIBIT 7** Diagnostic Imaging Radiology Report
- EXHIBIT 8** Hospital Laboratory Summary Report of Quantiferon TB Test
- EXHIBIT 9** Tuberculosis Program Bacteriology Log
- EXHIBIT 10** Case Conference Worksheet
- EXHIBIT 11** Physician's Statement from _____, MD
dated _____
- EXHIBIT 12** Hospital Summaries from _____
- EXHIBIT 13** Cure TB Binational Tuberculosis Referral Form
dated _____

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EXHIBIT 14 _____ Laboratory Summary Report of Sputums

EXHIBIT 15 Do Not Board Notification Letter from CDC
_____ dated _____

EXHIBIT 16 Order to Comply with Therapy in Spanish/English
signed by _____ on _____

EXHIBIT 17 Picture of _____

**Exhibit G – Certificate of Health Authority In Support of Petition for Involuntary
Court-Ordered Isolation**

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DISTRICT COURT

_____ **COUNTY, NEVADA**

In the Matter of _____

Defendant.

Case No.:

Dept. No.:

**CERTIFICATE OF HEALTH AUTHORITY IN SUPPORT OF
PETITION FOR INVOLUNTARY COURT-ORDERED ISOLATION**

STATE OF NEVADA)

) ss.

COUNTY OF CLARK)

COMES NOW, _____ and the _____, the
health authority for _____ County, Nevada, by and through his Attorney,
_____, and sets forth the following in support of his request for emergency
isolation of _____, including compliance with the prescribed plan of
treatment, and alleges as follows:

1. _____ is the district health officer for _____, a public
entity created pursuant to Nevada Revised Statutes (NRS) Chapter 439 which has
jurisdiction over all public health matters in _____ County, Nevada and
consisting of a district health officer and a district board of health. _____ and

1 _____ are the health authority for Clark County, Nevada pursuant to NRS
2 441A.050.

3 2. I have investigated the circumstances of potential infection or exposure regarding _____
4 _____. I am familiar with the facts and circumstances contained herein
5 based on information and belief.

6 3. STATE FACTS AND CIRCUMSTANCES OF INVESTIGATION: _____
7 _____
8 _____

9 4. Based on the above facts and circumstances, I have concluded that _____ is
10 infected with or has been exposed to a communicable disease, namely, Tuberculosis, as
11 defined by NRS 441A.040.

12 5. As a result of the above _____ is likely to be contagious or become
13 contagious and is an immediate threat to the health of the public.

14 6. I have read the above and it is true.

15 DATED this _____ day of _____, 20____.
16
17

18 _____
19 (DHO OR DESIGNEE)
20

21 SUBSCRIBED and SWORN to before me
22 this _____ day of _____, 20____.
23
24 _____

25 Notary Public in and for said County
26 and State
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Exhibit H – Ex Parte Motion to Seal

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DISTRICT COURT
CLARK COUNTY, NEVADA

In the Matter of _____

Defendant.

Case No.:
Dept. No.:

EX PARTE MOTION TO SEAL

COMES NOW, _____ and the _____, the Health
Authority for _____ County, Nevada, by and through his attorneys, _____, and
files this Ex Parte Motion seeking an order to seal the records in this case. This motion is based
on the Memorandum of Points and Authorities attached hereto, all pleadings and papers on file
herein, and any other arguments that may be presented at hearing.

DATED this _____ day of _____, 20____.

1 **MEMORANDUM OF POINTS AND AUTHORITIES**

2 Petitioner respectfully requests the Court to seal all records in this case. Under SRCR
3 3(4), documents can be sealed or redacted when justified by “compelling privacy . . . interests
4 that outweigh the public interest in access to the court record,” as exists under the following
5 circumstances:

- 6 (a) The sealing or redaction is permitted or required by federal or state law;
7
8 (b) The sealing or redaction furthers an order entered under NRCP 12(f) or
JCRC 12(f) or a protective order entered under NRCP 26(c) or JCRC 26(c);
9
10 (c) The sealing or redaction furthers an order entered in accordance with federal
or state laws that serve to protect the public health and safety;
11
12 (d) The redaction includes only restricted personal information contained in the
court record;
13
14 (e) The sealing or redaction is of the confidential terms of a settlement agreement
of the parties;
15
16 (f) The sealing or redaction includes medical, mental health, or tax records;
17
18 (g) The sealing or redaction is necessary to protect intellectual proprietary or
property interests such as trade secrets as defined in NRS 600A.030(5); or
19
20 (h) The sealing or redaction is justified or required by another identified
compelling circumstance.

21 The circumstances in this case justify sealing the records. Specifically, the records in this
22 case include medical records, as well as personal information. Moreover, pursuant to NRS
23 441A.220, all personal information of the patient must remain confidential to protect the
24 patient’s identity. Accordingly, Petitioner respectfully requests that all records in this case be
25 sealed.
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DATED this _____ day of _____, 20____.

Exhibit I – Order to Seal

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4 **DISTRICT COURT**

5 _____ **COUNTY, NEVADA**

6 In the Matter of _____
7
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10 Defendant.
11 _____

Case No.:

Dept. No.:

12
13 **ORDER TO SEAL**

14 The above-entitled matter having come before the Court pursuant to the EX PARTE
15 MOTION TO SEAL by _____ and the _____, the health authority for
16 _____ County, Nevada, and this Court having reviewed all papers and pleadings on
17 file, and good cause appearing, therefore;

18 IT IS HEREBY ORDERED, ADJUDGED AND DECREED that all records in this case
19 be sealed.

20 DATED: _____, 20____.
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24 _____
DISTRICT COURT JUDGE
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Exhibit J – Order to Detain and Notice of Hearing

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DISTRICT COURT

_____ **COUNTY, NEVADA**

In the Matter of _____

Defendant.

Case No.:

Dept. No.:

ORDER TO DETAIN AND NOTICE OF HEARING

Based upon this Court receiving PETITION FOR INVOLUNTARY COURT ORDERED ISOLATION filed pursuant to Nevada Revised Statutes (NRS) 441A.600, and pursuant to NRS 441A.620, and good cause appearing therefore;

IT IS HEREBY ORDERED, ADJUDGED AND DECREED that hearing on PETITION FOR INVOLUNTARY COURT-ORDERED ISOLATION is set for the _____ day of _____, 20__ at _____ a.m./p.m., in Dept. _____ Courtroom _____ of the District Court, _____, Nevada 89____.

IT IS FURTHER ORDERED, ADJUDGED AND DECREED that based upon the above-referenced Petition, _____, if present in the courtroom, being likely to pose an immediate threat to the health of the judge or the staff or officers of the Court,

1 _____ does not have a right to be physically present, and is ordered not to be
2 physically present, in the courtroom at hearing set herein.

3 IT IS FURTHER ORDERED, ADJUDGED AND DECREED that _____ has
4 the right, for said hearing, to be present by live telephone conferencing or videoconferencing and
5 to testify in his own behalf, to the extent that the court determines he is able to do so without
6 endangering the health of others.

7 IT IS FURTHER ORDERED, ADJUDGED AND DECREED that this Notice shall be
8 given to _____, date of birth _____, Web TB # _____, the subject of
9 said Petition, his attorney if known, and the administrative office of any public or private
10 medical facility in which _____ is admitted or detained.

11 IT IS FURTHER ORDERED that _____ shall continue to be detained
12 at (local hospital) or other approved location until the date and time of hearing.

13 DATED this _____ day of _____, 20__.

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18 DISTRICT COURT JUDGE
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Exhibit K – Order for Examination

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DISTRICT COURT

_____ **COUNTY, NEVADA**

In the Matter of _____

Defendant.

Case No.:

Dept. No.:

ORDER FOR EXAMINATION

Based upon this Court receiving PETITION FOR INVOLUNTARY COURT ORDERED ISOLATION filed on or about _____ pursuant to Nevada Revised Statutes (NRS) 441A.600, and in accordance with NRS 441A.630, and good cause appearing therefore;

IT IS HEREBY ORDERED, ADJUDGED AND DECREED that two physicians herein shall promptly either examine _____, or assess the likelihood that _____ alleged to have been infected with or exposed to Tuberculosis, a communicable disease, has been so infected. Said physicians are:

1 IT IS FURTHER ORDERED, ADJUDGED AND DECREED that each physician who
2 examines or assesses _____ pursuant to this Order and NRS
3 441A.630(1) shall, not later than 24 hours before the hearing set pursuant to NRS 441A.620 on
4 _____, 20____ at _____ a.m./p.m. in Department _____ - Courtroom _____
5 of the District Court, _____, _____, Nevada 89____, submit to the court in
6 writing a summary of his findings and evaluation regarding _____, the
7 person alleged to have been infected with or exposed to Tuberculosis, a communicable disease.

8 DATED this _____ day of _____, 20____.

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11 _____
12 DISTRICT COURT JUDGE
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Exhibit L – Order for Isolation

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9 **DISTRICT COURT**

10 _____ **COUNTY, NEVADA**

11 In the Matter of _____

12
13
14 Defendant.

Case No.:

Dept. No.:

15
16
17 **ORDER FOR ISOLATION**

18 The above entitled matter having come before the Court on _____
19 _____, pursuant to PETITION FOR INVOLUNTARY COURT ORDERED-ISOLATION,
20 _____, appearing on behalf of Petitioner _____, District Health
21 Officer of the _____ and _____, appearing on
22 behalf of _____, and this Court having reviewed all papers and pleadings
23 on file, including Certificate of Registered Nurse (_____), Certificate of Registered
24 Nurse (_____) and Certificate of Disease Investigation and Intervention Specialist (_____
25 _____) filed with said PETITION FOR INVOLUNTARY COURT ORDERED
26 ISOLATION, and this Court finding that there exists clear and convincing evidence that _____
27 _____, date of birth _____, has been infected with a communicable disease, to
28

1 wit: Tuberculosis, and that because of the risk of that disease, _____ is
2 likely to be an immediate threat to the health of the public, and good cause appearing, therefore;

3 IT IS ORDERED, ADJUDGED AND DECREED that _____ shall
4 remain at _____ until _____;

5 IT IS FURTHER ORDERED, ADJUDGED AND DECREED that _____
6 may be released to _____;

7
8 IT IS FURTHER ORDERED, ADJUDGED AND DECREED that _____
9 is required to take all medications as ordered by any medical personnel treating _____;

10 IT IS FURTHER ORDERED, ADJUDGED AND DECREED that _____
11 is not to have contact with anyone but his doctor, other medical staff or _____;

12 IT IS FURTHER ORDERED, ADJUDGED AND DECREED that _____
13 may be released from house arrest at _____ once he is cleared by the
14 Southern Nevada Health District;

15 IT IS FURTHER ORDERED, ADJUDGED AND DECREED that in the event that _____
16 _____ fails to comply with any of the terms of this Order, the Southern Nevada
17 Health District is authorized to place _____ in custody and take all necessary
18 means to secure his treatment;

19
20 IT IS FURTHER ORDERED, ADJUDGED AND DECREED that _____
21 is ordered to have on his person at all times a GPS device provided by the Southern Nevada
22 Health District;

23 IT IS FURTHER ORDERED, ADJUDGED AND DECREED that _____
24 is ordered to keep the GPS device charged at all times;

25 IT IS FURTHER ORDERED, ADJUDGED AND DECREED that _____
26 is ordered to stay away from children until he has received clearance regarding his treatment;
27
28

1 IT IS FURTHER ORDERED, ADJUDGED AND DECREED that _____
2 is ordered to refrain from the use of alcohol or drugs as ingestion of those substances may
3 complicate his treatment; and

4 IT IS FURTHER ORDERED, ADJUDGED AND DECREED that a status check is set
5 for _____, at _____, in order to evaluate whether _____
6 has complied with treatment and will be medically cleared by the _____.

7 DATED this _____ day of _____, 20____.
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10 _____
11 DISTRICT COURT JUDGE
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Exhibit M – Petition to Extend Involuntary Court-Ordered Isolation

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DISTRICT COURT

_____ **COUNTY, NEVADA**

In the Matter of _____

Defendant.

Case No.:

Dept. No.:

PETITION TO EXTEND INVOLUNTARY COURT-ORDERED ISOLATION

COMES NOW, _____ and the _____, the health authority for _____ County, Nevada, by and through his Attorney, _____, and sets forth the following in support of his request to extend the involuntary court-ordered isolation of _____, including compliance with the prescribed plan of treatment, and alleges as follows:

1. _____ is the District Health Officer for _____, a public entity created pursuant to Nevada Revised Statutes (NRS) Chapter 439, which has jurisdiction over all public health matters in _____ County, Nevada, and consisting of a district health officer and district board of health. _____ and _____ are the health authority for _____ County, Nevada pursuant to NRS 441A.050.

1 2. _____, date of birth _____, was involuntarily
2 isolated pursuant to this Court's order on _____ and is currently isolated at _____
3 _____, and:

4 a. Is infected with Tuberculosis or exposed to, a communicable disease as defined
5 by NRS 441A.040,

6 b. Has a history of non-compliance and unwillingness to complete prescribed
7 treatment known to control or resolve the transmission of said communicable disease, and

8 c. Is likely to be contagious or and an immediate threat to the health of the public.
9

10 WHEREFORE, _____ and _____, the health authority for _____
11 County, Nevada, requests entry of Orders as follows:

12 1. To extend the involuntary court-ordered isolation of _____
13 at _____ with all terms of the current isolation to be continued for
14 120 days or until _____ is no longer infectious.

15 DATED this _____ day of _____, 20____.
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Exhibit N – Order to Extend Isolation

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10 **DISTRICT COURT**

11 _____ **COUNTY, NEVADA**

12 In the Matter of _____

13
14
15 Defendant.

Case No.:

Dept. No.:

16
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18 **ORDER TO EXTEND ISOLATION**

19 The above entitled matter having come before the Court on _____, pursuant to
20 PETITION TO EXTEND INVOLUNTARY COURT ORDERED-ISOLATION,
21 _____, appearing on behalf of Petitioner _____, District Health
22 Officer of the _____ and _____, appearing on behalf
23 of _____, and this Court having reviewed all papers and pleadings on file,
24 and this Court finding that there exists clear and convincing evidence that _____
25 _____, date of birth _____, has been infected with a communicable disease, to wit:
26 Tuberculosis, and that because of the risk of that disease, _____ is likely to be
27 an immediate threat to the health of the public, and good cause appearing, therefore;
28

1 IT IS ORDERED, ADJUDGED AND DECREED that _____ shall
2 remain at _____ until _____ under all terms of the involuntary
3 isolation previously ordered by this Court;

4 IT IS FURTHER ORDERED, ADJUDGED AND DECREED that a status check is set
5 for _____, at _____, in order to evaluate whether _____
6 has complied with treatment and will be medically cleared by the Southern Nevada Health
7 District.

8 DATED this _____ day of _____, 20____.
9

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12 DISTRICT COURT JUDGE
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Exhibit O – Order for Dismissal

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DISTRICT COURT
_____ **COUNTY, NEVADA**

In the Matter of _____,	Case No.: Dept. No.: Date of Hearing: Time of Hearing:
-------------------------	---

ORDER FOR DISMISSAL

This matter having come on for hearing on _____, _____, appearing on behalf of Petitioner _____, District Health Officer of the _____ and _____, appearing on behalf of _____, and the Court having considered representations of counsel, and the papers and pleadings on file herein, and for good cause appearing, the Court hereby finds and orders as follows:

IT IS HEREBY ORDERED, ADJUDGED AND DECREED that the above-captioned matter is DISMISSED WITHOUT PREJUDICE.

IT IS SO ORDERED this _____ day of _____, 20__.

DISTRICT COURT JUDGE

Exhibit P – Notice of Entry of Order of Dismissal

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DISTRICT COURT

_____ **COUNTY, NEVADA**

In the Matter of _____,

Case No.:

Dept. No.:

NOTICE OF ENTRY OF ORDER OF DISMISSAL

TO: ALL INTERESTED PARTIES:

PLEASE TAKE NOTICE that an Order for Dismissal was filed in the above-captioned matter on _____, a copy of which is attached hereto.

DATED this ____ day of _____, 20__.

CERTIFICATE OF FACSIMILE AND MAILING

I HEREBY CERTIFY, pursuant to NRCP 5(b) that on the ____ day of _____, 20____, service of the foregoing, **NOTICE OF ENTRY OF ORDER OF DISMISSAL**, was made by sending a copy by facsimile to the below fax numbers as well as by depositing a true and correct copy of the same, enclosed in a sealed envelope upon which first class postage was fully pre-paid, in the U.S. Mail at _____, Nevada, to the below addresses:

Attorney for _____

An employee

Exhibit Q – Memorandum of Law in Support of Petition for Emergency Isolation

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DISTRICT COURT
_____ COUNTY, NEVADA

In the Matter of _____

Defendant.

Case No.:

Dept. No.:

MEMORANDUM OF LAW IN SUPPORT OF PETITION FOR EMERGENCY ISOLATION

COMES NOW, _____, the health authority for _____ County, Nevada,
by and through his attorneys, _____, and sets forth the following in
support of his request for court ordered quarantine of _____,
including compliance with the prescribed plan of treatment, and alleges as follows:

1. _____ is the District Health Officer for the _____, a
public entity created pursuant to Nevada Revised Statutes (NRS) Chapter 439 which has
jurisdiction over all public health matters in _____ County, Nevada, and consisting of a district
health officer and district board of health. _____ is the Health Authority for _____
County, Nevada pursuant to NRS 441A.050.

1 2. _____, date of birth _____, is currently
2 hospitalized at _____, _____, Nevada. Please refer to the Certificate
3 of Registered Nurse (_____), Certificate of Disease Investigation and Intervention
4 Specialist (_____), and the Confidential List of Exhibits.

5 The purpose of quarantine or isolation is to limit the transmission of communicable
6 disease to persons who are not infected and have not been exposed to a communicable disease.
7 NRS 441A.065, NRS 44A.115.

8 A person or group of persons alleged to have been infected with or exposed to a
9 communicable disease may be detained under emergency isolation or quarantine for testing,
10 examination, observation, and the provision of or arrangement for consensual treatment upon the
11 following:

- 12
- 13 1) Application to the health authority;
 - 14 2) Order of a health authority; or
 - 15 3) Voluntary consent of the person, parent of a minor child, or legal guardian. NRS
16 441A.550(1)

17 Quarantine: The physical separation and confinement of a person or group of persons exposed
18 or reasonably believed by a health authority to be exposed to a communicable disease who do
19 not show any signs or symptoms of being infected with the communicable disease from persons
20 who are not infected and have not been exposed to the communicable disease. NRS 441A.115

21
22 The power and duties of the Chief Health Officer are set out as follows:

23 **NRS 441A.160 Powers and duties of health authority.**

24 1. A health authority who knows, suspects or is informed of the existence within
25 his jurisdiction of any communicable disease shall immediately investigate the
26 matter and all circumstances connected with it, and shall take such measures for
27 the prevention, suppression and control of the disease as are required by the
28 regulations of the Board or a local board of health.

2. A health authority may:

(a) Enter private property at reasonable hours to investigate any case or
suspected case of a communicable disease.

(b) Order any person whom he reasonably suspects has a communicable disease in an infectious state to submit to any medical examination or test which he believes is necessary to verify the presence of the disease. The order must be in writing and specify the name of the person to be examined and the time and place of the examination and testing, and may include such terms and conditions as the health authority believes are necessary to protect the public health.

(c) Except as otherwise provided in subsection 5 and NRS 441A.210, issue an order requiring the isolation, quarantine or treatment of any person or group of persons if he believes that such action is necessary to protect the public health. The order must be in writing and specify the person or group of persons to be isolated or quarantined, the time during which the order is effective, the place of isolation or quarantine and other terms and conditions which the health authority believes are necessary to protect the public health, except that no isolation or quarantine may take place if the health authority determines that such action may endanger the life of a person who is isolated or quarantined.

3. Each order issued pursuant to this section must be served upon each person named in the order by delivering a copy to him.

4. If a health authority issues an order to isolate or quarantine a person with a communicable or infectious disease in a medical facility, the health authority must isolate or quarantine the person in the manner set forth in NRS 441A.510 to 441A.720, inclusive.

5. Except as otherwise provided in NRS 441A.310 and 441A.380, a health authority may not issue an order requiring the involuntary treatment of a person without a court order requiring the person to submit to treatment.

Furthermore, the duties of the Health Authority are established as follows:

NRS 441A.340 Duties of health authority. The health authority shall control, prevent the spread of, and ensure the treatment and cure of tuberculosis.

The procedure for an involuntary court ordered quarantine are stated as follows:

NRS 441A.600 Petition: Filing; certificate or statement of alleged infection with or exposure to communicable disease. A proceeding for an involuntary court-ordered isolation or quarantine of any person in this State may be commenced by a health authority filing a petition with the clerk of the district court of the county where the person is to be isolated or quarantined. The petition may be pled in the alternative for both isolation and quarantine, if required by developing or changing facts, and must be accompanied:

1. By a certificate of a health authority or a physician, a physician assistant licensed pursuant to chapter 630 or 633 of NRS or a registered nurse stating that he has examined the person alleged to have been infected with or exposed to a communicable disease or has investigated the circumstances of potential infection or exposure regarding the person alleged to have been infected with or exposed to a communicable disease and has concluded that the person has been infected with or exposed to a communicable disease, and that because of the risks of that

1 disease, the person is likely to be an immediate threat to the health of the public;
2 or

3 2. By a sworn written statement by the health authority that:

4 (a) The health authority has, based upon its personal observation of the person alleged to
5 have been infected with or exposed to a communicable disease, or its epidemiological
6 investigation of the circumstances of potential infection or exposure regarding the person alleged
7 to have been infected with or exposed to a communicable disease, a reasonable factual and
8 medical basis to believe that the person has been infected with or exposed to a communicable
9 disease and, that because of the risks of that disease, the person is likely to be an immediate
10 threat to the health of the public; and

11 (b) The person alleged to have been infected with or exposed to a communicable disease
12 has refused to submit to voluntary isolation or quarantine, examination, testing, or treatment
13 known to control or resolve the transmission of the communicable disease.

14 Who can authorize an emergency order of quarantine or isolation? The health authority
15 or the District Court. NRS 441A.560. Health authority includes: the district health officer or
16 designee. NRS 441A.050. An application to a health authority for an order of emergency
17 isolation or quarantine can be made only by the following: another health authority; a physician;
18 a licensed physician assistant; a registered nurse; or a medical facility. NRS 441A.560(1). The
19 _____ and _____ have met the criteria by submitting affidavits and exhibits.

20 For the Court's convenience and review, the provisions dealing with communicable
21 diseases, NRS 441A.010 *et. seq.* are attached hereto. The provisions dealing with Tuberculosis
22 are contained in NRS 441A.340 *et. seq.* are likewise attached hereto. The provisions concerning
23 isolation and quarantine of persons are contained in NRS 441A.500 and NRS 441A.540 *et. seq.*
24 are attached.

25 _____ and _____ respectfully request that this Court grant the
26 Petition and enter an order of quarantine, treatment and confinement.
27

28 DATED this _____ day of _____, 20__.



SOUTHERN NEVADA HEALTH DISTRICT DIVISIONAL POLICY AND PROCEDURE

DIVISION:	Primary and Preventive Care (PPC)/ Disease Surveillance and Control (DSC)	NUMBER(s):	CS-TB-001-A
PROGRAM:	Tuberculosis Prevention	VERSION:	1.01
TITLE:	Tuberculosis (TB) Prevention Isolation and Quarantine	PAGE:	1 of 4
		EFFECTIVE DATE: June 14, 2023	
DESCRIPTION:	Guidance regarding TB isolation and quarantine procedures.	ORIGINATION DATE: September 16, 2010	
APPROVED BY:		REPLACES: June 8, 2017	
PRIMARY AND PREVENTIVE CARE DIRECTOR			
<div style="display: flex; justify-content: space-between; align-items: center;"> <div> Lourdes Yapjoco <small>Digitally signed by Lourdes Yapjoco Date: 2023.06.14 09:08:21 -07'00'</small> </div> <div>6/14/23</div> </div>			
<div style="display: flex; justify-content: space-between;"> <div>Lourdes Yapjoco</div> <div>Date</div> </div>			
DISEASE SURVEILLANCE DIRECTOR			
<div style="display: flex; justify-content: space-between; align-items: center;"> <div> Cassius Lockett, PhD <small>Digitally signed by Cassius Lockett, PhD Date: 2023.06.14 10:37:45 -07'00'</small> </div> <div>6/14/23</div> </div>			
<div style="display: flex; justify-content: space-between;"> <div>Cassius Lockett, Ph.D.</div> <div>Date</div> </div>			

I. PURPOSE

To protect the health of individuals and the community by implementing procedures to reduce or prevent the potential spread of Tuberculosis (TB) by physical separation, education, testing, medication and, if necessary, legal action.

II. SCOPE

Applies to all SNHD staff conducting TB prevention services to include Primary and Preventive Care and Disease Surveillance and Control personnel.

III. POLICY

SNHD is committed to protecting the health of residents and visitors to Clark County by conducting TB surveillance and implementing the appropriate control measures to prevent TB from spreading. The goal of this policy is to provide guidance to SNHD staff regarding isolation and quarantine procedures to provide our community with the best available protection from TB

IV. PROCEDURE

A. TB Prevention Staff (Disease Intervention Investigative Specialist (DIIS) and clinical staff)

1. Educate client upon contact regarding TB infection and the requirements to adhere to testing and treatment.
 - a. If the client is diagnosed with active TB disease, then initiate a Contract Agreement to Treatment.
 - b. If the client has a known history of noncompliance, then discuss with him/her the obligations to comply with medical treatment and document the discussion in the client's medical record/surveillance record. Provide the client with health education on compliance and document.
2. Inform lead and/or supervisor of this investigation.

B. Senior and/or Supervisor-Coordinate actions with colleagues in both PPC/DSC Divisions

1. If the client's nonadherence continues, then discuss the client case with the PPC/DSC Managers.

C. PPC/DSC Division Managers

1. Coordinate employee's intervention efforts that offer the client the least restrictive treatment option available while reinforcing the necessity for compliance to protect the general public. Document plan/strategies in the medical/surveillance records.

D. Director of Primary and Preventive Care Division/Chief Medical Officer

1. If nonadherence continues, then issue a letter from District Health Officer/Chief Medical Officer and document the issuance in the client's medical record. Consult with Legal on customized content of individual letter example posted in attachments.
2. Staff hand delivers or mails the non-compliance letter and provides the client a time period in order to comply with the requirements of the letter. If delivering the letter in person, staff will don the appropriate PPE.

3. The letter may inform the client that failure to comply may result in:
 - a. Removal from school attendance;
 - b. Non-clearance for work;
 - c. Lost incentives;
 - d. Notification to airlines of “no fly” status; and/or
 - e. Involuntary Isolation or Quarantine.
4. If nonadherence continues, DIIS and/or Lead staff will notify management of nonadherence. Director or designee will consult with legal regarding court ordered treatment or involuntary isolation or quarantine.

E. After Division Director and/or designees’ consultation with Legal determines court intervention is necessary, TB Staff, DIIS and/or lead staff will

1. Prepare a statement, which will be made into a written affidavit which must include the following statements:
 - a. State of facts of the investigation;
 - b. Personal knowledge of client’s condition or circumstances;
 - c. The ways that the client has failed to submit to treatment;
 - d. Belief that the client poses a public health threat;
 - e. Terms required to minimize the likelihood of transmission from client; and
2. Provide the following documents to Legal Counsel:
 - a. Completed statement that includes attempts made to obtain compliance (field/phone call attempts)
 - b. Copies of hospital/medical records; and
 - c. Physician(s) written statement, which will be made into an affidavit;
3. Coordinate with local police for service of Court Order. Coordinate with ambulance services/fire department for transport, if needed. Coordinate with receiving hospital, if needed.
4. Prepare Notice of Rights and provide to client.
5. Surveillance and TB Clinic staff will collaborate and ensure a follow up plan is confirmed and in place.



V. REFERENCES

NRS Chapter 441A
SNHD Involuntary Confinement Bench Book

VI. DIRECT RELATED INQUIRIES TO

Physician
SNHD Tuberculosis Treatment and Control Clinic
(702) 759-1370

HISTORY TABLE

Table 1: History

Version/Section	Effective Date	Change Made
Version 1	6/14/2023	Formatted to current template Periodic Review Attachment renamed to Attachment 1, made separate document, minor updates
Version 0	4/18/2017	First issuance

VII. ATTACHMENTS

Attachment No. ATT-1-CS-TB-001-A, CMO Letter Example



XXX, X, XXX

Parent's/Client's Name
Street Address
City, NV XXXXX

Re: Warning Notice for Testing Nonadherence

As you know, you/your child, _____ has been exposed to an individual with active, pulmonary tuberculosis. On XXX, X, XXXX, a chest x-ray referral was provided. As of XXX, X, XXXX, you have not cooperated with this requirement.

As of XXX, X, XXXX, staff efforts to contact you regarding this follow up included both phone calls and a home visit. You have been educated about Tuberculosis infection and have been made aware of the consequences to your child/yourself if you do not follow the plan for evaluation and/or treatment. Our clinic staff has determined that additional screening is required, and the child/you present for a chest x-ray.

Public health regulations in the state of Nevada (Nevada Administrative Code 441A.365) require a person identified as a contact to an active tuberculosis patient shall submit to a medical evaluation to determine the presence of active tuberculosis or tuberculosis infection, Tests may include a tuberculin skin test, blood assay for tuberculosis, and/or a chest x-ray as necessary. Please consider this letter a warning that if you fail to comply with the chest x-ray referral for _____, you may be subject to further legal action that will include a written order to comply with Tuberculosis evaluation and may exclude you / your child from work and/or school.

In order to avoid further legal actions against you and/or your child, please contact the Health District's TB Surveillance Office at (702) 759-1015 within one (1) business day of receiving this letter to make arrangements for you or your child's x-ray. Please be assured, our staff will help you in any reasonable way to ensure complete screening.

Your cooperation in this matter is appreciated.

Sincerely,

Southern Nevada Health District

Attachment No. ATT-1-CS-TB-001-A

CHAPTER 441A - INFECTIOUS DISEASES; REPORTING CONCERNING COMMUNICABLE DISEASES, OVERDOSES AND ATTEMPTED SUICIDES

GENERAL PROVISIONS

NRS 441A.010	Definitions.
NRS 441A.020	“Board” defined.
NRS 441A.030	“Child care facility” defined.
NRS 441A.040	“Communicable disease” defined.
NRS 441A.050	“Health authority” defined.
NRS 441A.063	“Infectious disease” defined.
NRS 441A.065	“Isolation” defined.
NRS 441A.070	“Laboratory director” defined.
NRS 441A.080	“Medical facility” defined.
NRS 441A.090	“Medical laboratory” defined.
NRS 441A.100	“Physician” defined.
NRS 441A.110	“Provider of health care” defined.
NRS 441A.115	“Quarantine” defined.
NRS 441A.118	Legislative findings and declaration.
NRS 441A.120	Regulations of State Board of Health governing control of communicable diseases and reporting cases or suspected cases of drug overdose; performance of duties set forth in regulations. [Effective through December 31, 2021.]
NRS 441A.120	Regulations of State Board of Health governing control of communicable diseases and reporting cases or suspected cases of drug overdose or attempted suicide; performance of duties set forth in regulations. [Effective January 1, 2022.]
NRS 441A.125	Use of syndromic reporting and active surveillance to monitor public health; regulations.
NRS 441A.130	Chief Medical Officer to inform local health officers of regulations and procedures.
NRS 441A.140	Authority of Division of Public and Behavioral Health to receive and use financial aid.

REPORTING OF OCCURRENCES; INVESTIGATIONS; ACTIONS TO PROTECT PUBLIC HEALTH AND SAFETY

NRS 441A.150	Reporting occurrences of communicable diseases to health authority; reporting drug overdoses to Chief Medical Officer. [Effective through December 31, 2021.]
NRS 441A.150	Reporting occurrences of communicable diseases to health authority; reporting cases or suspected cases of drug overdose or attempted suicide to Chief Medical Officer. [Effective January 1, 2022.]
NRS 441A.160	Investigation: Powers of health authority to conduct investigation of communicable disease; order to require person to submit to examination; order of isolation, quarantine or treatment; regulations concerning appeal of order to submit to examination or testing.
NRS 441A.163	Investigation: Powers of health authority to conduct investigation of infectious disease or exposure to biological, radiological or chemical agent; reports; regulations.
NRS 441A.165	Investigation: Powers of health authority to access medical records, laboratory records and other information in possession of health care provider or medical facility; payment of certain costs related to investigation.
NRS 441A.166	Investigation: Subpoena to compel production of medical records, laboratory records and other information; court order directing witness to appear for failure to produce.
NRS 441A.167	Investigation: Law enforcement agencies and political subdivisions authorized to share certain information and medical records with state and local health authorities; regulations.
NRS 441A.169	Investigation: Powers of health authority to issue cease and desist order to health care provider or medical facility; injunction.
NRS 441A.170	Weekly reports to Chief Medical Officer.
NRS 441A.180	Contagious person to prevent exposure to others; warning by health authority; penalties; affirmative defenses; acts that do not violate section; prohibition on charging person with other offenses.
NRS 441A.190	Control of disease within schools, child care facilities, medical facilities and correctional facilities.
NRS 441A.195	Testing of person or decedent who may have exposed law enforcement officer, correctional officer, emergency medical attendant, firefighter, county coroner or medical examiner, person

	employed by or volunteering for agency of criminal justice or certain other public employees or volunteers to communicable disease.
<u>NRS 441A.200</u>	Right to receive treatment from physician or clinic of choice; Board may prescribe method of treatment.
<u>NRS 441A.210</u>	Rights and duties of person who depends exclusively on prayer for healing.
<u>NRS 441A.220</u>	Confidentiality of information; permissible disclosure. [Effective through December 31, 2021.]
<u>NRS 441A.220</u>	Confidentiality of information; permissible disclosure. [Effective January 1, 2022.]
<u>NRS 441A.230</u>	Disclosure of personal information prohibited without consent.

SEXUALLY TRANSMITTED DISEASES

<u>NRS 441A.240</u>	Duties of health authority.
<u>NRS 441A.250</u>	Establishment and support of clinics and dispensaries.
<u>NRS 441A.260</u>	Provision of medical supplies and financial aid for treatment of indigent patients.
<u>NRS 441A.270</u>	Instruction of patients on prevention and treatment of disease.
<u>NRS 441A.280</u>	Procedure to ensure that infected person receives adequate treatment.
<u>NRS 441A.290</u>	Infected person to report source of infection.
<u>NRS 441A.300</u>	Confinement of person whose conduct may spread acquired immunodeficiency syndrome. [Repealed.]
<u>NRS 441A.310</u>	Examination and treatment of minor without consent.
<u>NRS 441A.315</u>	Certain providers of emergency medical services or primary care required to ascertain whether patient wishes to be tested for sexually transmitted diseases; exceptions; regulations; enforcement.
<u>NRS 441A.320</u>	Testing of person alleged to have committed sexual offense; disclosure of results of test; assistance to victim; payment of expenses; regulations. [Repealed.]
<u>NRS 441A.330</u>	Provision of outpatient care to persons with human immunodeficiency virus.

SERVICES CONCERNING HUMAN IMMUNODEFICIENCY VIRUS

<u>NRS 441A.334</u>	“Provider of health care” defined.
<u>NRS 441A.335</u>	Declaration of legislative intent.
<u>NRS 441A.336</u>	Counseling to be provided to person testing positive for human immunodeficiency virus; topics to be addressed in counseling; referrals to be provided to person testing positive for human immunodeficiency virus; regulations.

TUBERCULOSIS

<u>NRS 441A.340</u>	Duties of health authority.
<u>NRS 441A.350</u>	Establishment and support of clinics.
<u>NRS 441A.360</u>	Provision of medical supplies and financial aid for treatment of indigent patients.
<u>NRS 441A.370</u>	Contracts with hospitals, clinics and other institutions for examination and care of patients.
<u>NRS 441A.380</u>	Treatment of patient for condition related to or as necessary for control of tuberculosis.
<u>NRS 441A.390</u>	Contracts with private physicians to provide outpatient care in rural areas.
<u>NRS 441A.400</u>	Inspection of records of facility where patients are treated.

MISCELLANEOUS DISEASES

<u>NRS 441A.410</u>	Regulations governing control of rabies.
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ISOLATION AND QUARANTINE OF PERSON OR GROUP OF PERSONS

GENERAL PROVISIONS

<u>NRS 441A.505</u>	“Health authority” defined.
<u>NRS 441A.510</u>	Manner of isolating, quarantining or treating by health authority; duty to inform person of rights; regulations.
<u>NRS 441A.520</u>	Right of person isolated or quarantined to make and receive telephone calls and to possess cellular phone; duty to notify spouse or legal guardian under certain circumstances.
<u>NRS 441A.530</u>	Right to refuse treatment and not submit to involuntary treatment; exception.

EMERGENCY ISOLATION OR QUARANTINE

- [NRS 441A.540](#) Restrictions on change of status from voluntary isolation or quarantine to emergency isolation or quarantine; rights of person whose status is changed.
- [NRS 441A.550](#) Detention for testing, examination, observation and consensual medical treatment; limitation on time; rights of person detained; extension of time.
- [NRS 441A.560](#) Procedure for isolation or quarantine.
- [NRS 441A.570](#) Certificate of another health authority or physician, licensed physician assistant or registered nurse required.
- [NRS 441A.580](#) Requirements for and limitations on applications and certificates.
- [NRS 441A.590](#) Additional notice to spouse or legal guardian.

INVOLUNTARY COURT-ORDERED ISOLATION OR QUARANTINE

- [NRS 441A.600](#) Petition: Filing; certificate or statement of alleged infection with or exposure to communicable disease.
- [NRS 441A.610](#) Additional requirements for petition that is filed after emergency isolation or quarantine.
- [NRS 441A.620](#) Hearing on petition; notice; release of person before hearing.
- [NRS 441A.630](#) Examination or assessment of person alleged to be infected with or exposed to communicable disease; protective custody pending hearing; written summary of findings and evaluation concerning person alleged to be infected with or exposed to communicable disease.
- [NRS 441A.640](#) Evaluation teams: Establishment; composition; fees.
- [NRS 441A.650](#) Proceedings held in county where persons to conduct examination are available; expense of proceedings paid by county.
- [NRS 441A.660](#) Right to counsel; compensation of counsel; recess; duties of district attorney.
- [NRS 441A.670](#) Testimony.
- [NRS 441A.680](#) Right of person alleged to be infected with or exposed to communicable disease to be present by telephonic conferencing or videoconferencing and to testify.
- [NRS 441A.690](#) Fees and mileage for witnesses.
- [NRS 441A.700](#) Findings and order; expiration and renewal of isolation or quarantine; alternative courses of treatment.
- [NRS 441A.710](#) Clinical abstract to accompany order.
- [NRS 441A.720](#) Transportation to public or private medical facility, residence or other safe location.

ENFORCEMENT

- [NRS 441A.900](#) Injunction: Grounds; responsibility for prosecution; authority of court.
- [NRS 441A.910](#) Criminal penalty for violation of chapter; exception.
- [NRS 441A.920](#) Criminal penalty and administrative fine for failure to comply with regulations or requirements of chapter; exception. [Effective through December 31, 2021.]
- [NRS 441A.920](#) Criminal penalty and administrative fine for failure to comply with regulations or requirements of chapter; exception. [Effective January 1, 2022.]
- [NRS 441A.930](#) District attorney to prosecute violators.

GENERAL PROVISIONS

NRS 441A.010 Definitions. As used in this chapter, unless the context otherwise requires, the words and terms defined in [NRS 441A.020](#) to [441A.115](#), inclusive, have the meanings ascribed to them in those sections.

(Added to NRS by [1989, 294](#); A [2003, 2206](#); [2009, 557](#))

NRS 441A.020 “Board” defined. “Board” means the State Board of Health.

(Added to NRS by [1989, 294](#))

NRS 441A.030 “Child care facility” defined.

1. “Child care facility” means:

(a) An establishment operated and maintained for the purpose of furnishing care on a temporary or permanent basis, during the day or overnight, to five or more children under 18 years of age, if compensation is received for the care of any of those children;

(b) An on-site child care facility as defined in [NRS 432A.0275](#);

(c) A child care institution as defined in [NRS 432A.0245](#); or

- (d) An outdoor youth program as defined in [NRS 432A.028](#).
2. “Child care facility” does not include:
- (a) The home of a natural parent or guardian, foster home as defined in [NRS 424.014](#) or maternity home;
 - (b) A home in which the only children received, cared for and maintained are related within the third degree of consanguinity or affinity by blood, adoption or marriage to the person operating the facility; or
 - (c) A home in which a person provides care for the children of a friend or neighbor for not more than 4 weeks if the person who provides the care does not regularly engage in that activity.
- (Added to NRS by [1989, 294](#); A [1991, 2310](#); [2011, 1998](#))

NRS 441A.040 “Communicable disease” defined. “Communicable disease” means a disease which is caused by a specific infectious agent or its toxic products, and which can be transmitted, either directly or indirectly, from a reservoir of infectious agents to a susceptible host organism.

(Added to NRS by [1989, 294](#))

NRS 441A.050 “Health authority” defined. “Health authority” means the district health officer in a district, or the district health officer’s designee, or, if none, the Chief Medical Officer, or the Chief Medical Officer’s designee.

(Added to NRS by [1989, 294](#))

NRS 441A.063 “Infectious disease” defined. “Infectious disease” means a disease which is caused by pathogenic microorganisms, including, without limitation, bacteria, viruses, parasites or fungi, which spread, either directly or indirectly, from one person to another. The term includes a communicable disease.

(Added to NRS by [2009, 554](#))

NRS 441A.065 “Isolation” defined. “Isolation” means the physical separation and confinement of a person or a group of persons infected or reasonably believed by a health authority to be infected with a communicable disease from persons who are not infected with and have not been exposed to the communicable disease, to limit the transmission of the communicable disease to persons who are not infected with and have not been exposed to the communicable disease.

(Added to NRS by [2003, 2196](#))

NRS 441A.070 “Laboratory director” defined. “Laboratory director” has the meaning ascribed to it in [NRS 652.050](#).

(Added to NRS by [1989, 294](#))

NRS 441A.080 “Medical facility” defined. “Medical facility” has the meaning ascribed to it in [NRS 449.0151](#).

(Added to NRS by [1989, 294](#))

NRS 441A.090 “Medical laboratory” defined. “Medical laboratory” has the meaning ascribed to it in [NRS 652.060](#).

(Added to NRS by [1989, 294](#))

NRS 441A.100 “Physician” defined. “Physician” is limited to a person licensed to practice medicine pursuant to [chapter 630](#) or [633](#) of NRS.

(Added to NRS by [1989, 294](#))

NRS 441A.110 “Provider of health care” defined. “Provider of health care” means a physician, nurse or veterinarian licensed in accordance with state law, a physician assistant licensed pursuant to [chapter 630](#) or [633](#) of NRS or a pharmacist registered pursuant to [chapter 639](#) of NRS.

(Added to NRS by [1989, 294](#); A [2001, 781](#); [2007, 1856](#); [2021, 1663](#))

NRS 441A.115 “Quarantine” defined. “Quarantine” means the physical separation and confinement of a person or a group of persons exposed to or reasonably believed by a health authority to have been exposed to a communicable disease who do not yet show any signs or symptoms of being infected with the communicable disease from persons who are not infected with and have not been exposed to the communicable disease, to limit the transmission of the communicable disease to persons who are not infected with and have not been exposed to the communicable disease.

(Added to NRS by [2003, 2196](#))

NRS 441A.118 Legislative findings and declaration. The Legislature hereby finds and declares that the spread of communicable diseases is best addressed through public health measures rather than criminalization.
(Added to NRS by [2021, 3183](#))

NRS 441A.120 Regulations of State Board of Health governing control of communicable diseases and reporting cases or suspected cases of drug overdose; performance of duties set forth in regulations. [Effective through December 31, 2021.]

1. The Board shall adopt regulations governing the control of communicable diseases in this State, including regulations specifically relating to the control of such diseases in educational, medical and correctional institutions. The regulations must specify:

- (a) The diseases which are known to be communicable, which must include, without limitation, syphilis.
- (b) The communicable diseases which are known to be sexually transmitted.
- (c) The procedures for investigating and reporting cases or suspected cases of communicable diseases, including the time within which these actions must be taken.
- (d) For each communicable disease, the procedures for testing, treating, isolating and quarantining a person or group of persons who have been exposed to or have or are suspected of having the disease.
- (e) A method for ensuring that any testing, treatment, isolation or quarantine of a person or a group of persons pursuant to this chapter is carried out in the least restrictive manner or environment that is appropriate and acceptable under current medical and public health practices.

2. The Board shall adopt regulations governing the procedures for reporting cases or suspected cases of drug overdose to the Chief Medical Officer or his or her designee, including the time within which such reports must be made and the information that such reports must include.

3. The duties set forth in the regulations adopted by the Board pursuant to subsection 1 must be performed by:
- (a) In a district in which there is a district health officer, the district health officer or the district health officer's designee; or
 - (b) In any other area of the State, the Chief Medical Officer or the Chief Medical Officer's designee.
- (Added to NRS by [1989, 294](#); A [2003, 2206](#); [2011, 2506](#); [2017, 4401](#); [2021, 2570](#))

NRS 441A.120 Regulations of State Board of Health governing control of communicable diseases and reporting cases or suspected cases of drug overdose or attempted suicide; performance of duties set forth in regulations. [Effective January 1, 2022.]

1. The Board shall adopt regulations governing the control of communicable diseases in this State, including regulations specifically relating to the control of such diseases in educational, medical and correctional institutions. The regulations must specify:

- (a) The diseases which are known to be communicable, which must include, without limitation, syphilis.
- (b) The communicable diseases which are known to be sexually transmitted.
- (c) The procedures for investigating and reporting cases or suspected cases of communicable diseases, including the time within which these actions must be taken.
- (d) For each communicable disease, the procedures for testing, treating, isolating and quarantining a person or group of persons who have been exposed to or have or are suspected of having the disease.
- (e) A method for ensuring that any testing, treatment, isolation or quarantine of a person or a group of persons pursuant to this chapter is carried out in the least restrictive manner or environment that is appropriate and acceptable under current medical and public health practices.

2. The Board shall adopt regulations governing the procedures for reporting cases or suspected cases of drug overdose and attempted suicide to the Chief Medical Officer or his or her designee, including, without limitation:

- (a) The time within which such reports must be made and the information that such reports must include.
 - (b) The providers of health care who are required to report a case or suspected case of attempted suicide.
3. The duties set forth in the regulations adopted by the Board pursuant to subsection 1 must be performed by:
- (a) In a district in which there is a district health officer, the district health officer or the district health officer's designee; or
 - (b) In any other area of the State, the Chief Medical Officer or the Chief Medical Officer's designee.
- (Added to NRS by [1989, 294](#); A [2003, 2206](#); [2011, 2506](#); [2017, 4401](#); [2021, 864, 2570](#), effective January 1, 2022)

NRS 441A.125 Use of syndromic reporting and active surveillance to monitor public health; regulations.

1. The Board shall develop a system which provides for syndromic reporting and active surveillance to monitor public health in this state during major events or when determined appropriate and necessary by a health authority.

2. The Board shall adopt regulations concerning the system it develops pursuant to this section, including, without limitation:

- (a) The manner in which and situations during which the system actively gathers information;
- (b) The persons who are required to report information to the system; and
- (c) The procedures for reporting required information to the system.

(Added to NRS by [2003, 2205](#))

NRS 441A.130 Chief Medical Officer to inform local health officers of regulations and procedures.

The Chief Medical Officer shall inform each local health officer of the regulations adopted by the Board and the procedures established for investigating and reporting cases or suspected cases of infectious diseases and cases or suspected cases of exposure to biological, radiological or chemical agents pursuant to this chapter.

(Added to NRS by [1989, 295](#); A [2009, 557](#))

NRS 441A.140 Authority of Division of Public and Behavioral Health to receive and use financial aid.

The Division of Public and Behavioral Health of the Department of Health and Human Services may receive any financial aid made available by any grant or other source and shall use the aid, in cooperation with the health authority, to carry out the provisions of this chapter.

(Added to NRS by [1989, 299](#); A [2013, 3047](#))

REPORTING OF OCCURRENCES; INVESTIGATIONS; ACTIONS TO PROTECT PUBLIC HEALTH AND SAFETY

NRS 441A.150 Reporting occurrences of communicable diseases to health authority; reporting drug overdoses to Chief Medical Officer. [Effective through December 31, 2021.]

1. A provider of health care who knows of, or provides services to, a person who has or is suspected of having a communicable disease shall report that fact to the health authority in the manner prescribed by the regulations of the Board. If no provider of health care is providing services, each person having knowledge that another person has a communicable disease shall report that fact to the health authority in the manner prescribed by the regulations of the Board. A report of a pregnant woman who has or is suspected of having syphilis must include, without limitation, the fact that the case occurred in a pregnant woman and:

- (a) If treatment was provided, the type of treatment that was provided; or
- (b) If the pregnant woman refused treatment, the fact that the pregnant woman refused treatment.

2. A provider of health care who knows of, or provides services to, a person who has suffered or is suspected of having suffered a drug overdose shall report that fact and the information required by the Board pursuant to [NRS 441A.120](#) to the Chief Medical Officer or his or her designee in the manner prescribed by the regulations of the Board. The Chief Medical Officer or his or her designee shall upload that information to the database of the program established pursuant to [NRS 453.162](#) if the program allows for the upload of such information.

3. A medical facility in which more than one provider of health care may know of, or provide services to, a person who has or is suspected of having a communicable disease or who has suffered or is suspected of having suffered a drug overdose shall establish administrative procedures to ensure that the health authority or Chief Medical Officer or his or her designee, as applicable, is notified.

4. A laboratory director shall, in the manner prescribed by the Board, notify the health authority of the identification by his or her medical laboratory of the presence of any communicable disease in the jurisdiction of that health authority. The health authority shall not presume a diagnosis of a communicable disease on the basis of the notification received from the laboratory director.

5. If more than one medical laboratory is involved in testing a specimen, the laboratory that is responsible for reporting the results of the testing directly to the provider of health care for the patient shall also be responsible for reporting to the health authority.

(Added to NRS by [1989, 295](#); A [2017, 4401](#); [2019, 166](#); [2021, 2571](#))

NRS 441A.150 Reporting occurrences of communicable diseases to health authority; reporting cases or suspected cases of drug overdose or attempted suicide to Chief Medical Officer. [Effective January 1, 2022.]

1. A provider of health care who knows of, or provides services to, a person who has or is suspected of having a communicable disease shall report that fact to the health authority in the manner prescribed by the regulations of the Board. If no provider of health care is providing services, each person having knowledge that another person has

a communicable disease shall report that fact to the health authority in the manner prescribed by the regulations of the Board. A report of a pregnant woman who has or is suspected of having syphilis must include, without limitation, the fact that the case occurred in a pregnant woman and:

- (a) If treatment was provided, the type of treatment that was provided; or
- (b) If the pregnant woman refused treatment, the fact that the pregnant woman refused treatment.

2. A provider of health care who knows of, or provides services to, a person who has suffered or is suspected of having suffered a drug overdose shall report that fact and the information required by the Board pursuant to [NRS 441A.120](#) to the Chief Medical Officer or his or her designee in the manner prescribed by the regulations of the Board. The Chief Medical Officer or his or her designee shall upload that information to the database of the program established pursuant to [NRS 453.162](#) if the program allows for the upload of such information.

3. Except as otherwise provided in this subsection, a provider of health care who is required by the regulations adopted pursuant to [NRS 441A.120](#) to report a case or suspected case of attempted suicide and knows of, or provides services to, a person who has attempted suicide or is suspected of having attempted suicide shall report that fact and the information required by the Board pursuant to [NRS 441A.120](#) to the Chief Medical Officer or his or her designee in the manner prescribed by the regulations of the Board. If such a provider of health care provides services at a medical facility, the medical facility may submit the report on behalf of the provider. The Chief Medical Officer shall annually compile and submit to the Patient Protection Commission created by [NRS 439.908](#) a report summarizing the information reported pursuant to this subsection.

4. A medical facility in which more than one provider of health care may know of, or provide services to, a person who has or is suspected of having a communicable disease, who has suffered or is suspected of having suffered a drug overdose or who has attempted suicide or is suspected of having attempted suicide shall establish administrative procedures to ensure that the health authority or Chief Medical Officer or his or her designee, as applicable, is notified.

5. A laboratory director shall, in the manner prescribed by the Board, notify the health authority of the identification by his or her medical laboratory of the presence of any communicable disease in the jurisdiction of that health authority. The health authority shall not presume a diagnosis of a communicable disease on the basis of the notification received from the laboratory director.

6. If more than one medical laboratory is involved in testing a specimen, the laboratory that is responsible for reporting the results of the testing directly to the provider of health care for the patient shall also be responsible for reporting to the health authority.

(Added to NRS by [1989, 295](#); A [2017, 4401](#); [2019, 166](#); [2021, 864](#), [2571](#), effective January 1, 2022)

NRS 441A.160 Investigation: Powers of health authority to conduct investigation of communicable disease; order to require person to submit to examination; order of isolation, quarantine or treatment; regulations concerning appeal of order to submit to examination or testing.

1. A health authority who knows, suspects or is informed of the existence within the jurisdiction of the health authority of any communicable disease that poses a risk to the health of the public and is in an infectious state, at risk of developing into an infectious state or at risk of developing into a progressed state that endangers the health of the person with the communicable disease shall immediately investigate the matter and all circumstances connected with it, and shall take such measures for the prevention, suppression and control of the disease as are required by the regulations of the Board or a district board of health.

2. A health authority may:

(a) Enter private property at reasonable hours to investigate any case or suspected case of a communicable disease to determine the danger posed by the case or suspected case to the public, including, without limitation, whether the communicable disease is in an infectious state.

(b) Order any person whom the health authority has a reasonable factual and medical basis to suspect has a communicable disease that is in an infectious state and poses a risk to the health of the public to submit to any medical examination or test which the health authority determines is necessary to verify the presence of the disease. The order must be in writing and specify the name of the person to be examined or tested and the time and place of the examination and testing, and may require the person to take other actions that the health authority has determined are necessary to prevent the spread of the communicable disease.

(c) Except as otherwise provided in this paragraph, subsection 6 and [NRS 441A.210](#), issue an order requiring the isolation, quarantine or treatment of any person or group of persons if the health authority has a reasonable factual and medical basis to believe that such action is necessary to protect the public health. The order must be in writing and specify the person or group of persons to be isolated or quarantined, the time during which the order is effective and the place of isolation or quarantine. The order may direct the person or group of persons to take other actions that the health authority has determined are necessary to prevent the spread of the communicable disease.

The health authority shall not order isolation or quarantine if the health authority determines that such action may compromise the health of a person who is isolated or quarantined.

3. Each order issued pursuant to this section must:

- (a) Be served upon each person named in the order by delivering a copy to the person; and
- (b) State the reasons that each of the actions prescribed by the order are necessary and are the least restrictive means available to prevent, suppress or control the communicable disease.

4. The Board and each district board of health shall adopt regulations to establish a process by which a person may appeal to the health authority an order issued pursuant to paragraph (b) of subsection 2. The health authority shall provide to a person who receives such an order a document stating the rights of the person, including, without limitation, the right to appeal the order, at the time and in the manner prescribed by regulation of the Board or the district board of health, as applicable.

5. If a health authority issues an order to isolate or quarantine a person with a communicable or infectious disease in a medical facility, the health authority must isolate or quarantine the person in the manner set forth in [NRS 441A.505](#) to [441A.720](#), inclusive.

6. Except as otherwise provided in [NRS 441A.310](#) and [441A.380](#), a health authority may not issue an order requiring the involuntary treatment of a person without a court order requiring the person to submit to treatment. A court shall not order a person to submit to treatment unless the court finds that there is clear and convincing evidence that:

- (a) The person has a communicable disease in an infectious state; and
 - (b) Because of that disease, the person is likely to pose a risk to the public health.
- (Added to NRS by [1989, 295](#); A [2003, 2206](#); [2011, 2507](#); [2021, 3183](#))

NRS 441A.163 Investigation: Powers of health authority to conduct investigation of infectious disease or exposure to biological, radiological or chemical agent; reports; regulations.

1. Except as otherwise required pursuant to [NRS 441A.160](#), a health authority may conduct an investigation of a case or suspected case of:

- (a) An infectious disease within its jurisdiction; or
 - (b) Exposure to a biological, radiological or chemical agent within its jurisdiction,
- which significantly impairs the health, safety or welfare of the public within its jurisdiction.

2. Each health authority shall:

(a) Except as otherwise required pursuant to [NRS 441A.170](#), report each week to the Chief Medical Officer the number and types of cases or suspected cases of infectious diseases or cases or suspected cases of exposure to biological, radiological or chemical agents which significantly impair the health, safety or welfare of the public reported to the health authority, and any other information required by the regulations of the Board.

(b) Report the results of an investigation conducted pursuant to subsection 1 to the Chief Medical Officer within 30 days after concluding the investigation.

3. The Board may adopt regulations to carry out the provisions of [NRS 441A.163](#) to [441A.169](#), inclusive.

(Added to NRS by [2009, 554](#))

NRS 441A.165 Investigation: Powers of health authority to access medical records, laboratory records and other information in possession of health care provider or medical facility; payment of certain costs related to investigation.

1. A health authority which conducts an investigation pursuant to [NRS 441A.160](#) or [441A.163](#) shall, for the protection of the health, safety and welfare of the public, have access to all medical records, laboratory records and reports, books and papers relevant to the investigation which are in the possession of a provider of health care or medical facility being investigated or which are otherwise necessary to carry out the investigation. The determination of what information is necessary to carry out the investigation is at the discretion of the health authority.

2. If a health authority conducts an investigation pursuant to [NRS 441A.160](#) or [441A.163](#), the health authority may require a provider of health care or medical facility being investigated to pay a proportionate share of the actual cost of carrying out the investigation, including, without limitation, the cost of notifying and testing patients who may have contracted an infectious disease, been exposed to a biological, radiological or chemical agent or otherwise been harmed.

(Added to NRS by [2009, 555](#))

NRS 441A.166 Investigation: Subpoena to compel production of medical records, laboratory records and other information; court order directing witness to appear for failure to produce.

1. Upon petition by a health authority to the district court for the county in which an investigation is being conducted by the health authority pursuant to [NRS 441A.160](#) or [441A.163](#), the court may issue a subpoena to compel the production of medical records, laboratory records and reports, books and papers as set forth in [NRS 441A.165](#).

2. If a witness refuses to produce any medical records, laboratory records and reports, books or papers required by a subpoena issued by a court pursuant to subsection 1, the court shall enter an order directing the witness to appear before the court at a time and place to be fixed by the court in its order, the time to be not more than 10 days after the date of the order, and then and there show cause why the witness has not produced the medical records, laboratory records and reports, books or papers before the health authority. A certified copy of the order must be served upon the witness. The court may enter an order that the witness appear before the health authority at the time and place fixed in the order and produce the required medical records, laboratory records and reports, books or papers, and upon failure to obey the order, the witness must be dealt with as for contempt of court.

(Added to NRS by [2009, 555](#))

NRS 441A.167 Investigation: Law enforcement agencies and political subdivisions authorized to share certain information and medical records with state and local health authorities; regulations.

1. A public agency, law enforcement agency or political subdivision of this State which has information that is relevant to an investigation relating to an infectious disease or exposure to a biological, radiological or chemical agent which significantly impairs the health, safety and welfare of the public shall share the information and any medical records and reports with the appropriate state and local health authorities if it is in the best interest of the public and as necessary to further the investigation of the requesting health authority.

2. The Board shall adopt regulations to carry out this section, including, without limitation:

(a) Identifying the public agencies and political subdivisions with which the information set forth in subsection 1 may be shared;

(b) Prescribing the circumstances and procedures by which the information may be shared with those identified public agencies and political subdivisions; and

(c) Ensuring the confidentiality of the information if it is protected health information.

(Added to NRS by [2009, 556](#))

NRS 441A.169 Investigation: Powers of health authority to issue cease and desist order to health care provider or medical facility; injunction.

1. During the course of or as a result of an investigation concerning the case or suspected case of an infectious disease or the case or suspected case of exposure to a biological, radiological or chemical agent pursuant to [NRS 441A.160](#) or [441A.163](#), a health authority may, upon finding that a provider of health care or medical facility significantly contributed to a case of an infectious disease or to a case of exposure to a biological, radiological or chemical agent and that the public health imperatively requires:

(a) Issue a written order directing the provider of health care or medical facility to cease and desist any act or conduct which is harmful to the health, safety or welfare of the public; and

(b) Take any other action to reduce or eliminate the harm to the health, safety or welfare of the public.

2. A written order directing a provider of health care or medical facility to cease and desist issued pursuant to subsection 1 must contain a statement of the:

(a) Provision of law or regulation which the provider of health care or medical facility is violating; or

(b) Standard of care that the provider of health care or medical facility is violating which led to the case of the infectious disease or to the case of exposure to a biological, radiological or chemical agent.

3. An order to cease and desist must be served upon the person or an authorized representative of the facility directly or by certified or registered mail, return receipt requested. The order becomes effective upon service.

4. An order to cease and desist expires 30 days after the date of service unless the health authority institutes an action in a court of competent jurisdiction seeking an injunction.

5. Upon a showing by the health authority that a provider of health care or medical facility is committing or is about to commit an act which is harmful to the health, safety or welfare of the public, a court of competent jurisdiction may enjoin the provider of health care or medical facility from committing the act.

(Added to NRS by [2009, 556](#))

NRS 441A.170 Weekly reports to Chief Medical Officer. Each health authority shall report each week to the Chief Medical Officer the number and types of cases or suspected cases of communicable disease reported to the health authority, and any other information required by the regulations of the Board.

(Added to NRS by [1989, 299](#))

NRS 441A.180 Contagious person to prevent exposure to others; warning by health authority; penalties; affirmative defenses; acts that do not violate section; prohibition on charging person with other offenses.

1. Except as otherwise provided in this section, a person who has a communicable disease in an infectious state shall not:

(a) Conduct himself or herself in any manner that has a high probability of transmitting the disease to another person; or

(b) Engage in any occupation in which there is a high probability that the disease will be transmitted to other persons.

2. Except as otherwise provided in this section, a health authority who has reason to believe that a person is in violation of subsection 1 shall issue a warning to that person, in writing, informing the person of the behavior which constitutes the violation and of the precautions that the person must take to avoid exposing another person to the disease. The warning must be served upon the person by delivering a copy to the person. The health authority shall not warn a person against:

(a) Engaging in an occupation if the employer of the person would be prohibited from preventing the person from engaging in that occupation by the Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101 et seq., or [NRS 613.330](#).

(b) Accessing a place of public accommodation if the place of public accommodation would be prohibited from denying the person access to the place of public accommodation by the Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101 et seq., or [NRS 651.050](#) to [651.120](#), inclusive.

3. Except as otherwise provided in this section, a person who violates the provisions of subsection 1 after service upon the person of a warning from a health authority in the manner prescribed by subsection 2 is guilty of a misdemeanor.

4. Except as otherwise provided in this section, any person who, after receiving notice that he or she has tested positive for a communicable disease, intentionally conducts himself or herself in a manner that is specifically intended to transmit the disease to another person and has a high probability of transmitting the disease to another person and, as a consequence, transmits the disease to another person is guilty of a misdemeanor. A person shall not be deemed to have acted intentionally solely because the person failed to use or attempt to use means to prevent transmission.

5. It is an affirmative defense to an offense charged pursuant to this section that a person who was subject to exposure to a communicable disease as a result of conduct prohibited by a warning issued pursuant to subsection 2 or conduct described in subsection 4:

(a) Knew the defendant had the communicable disease;

(b) Knew the conduct could result in the transmission of the communicable disease; and

(c) Consented to engage in the conduct with that knowledge.

6. It is an affirmative defense to an offense charged pursuant to this section that the defendant used or attempted to use means to prevent the transmission of the communicable disease.

7. A person who has tested positive for a communicable disease is not in violation of subsection 1 or 4 because the person:

(a) Donates or attempts to donate an organ, blood, sperm or tissue and thereby exposes another person to the communicable disease or transmits the communicable disease; or

(b) Becomes pregnant and exposes the unborn child to the communicable disease or transmits the communicable disease to the unborn child.

8. Before imposing a fine or a sentence of imprisonment upon a person who violates subsection 3 or 4, a court must consider all alternative means to advance the public health.

9. A person must not be charged for any offense other than the offenses set forth in this section if the person is alleged to have exposed another person to a communicable disease or attempted to expose another person to a communicable disease. The fact that a person has a communicable disease must not be used to satisfy any element of an offense other than the offenses set forth in this section.

10. For the purposes of subsections 1 and 4, the likelihood of transmitting a communicable disease to another person must be determined using current medical or epidemiological evidence. The Board shall adopt regulations prescribing requirements for determining the sufficiency and legitimacy of medical or epidemiological evidence pursuant to this subsection.

11. As used in this section, “means to prevent transmission” means any method, device, behavior or activity scientifically demonstrated to measurably limit, reduce or eliminate the risk of transmitting a communicable disease.

(Added to NRS by [1989, 296](#); A [2021, 3185](#))

NRS 441A.190 Control of disease within schools, child care facilities, medical facilities and correctional facilities.

1. Except as otherwise provided in this subsection, a health authority who knows of the presence of a communicable disease within a school, child care facility, medical facility or correctional facility shall notify the principal, director or other person in charge of the school, child care facility, medical facility or correctional facility of that fact and direct what action, if any, must be taken to prevent the spread of the disease. A health authority who knows of the presence of the human immunodeficiency virus within a school shall notify the superintendent of the school district of that fact and direct what action, if any, must be taken to prevent the spread of the virus.

2. Except as otherwise provided in this subsection, the principal, director or other person in charge of a school, child care facility, medical facility or correctional facility who knows of or suspects the presence of a communicable disease within the school, child care facility, medical facility or correctional facility, shall notify the health authority pursuant to the regulations of the Board. If a principal of a school knows of the presence of the human immunodeficiency virus within the school, the principal shall notify the superintendent of the school district of that fact. A superintendent of a school district who is notified of or knows of the presence of the human immunodeficiency virus within a school in the school district shall notify the health authority of that fact. The health authority shall investigate a report received pursuant to this subsection to determine whether a communicable disease or the human immunodeficiency virus is present and direct what action, if any, must be taken to prevent the spread of the disease or virus.

3. A parent, guardian or person having custody of a child who has a communicable disease shall not knowingly permit the child to attend school or a child care facility if the Board, by regulation, has determined that the disease requires exclusion from school or a child care facility.

(Added to NRS by [1989, 296](#); A [1991, 1340](#))

NRS 441A.195 Testing of person or decedent who may have exposed law enforcement officer, correctional officer, emergency medical attendant, firefighter, county coroner or medical examiner, person employed by or volunteering for agency of criminal justice or certain other public employees or volunteers to communicable disease.

1. Except as otherwise provided in [NRS 259.047](#), a law enforcement officer, correctional officer, emergency medical attendant, firefighter, county coroner or medical examiner or any of their employees or volunteers, any other person who is employed by or is a volunteer for an agency of criminal justice or any other public employee or volunteer for a public agency who, in the course of his or her official duties, comes into contact with human blood or bodily fluids, or the employer of such a person or the public agency for which the person volunteers, may petition a court for an order requiring the testing of a person or decedent for exposure to a communicable disease if:

(a) The officer, emergency medical attendant, firefighter, county coroner or medical examiner or their employee or volunteer, other person employed by or volunteering for an agency of criminal justice or other public employee or volunteer for a public agency was likely exposed to a communicable disease; and

(b) Testing of the person or decedent is necessary to determine the appropriate treatment for the officer, emergency medical attendant, firefighter, county coroner, medical examiner, employee or volunteer.

2. When possible, before filing a petition pursuant to subsection 1, the person, employer or public agency for which the person volunteers, and who is petitioning shall submit information concerning the likely exposure to a communicable disease to the designated health care officer for the employer or public agency or, if there is no designated health care officer, the person designated by the employer or public agency to document and verify likely exposure to communicable diseases, for verification that there was substantial exposure. Each designated health care officer or person designated by an employer or public agency to document and verify likely exposure to communicable diseases shall establish guidelines based on current scientific information to determine substantial exposure.

3. A court shall promptly hear a petition filed pursuant to subsection 1 and determine whether there is probable cause to believe that a likely transfer of blood or other bodily fluids occurred between the person who filed the petition or on whose behalf the petition was filed and the person or decedent who likely exposed him or her to a communicable disease. If the court determines that such probable cause exists, the court shall:

(a) Order the person who likely exposed the petitioner, or the person on whose behalf the petition was filed, to a communicable disease to submit two appropriate specimens to a local hospital or medical laboratory for testing for exposure to a communicable disease; or

(b) Order that two appropriate specimens be taken from the decedent who likely exposed the petitioner, or the person on whose behalf the petition was filed, to a communicable disease and be submitted to a local hospital or medical laboratory for testing for exposure to the communicable disease.

➤ The local hospital or medical laboratory shall perform the test in accordance with generally accepted medical practices and shall disclose the results of the test in the manner set forth in [NRS 629.069](#).

4. If a judge or a justice of the peace enters an order pursuant to this section, the judge or justice of the peace may authorize the designated health care officer or the person designated by the employer or public agency to document and verify likely exposure to a communicable disease to sign the name of the judge or justice of the peace on a duplicate order. Such a duplicate order shall be deemed to be an order of the court. As soon as practicable after the duplicate order is signed, the duplicate order must be returned to the judge or justice of the peace who authorized the signing of it and must indicate on its face the judge or justice of the peace to whom it is to be returned. The judge or justice of the peace, upon receiving the returned order, shall endorse the order with his or her name and enter the date on which the order was returned. Any failure of the judge or justice of the peace to make such an endorsement and entry does not in and of itself invalidate the order.

5. Except as otherwise provided in [NRS 629.069](#), all records submitted to the court in connection with a petition filed pursuant to this section and any proceedings concerning the petition are confidential and the judge or justice of the peace shall order the records and any record of the proceedings to be sealed and to be opened for inspection only upon an order of the court for good cause shown.

6. A court may establish rules to allow a judge or justice of the peace to conduct a hearing or issue an order pursuant to this section by electronic or telephonic means.

7. The employer of a person or the public agency for which the person volunteers, who files a petition or on whose behalf a petition is filed pursuant to this section or the insurer of the employer or public agency, shall pay the cost of performing the test pursuant to subsection 3.

8. As used in this section:

(a) “Agency of criminal justice” has the meaning ascribed to it in [NRS 179A.030](#).

(b) “Emergency medical attendant” means a person licensed as an attendant or certified as an emergency medical technician, advanced emergency medical technician or paramedic pursuant to [chapter 450B](#) of NRS.

(Added to NRS by [1999, 1122](#); A [2005, 328](#); [2007, 88](#); [2013, 595](#), [936](#); [2019, 4167](#); [2021, 3186](#))

NRS 441A.200 Right to receive treatment from physician or clinic of choice; Board may prescribe method of treatment. This chapter does not empower or authorize the health authority or any other person to interfere in any manner with the right of a person to receive approved treatment for a communicable disease from any physician, clinic or other person of his or her choice, but the Board has the power to prescribe the approved method of treatment to be used by the physician, clinic or other person.

(Added to NRS by [1989, 298](#))

NRS 441A.210 Rights and duties of person who depends exclusively on prayer for healing. A person who has a communicable disease and depends exclusively on prayer for healing in accordance with the tenets and precepts of any recognized religious sect, denomination or organization is not required to submit to any medical treatment required by the provisions of this chapter, but may be isolated or quarantined in the person’s home or other place of the person’s choice acceptable to the health authority, and shall comply with all applicable rules, regulations and orders issued by the health authority.

(Added to NRS by [1989, 298](#))

NRS 441A.220 Confidentiality of information; permissible disclosure. [Effective through December 31, 2021.] All information of a personal nature about any person provided by any other person reporting a case or suspected case of a communicable disease or drug overdose, or by any person who has a communicable disease or has suffered a drug overdose, or as determined by investigation of the health authority, is confidential medical information and must not be disclosed to any person under any circumstances, including pursuant to any subpoena, search warrant or discovery proceeding, except:

1. As otherwise provided in [NRS 439.538](#).

2. For statistical purposes, provided that the identity of the person is not discernible from the information disclosed.

3. In a prosecution for a violation of this chapter.

4. In a proceeding for an injunction brought pursuant to this chapter.

5. In reporting the actual or suspected abuse or neglect of a child or elderly person.

6. To any person who has a medical need to know the information for his or her own protection or for the well-being of a patient or dependent person, as determined by the health authority in accordance with regulations of the Board.

7. If the person who is the subject of the information consents in writing to the disclosure.

8. Pursuant to [NRS 629.069](#).

9. If the disclosure is made to the Department of Health and Human Services and the person about whom the disclosure is made has been diagnosed with the human immunodeficiency virus and is a recipient of or an applicant for Medicaid.

10. To a firefighter, police officer or person providing emergency medical services if the Board has determined that the information relates to a communicable disease significantly related to that occupation. The information must be disclosed in the manner prescribed by the Board.

11. If the disclosure is authorized or required by [NRS 239.0115](#) or another specific statute.

(Added to NRS by [1989, 299](#); A [1989, 1476](#); [1997, 1254](#); [1999, 1123, 2238, 2245](#); [2005, 329](#); [2007, 1277, 1977, 2109](#); [2017, 4402](#); [2021, 3188](#))

NRS 441A.220 Confidentiality of information; permissible disclosure. [Effective January 1, 2022.] All information of a personal nature about any person provided by any other person reporting a case or suspected case of a communicable disease, drug overdose or attempted suicide, or by any person who has a communicable disease, has suffered a drug overdose or has attempted suicide, or as determined by investigation of the health authority, is confidential medical information and must not be disclosed to any person under any circumstances, including pursuant to any subpoena, search warrant or discovery proceeding, except:

1. As otherwise provided in [NRS 439.538](#).

2. For statistical purposes, provided that the identity of the person is not discernible from the information disclosed.

3. In a prosecution for a violation of this chapter.

4. In a proceeding for an injunction brought pursuant to this chapter.

5. In reporting the actual or suspected abuse or neglect of a child or elderly person.

6. To any person who has a medical need to know the information for his or her own protection or for the well-being of a patient or dependent person, as determined by the health authority in accordance with regulations of the Board.

7. If the person who is the subject of the information consents in writing to the disclosure.

8. Pursuant to [NRS 629.069](#).

9. If the disclosure is made to the Department of Health and Human Services and the person about whom the disclosure is made has been diagnosed with the human immunodeficiency virus and is a recipient of or an applicant for Medicaid.

10. To a firefighter, police officer or person providing emergency medical services if the Board has determined that the information relates to a communicable disease significantly related to that occupation. The information must be disclosed in the manner prescribed by the Board.

11. If the disclosure is authorized or required by [NRS 239.0115](#) or another specific statute.

(Added to NRS by [1989, 299](#); A [1989, 1476](#); [1997, 1254](#); [1999, 1123, 2238, 2245](#); [2005, 329](#); [2007, 1277, 1977, 2109](#); [2017, 4402](#); [2021, 865, 3188](#), effective January 1, 2022)

NRS 441A.230 Disclosure of personal information prohibited without consent. Except as otherwise provided in this chapter and [NRS 439.538](#), a person shall not make public the name of, or other personal identifying information about, a person who has been diagnosed with or exposed to a communicable disease and investigated by the health authority pursuant to this chapter without the consent of the person.

(Added to NRS by [1989, 300](#); A [2007, 1978](#); [2021, 3188](#))

SEXUALLY TRANSMITTED DISEASES

NRS 441A.240 Duties of health authority. The health authority shall control, prevent, treat and, whenever possible, ensure the cure of sexually transmitted diseases.

(Added to NRS by [1989, 296](#); A [1989, 1476](#); [2011, 2508](#); [2021, 3189](#))

NRS 441A.250 Establishment and support of clinics and dispensaries. The health authority may establish and provide financial or other support to such clinics and dispensaries as it believes are reasonably necessary for the prevention, control, treatment or cure of sexually transmitted diseases.

(Added to NRS by [1989, 296](#); A [2011, 2508](#))

NRS 441A.260 Provision of medical supplies and financial aid for treatment of indigent patients. If a person in this state who has a sexually transmitted disease is, in the discretion of the health authority, unable to afford approved treatment for the disease, the health authority may provide medical supplies or direct financial aid to any physician, clinic or dispensary in this state, within the limits of the available appropriations and any other resources, to be used in the person's treatment. A physician, clinic or dispensary that accepts supplies or aid

pursuant to this section shall comply with all conditions prescribed by the Board relating to the use of the supplies or aid.

(Added to NRS by [1989, 296](#); A [2011, 2508](#))

NRS 441A.270 Instruction of patients on prevention and treatment of disease. A physician, clinic or dispensary providing treatment to a person who has a sexually transmitted disease shall instruct the person in the methods of preventing the spread of the disease and in the necessity of systematic and prolonged treatment.

(Added to NRS by [1989, 296](#))

NRS 441A.280 Procedure to ensure that infected person receives adequate treatment. A physician who, or clinic or dispensary which, determines that a person has a sexually transmitted disease shall encourage and, if necessary, attempt to persuade the person to submit to medical treatment. Except as otherwise provided in [NRS 441A.210](#), if the person does not submit to treatment, or does not complete the prescribed course of treatment, the physician, clinic or dispensary shall notify the health authority who shall take action to ensure that the person receives adequate treatment for the disease.

(Added to NRS by [1989, 297](#))

NRS 441A.290 Infected person to report source of infection. A person who has a sexually transmitted disease shall, upon request, inform the health authority of the source or possible source of the infection.

(Added to NRS by [1989, 297](#))

NRS 441A.300 Confinement of person whose conduct may spread acquired immunodeficiency syndrome. Repealed. (See chapter 491, [Statutes of Nevada 2021, at page 3199](#).)

NRS 441A.310 Examination and treatment of minor without consent. Except as otherwise provided in [NRS 441A.210](#), when any minor is suspected of having or is found to have a sexually transmitted disease, the health authority may require the minor to undergo examination and treatment, regardless of whether the minor or either of the minor's parents consents to the examination and treatment.

(Added to NRS by [1989, 297](#))

NRS 441A.315 Certain providers of emergency medical services or primary care required to ascertain whether patient wishes to be tested for sexually transmitted diseases; exceptions; regulations; enforcement.

1. Except as otherwise provided in subsection 3, a physician, physician assistant, advanced practice registered nurse or midwife who provides or supervises the provision of emergency medical services in a hospital or primary care to a patient who is 15 years of age or older shall, in accordance with the regulations adopted pursuant to subsection 4:

(a) Consult with the patient to ascertain whether he or she wishes to be tested for sexually transmitted diseases, including, without limitation, the human immunodeficiency virus, and to determine which tests, if any, are medically indicated for the patient; and

(b) If the patient wishes to be tested, conduct any test which is medically indicated for the patient or assist the patient with obtaining any such test, to the extent practicable for the physician, physician assistant, advanced practice registered nurse or midwife.

2. Except as otherwise provided in subsection 3, a hospital that provides emergency medical services or primary care to a patient who is 15 years of age or older shall, in accordance with the regulations adopted pursuant to subsection 4:

(a) Ensure that the patient is consulted to ascertain whether he or she wishes to be tested for sexually transmitted diseases, including, without limitation, the human immunodeficiency virus, and to determine which tests, if any, are medically indicated for the patient; and

(b) If the patient wishes to be tested, ensure that any test which is medically indicated for the patient is conducted or that the patient is assisted with obtaining any such test, to the extent practicable for the hospital.

3. A physician, physician assistant, advanced practice registered nurse, midwife or hospital is not required to comply with the requirements of subsection 1 or 2 if the physician, physician assistant, advanced practice registered nurse or midwife or a provider of health care who provides emergency medical services or primary care to the patient at the hospital, as applicable, reasonably believes that the patient:

(a) Is being treated for a life-threatening emergency;

(b) Has recently been offered or has been the subject of a test for the human immunodeficiency virus or other sexually transmitted diseases; or

(c) Lacks capacity to consent to such testing.

4. The Board shall adopt regulations to ensure that:
 - (a) Any test which is administered to a patient or for which a patient is assisted in obtaining pursuant to this section is medically indicated for that patient; and
 - (b) Communications concerning testing pursuant to this section are made in a culturally competent manner and, to the extent practicable, in a language that is easily understood by the patient.
5. A physician, physician assistant, advanced practice registered nurse, midwife or hospital that fails to comply with the provisions of this section:
 - (a) Is not subject to a criminal penalty or an administrative fine pursuant to this chapter; and
 - (b) Is subject to disciplinary action, where applicable.
6. As used in this section:
 - (a) "Primary care" means the practice of family medicine, pediatrics, internal medicine, obstetrics and gynecology and midwifery.
 - (b) "Provider of health care" has the meaning ascribed to it in [NRS 629.031](#).

(Added to NRS by [2021, 3138](#))

NRS 441A.320 Testing of person alleged to have committed sexual offense; disclosure of results of test; assistance to victim; payment of expenses; regulations. Repealed. (See chapter 491, [Statutes of Nevada 2021, at page 3199](#).)

NRS 441A.330 Provision of outpatient care to persons with human immunodeficiency virus. The health authority may establish such dispensaries, pharmacies or clinics for outpatient care as it believes are necessary for the care and treatment of persons who have been diagnosed with the human immunodeficiency virus, and provide those institutions with financial or other assistance. Dispensaries, pharmacies or clinics which accept financial or other assistance pursuant to this section shall comply with all conditions prescribed by the Board relating to the use of that assistance.

(Added to NRS by [1989, 297](#); A [2011, 2508](#); [2021, 3189](#))

SERVICES CONCERNING HUMAN IMMUNODEFICIENCY VIRUS

NRS 441A.334 "Provider of health care" defined. As used in this section and [NRS 441A.335](#) and [441A.336](#), "provider of health care" means a physician, nurse or physician assistant licensed in accordance with state law.

(Added to NRS by [2007, 2174](#))

NRS 441A.335 Declaration of legislative intent. It is the intent of the Legislature that:

1. The State Board of Health, the Department of Health and Human Services, and all district, county and city health departments, boards of health and health officers, medical facilities and providers of health care work together in a collaborative manner to ensure that testing for the human immunodeficiency virus and related counseling services are offered in a culturally and linguistically appropriate manner.

2. Information pertaining to testing for the human immunodeficiency virus be reported and maintained in accordance with existing state and federal privacy laws.

3. Information pertaining to cases of the human immunodeficiency virus not be used for any purpose other than public health practices, including, without limitation, surveillance and epidemiology.

(Added to NRS by [2007, 2174](#))

NRS 441A.336 Counseling to be provided to person testing positive for human immunodeficiency virus; topics to be addressed in counseling; referrals to be provided to person testing positive for human immunodeficiency virus; regulations.

1. Counties, providers of health care and medical facilities that provide testing for the human immunodeficiency virus shall provide, or ensure the provision of, to each person who tests positive for the human immunodeficiency virus, a counseling session that is appropriate and acceptable under current medical and public health practices, as recommended by the Board.

2. Counseling required pursuant to this section must address, without limitation:

- (a) The meaning of the positive result of the test;

- (b) Any follow-up testing for the person, including, without limitation, an additional test to confirm the results of a rapid test to be performed with a more accurate test or a different rapid test that is approved by the Centers for Disease Control and Prevention of the United States Department of Health and Human Services for the purpose of confirming the positive result of a rapid test;

- (c) Methods for preventing the transmission of the human immunodeficiency virus;
- (d) Medical treatment available for the person;
- (e) The confidentiality of the result of the test; and
- (f) Recommended testing for the human immunodeficiency virus for sexual partners of the person.

3. Counties, providers of health care and medical facilities that provide testing for the human immunodeficiency virus shall offer to each person who tests positive for the human immunodeficiency virus:

(a) Appropriate referrals for future services, including, without limitation, medical care, mental health care and services for persons with addictive disorders; or

(b) If unable to provide referrals pursuant to paragraph (a), referral to the local health authority for a subsequent referral to providers within the community for future services, including, without limitation, medical care, mental health care and services for persons with addictive disorders.

4. The Director of the Department of Health and Human Services may adopt regulations to carry out the provisions of this section.

5. As used in this section, "rapid test" means a test that:

- (a) Is used to detect the presence of antibodies to the human immunodeficiency virus; and
- (b) Provides a result in 30 minutes or less.

(Added to NRS by [2007, 2175](#); A [2015, 847](#))

TUBERCULOSIS

NRS 441A.340 Duties of health authority. The health authority shall control, prevent the spread of, and ensure the treatment and cure of tuberculosis.

(Added to NRS by [1989, 297](#); A [2011, 2508](#))

NRS 441A.350 Establishment and support of clinics. The health authority may establish such clinics as it believes are necessary for the prevention and control of, and for the treatment and cure of, persons who have tuberculosis and provide those clinics with financial or other assistance within the limits of the available appropriations and any other resources.

(Added to NRS by [1989, 297](#); A [2011, 2508](#))

NRS 441A.360 Provision of medical supplies and financial aid for treatment of indigent patients. If a person in this state who has tuberculosis is, in the discretion of the health authority, unable to afford approved treatment for the disease, the health authority may provide medical supplies or direct financial aid, within the limits of the available appropriations and any other resources, to be used in the person's treatment, to any physician, clinic, dispensary or medical facility. A physician, clinic, dispensary or medical facility that accepts supplies or aid pursuant to this section shall comply with all conditions prescribed by the board relating to the use of the supplies or aid.

(Added to NRS by [1989, 298](#); A [2011, 2508](#))

NRS 441A.370 Contracts with hospitals, clinics and other institutions for examination and care of patients.

1. The health authority shall, by contract with hospitals, clinics or other institutions in the State, provide for:

(a) The diagnostic examination, including, without limitation, laboratory testing of persons who have tuberculosis; and

(b) Inpatient and outpatient care for persons who have tuberculosis.

2. If adequate facilities for examination and care are not available in the State, the health authority may contract with hospitals, clinics or other institutions in other states which do have adequate facilities.

(Added to NRS by [1989, 298](#); A [2011, 2509](#))

NRS 441A.380 Treatment of patient for condition related to or as necessary for control of tuberculosis. Except as otherwise provided in [NRS 441A.210](#), a person who has tuberculosis and is confined to a hospital or other institution pursuant to the provisions of this chapter must be treated for tuberculosis and any related condition, and may be treated for any other condition which the health authority determines is detrimental to his or her health and the treatment of which is necessary for the effective control of tuberculosis.

(Added to NRS by [1989, 298](#); A [2011, 2509](#))

NRS 441A.390 Contracts with private physicians to provide outpatient care in rural areas. The health authority may contract with any private physician to provide outpatient care in those rural areas of the State where, in its determination, patients can best be treated in that manner.

(Added to NRS by [1989, 298](#); A [2011, 2509](#))

NRS 441A.400 Inspection of records of facility where patients are treated. The health authority may inspect and must be given access to all records of every institution and clinic, both public and private, where patients who have tuberculosis are treated at public expense.

(Added to NRS by [1989, 298](#); A [2011, 2509](#))

MISCELLANEOUS DISEASES

NRS 441A.410 Regulations governing control of rabies. The Board shall adopt regulations governing the control of rabies. The regulations must provide for:

1. The periodic inoculation of animals with approved vaccines.
2. The impoundment of animals suspected of having rabies and the disposition of those animals upon verification of the presence of the disease.
3. Procedures for the treatment of persons who have been, or are suspected of having been, exposed to rabies.

(Added to NRS by [1989, 298](#))

ISOLATION AND QUARANTINE OF PERSON OR GROUP OF PERSONS

General Provisions

NRS 441A.505 “Health authority” defined. As used in [NRS 441A.505](#) to [441A.720](#), inclusive, unless the context otherwise requires, “health authority” has the meaning ascribed to it in [NRS 441A.050](#) and includes a county or city board of health.

(Added to NRS by [2021, 3183](#))

NRS 441A.510 Manner of isolating, quarantining or treating by health authority; duty to inform person of rights; regulations.

1. If a health authority isolates, quarantines or treats a person or group of persons infected with, exposed to, or reasonably believed by a health authority to have been infected with or exposed to a communicable disease, the authority must isolate, quarantine or treat the person or group of persons in the manner set forth in [NRS 441A.505](#) to [441A.720](#), inclusive.

2. A health authority shall provide each person whom it isolates or quarantines pursuant to [NRS 441A.505](#) to [441A.720](#), inclusive, with a document informing the person of his or her rights. The Board shall adopt regulations:

(a) Setting forth the rights of a person who is isolated or quarantined that must be included in the document provided pursuant to this subsection; and

(b) Specifying the time and manner in which the document must be provided pursuant to this subsection.

(Added to NRS by [2003, 2196](#); A [2011, 2509](#); [2021, 3189](#))

NRS 441A.520 Right of person isolated or quarantined to make and receive telephone calls and to possess cellular phone; duty to notify spouse or legal guardian under certain circumstances.

1. A person who is isolated or quarantined pursuant to [NRS 441A.505](#) to [441A.720](#), inclusive, has the right:

(a) To make a reasonable number of completed telephone calls from the place where the person is isolated or quarantined as soon as reasonably possible after his or her isolation or quarantine; and

(b) To possess and use a cellular phone or any other similar means of communication to make and receive calls in the place where the person is isolated or quarantined.

2. If a person who is isolated or quarantined pursuant to [NRS 441A.505](#) to [441A.720](#), inclusive, is unconscious or otherwise unable to communicate because of mental or physical incapacity, the health authority that isolated or quarantined the person must notify the spouse or legal guardian of the person by telephone and certified mail. If a person described in this subsection is isolated or quarantined in a medical facility and the health authority did not provide the notice required by this subsection, the medical facility must provide the notice. If the case of a person described in this subsection is before a court and the health authority, and medical facility, if any, did not provide the notice required by this subsection, the court must provide the notice.

(Added to NRS by [2003, 2197](#); A [2011, 2509](#); [2021, 3189](#))

NRS 441A.530 Right to refuse treatment and not submit to involuntary treatment; exception. A person who is isolated or quarantined pursuant to [NRS 441A.505](#) to [441A.720](#), inclusive, has the right to refuse

treatment and may not be required to submit to involuntary treatment unless a court issues an order requiring the person to submit to treatment.

(Added to NRS by [2003, 2197](#); A [2011, 2510](#); [2021, 3190](#))

Emergency Isolation or Quarantine

NRS 441A.540 Restrictions on change of status from voluntary isolation or quarantine to emergency isolation or quarantine; rights of person whose status is changed.

1. If a person infected with or exposed to a communicable disease is voluntarily isolated or quarantined in a public or private medical facility, the facility shall not change the status of the person to an emergency isolation or quarantine unless, before the change in status is made:

(a) The facility provides:

(1) An application to a health authority for an emergency isolation or quarantine pursuant to [NRS 441A.560](#); and

(2) The certificate of a health authority, physician, physician assistant licensed pursuant to [chapter 630](#) or [633](#) of NRS or registered nurse to a health authority pursuant to [NRS 441A.570](#); or

(b) The facility receives an order for isolation or quarantine issued by a health authority.

2. A person whose status is changed to an emergency isolation or quarantine pursuant to subsection 1:

(a) Must not be detained in excess of 48 hours after the change in status is made, unless within that period a written petition is filed by a health authority with the clerk of the district court pursuant to [NRS 441A.600](#); and

(b) May, immediately after the person's status is changed, seek an injunction or other appropriate process in district court challenging his or her detention.

3. If the period specified in subsection 2 expires on a day on which the office of the clerk of the district court is not open, the written petition must be filed on or before the close of the business day next following the expiration of that period.

4. Nothing in this section limits the actions that a public or private medical facility may take to prevent or limit the transmission of communicable diseases within the medical facility, including, without limitation, practices for the control of infections.

(Added to NRS by [2003, 2197](#); A [2007, 1856](#))

NRS 441A.550 Detention for testing, examination, observation and consensual medical treatment; limitation on time; rights of person detained; extension of time.

1. Any person or group of persons alleged to have been infected with or exposed to a communicable disease may be detained in a public or private medical facility, a residence or other safe location under emergency isolation or quarantine for testing, examination, observation and the provision of or arrangement for the provision of consensual medical treatment in the manner set forth in [NRS 441A.505](#) to [441A.720](#), inclusive, and subject to the provisions of subsection 2:

(a) Upon application to a health authority pursuant to [NRS 441A.560](#);

(b) Upon order of a health authority; or

(c) Upon voluntary consent of the person, parent of a minor person or legal guardian of the person.

2. Except as otherwise provided in subsection 3, 4 or 5, a person voluntarily or involuntarily isolated or quarantined under subsection 1 must be released within 72 hours, including weekends and holidays, from the time of the admission of the person to a medical facility or isolation or quarantine in a residence or other safe location, unless within that period:

(a) The additional voluntary consent of the person, the parent of a minor person or a legal guardian of the person is obtained;

(b) A written petition for an involuntary court-ordered isolation or quarantine is filed with the clerk of the district court pursuant to [NRS 441A.600](#), including, without limitation, the documents required pursuant to [NRS 441A.610](#); or

(c) The status of the person is changed to a voluntary isolation or quarantine.

3. A person who is involuntarily isolated or quarantined under subsection 1 may, immediately after the person is isolated or quarantined, seek an injunction or other appropriate process in district court challenging his or her detention.

4. If the period specified in subsection 2 expires on a day on which the office of the clerk of the district court is not open, the written petition must be filed on or before the close of the business day next following the expiration of that period.

5. During a state of emergency or declaration of disaster regarding public health proclaimed by the Governor or the Legislature pursuant to [NRS 414.070](#), a health authority may, before the expiration of the period of 72 hours

set forth in subsection 2, petition, with affidavits supporting its request, a district court for an order finding that a reasonably foreseeable immediate threat to the health of the public requires the 72-hour period of time to be extended for no longer than the court deems necessary for available governmental resources to investigate, file and prosecute the relevant written petitions for involuntary court-ordered isolation or quarantine pursuant to [NRS 441A.505](#) to [441A.720](#), inclusive.

(Added to NRS by [2003, 2198](#); A [2011, 2510](#))

NRS 441A.560 Procedure for isolation or quarantine.

1. An application to a health authority for an order of emergency isolation or quarantine of a person or a group of persons alleged to have been infected with or exposed to a communicable disease may only be made by another health authority, a physician, a physician assistant licensed pursuant to [chapter 630](#) or [633](#) of NRS, a registered nurse or a medical facility by submitting the certificate required by [NRS 441A.570](#). Within its jurisdiction, upon application or on its own, subject to the provisions of [NRS 441A.505](#) to [441A.720](#), inclusive, a health authority may:

(a) Pursuant to its own order and without a warrant:

(1) Take a person or group of persons alleged to and reasonably believed by the health authority to have been infected with or exposed to a communicable disease into custody in any safe location under emergency isolation or quarantine for testing, examination, observation and the provision of or arrangement for the provision of consensual medical treatment; and

(2) Transport the person or group of persons alleged to and reasonably believed by the health authority to have been infected with or exposed to a communicable disease to a public or private medical facility, a residence or other safe location for that purpose, or arrange for the person or group of persons to be transported for that purpose by:

(I) A local law enforcement agency;

(II) A system for the nonemergency medical transportation of persons whose operation is authorized by the Nevada Transportation Authority; or

(III) If medically necessary, an ambulance service that holds a permit issued pursuant to the provisions of [chapter 450B](#) of NRS,

➔ only if the health authority acting in good faith has, based upon personal observation, its own epidemiological investigation or an epidemiological investigation by another health authority, a physician, a physician assistant licensed pursuant to [chapter 630](#) or [633](#) of NRS or a registered nurse as stated in a certificate submitted pursuant to [NRS 441A.570](#), if such a certificate was submitted, of the person or group of persons alleged to have been infected with or exposed to a communicable disease, a reasonable factual and medical basis to believe that the person or group of persons has been infected with or exposed to a communicable disease, and that because of the risks of that disease, the person or group of persons is likely to be an immediate threat to the health of members of the public who have not been infected with or exposed to the communicable disease.

(b) Petition a district court for an emergency order requiring:

(1) Any health authority or peace officer to take a person or group of persons alleged to have been infected with or exposed to a communicable disease into custody to allow the health authority to investigate, file and prosecute a petition for the involuntary court-ordered isolation or quarantine of the person or group of persons alleged to have been infected with or exposed to a communicable disease in the manner set forth in [NRS 441A.505](#) to [441A.720](#), inclusive; and

(2) Any agency, system or service described in subparagraph (2) of paragraph (a) to transport, in accordance with such court order, the person or group of persons alleged to have been infected with or exposed to a communicable disease to a public or private medical facility, a residence or other safe location for that purpose.

2. The district court may issue an emergency order for isolation or quarantine pursuant to paragraph (b) of subsection 1:

(a) Only for the time deemed necessary by the court to allow a health authority to investigate, file and prosecute each petition for involuntary court-ordered isolation or quarantine pursuant to [NRS 441A.505](#) to [441A.720](#), inclusive; and

(b) Only if it is satisfied that there is probable cause to believe that the person or group of persons alleged to have been infected with or exposed to a communicable disease has been infected with or exposed to a communicable disease, and that because of the risks of that disease, the person or group of persons is likely to be an immediate threat to the health of the public.

(Added to NRS by [2003, 2198](#); A [2007, 1857](#); [2011, 2511](#))

NRS 441A.570 Certificate of another health authority or physician, licensed physician assistant or registered nurse required. A health authority shall not accept an application for an emergency isolation or quarantine under [NRS 441A.560](#) unless that application is accompanied by a certificate of another health authority

or a physician, physician assistant licensed pursuant to [chapter 630](#) or [633](#) of NRS or registered nurse stating that he or she has examined the person or group of persons alleged to have been infected with or exposed to a communicable disease or has investigated the circumstances of potential infection or exposure regarding the person or group of persons alleged to have been infected with or exposed to a communicable disease and that he or she has concluded that the person or group of persons has been infected with or exposed to a communicable disease, and that because of the risks of that disease, the person or group of persons is likely to be an immediate threat to the health of the public. The certificate required by this section may be obtained from a physician, physician assistant licensed pursuant to [chapter 630](#) or [633](#) of NRS or registered nurse who is employed by the public or private medical facility in which the person or group of persons is admitted or detained and from the facility from which the application is made.

(Added to NRS by [2003, 2200](#); A [2007, 1858](#))

NRS 441A.580 Requirements for and limitations on applications and certificates.

1. No application or certificate authorized under [NRS 441A.560](#) or [441A.570](#) may be considered if made by a person on behalf of a medical facility or by a health authority, physician, physician assistant licensed pursuant to [chapter 630](#) or [633](#) of NRS or registered nurse who is related by blood or marriage to the person alleged to have been infected with or exposed to a communicable disease, or who is financially interested, in a manner that would be prohibited pursuant to [NRS 439B.425](#) if the application or certificate were deemed a referral, in a medical facility in which the person alleged to have been infected with or exposed to a communicable disease is to be detained.

2. No application or certificate of any health authority or person authorized under [NRS 441A.560](#) or [441A.570](#) may be considered unless it is based on personal observation, examination or epidemiological investigation of the person or group of persons alleged to have been infected with or exposed to a communicable disease made by such health authority or person not more than 72 hours before the making of the application or certificate. The certificate must set forth in detail the facts and reasons on which the health authority or person who submitted the certificate pursuant to [NRS 441A.570](#) based his or her opinions and conclusions.

(Added to NRS by [2003, 2200](#); A [2007, 1859](#))

NRS 441A.590 Additional notice to spouse or legal guardian. In addition to any notice required pursuant to [NRS 441A.520](#), within 24 hours after a person's involuntary admission into a public or private medical facility under emergency isolation or quarantine, the administrative officer of the public or private medical facility shall reasonably attempt to ascertain the identification and location of the spouse or legal guardian of that person and, if reasonably possible, mail notice of the admission by certified mail to the spouse or legal guardian of that person.

(Added to NRS by [2003, 2200](#))

Involuntary Court-Ordered Isolation or Quarantine

NRS 441A.600 Petition: Filing; certificate or statement of alleged infection with or exposure to communicable disease. A proceeding for an involuntary court-ordered isolation or quarantine of any person in this State may be commenced by a health authority filing a petition with the clerk of the district court of the county where the person is to be isolated or quarantined. The petition may be pled in the alternative for both isolation and quarantine, if required by developing or changing facts, and must be accompanied:

1. By a certificate of a health authority or a physician, a physician assistant licensed pursuant to [chapter 630](#) or [633](#) of NRS or a registered nurse stating that he or she has examined the person alleged to have been infected with or exposed to a communicable disease or has investigated the circumstances of potential infection or exposure regarding the person alleged to have been infected with or exposed to a communicable disease and has concluded that the person has been infected with or exposed to a communicable disease, and that because of the risks of that disease, the person is likely to be an immediate threat to the health of the public; or

2. By a sworn written statement by the health authority that:

(a) The health authority has, based upon its personal observation of the person alleged to have been infected with or exposed to a communicable disease, or its epidemiological investigation of the circumstances of potential infection or exposure regarding the person alleged to have been infected with or exposed to a communicable disease, a reasonable factual and medical basis to believe that the person has been infected with or exposed to a communicable disease and, that because of the risks of that disease, the person is likely to be an immediate threat to the health of the public; and

(b) The person alleged to have been infected with or exposed to a communicable disease has refused to submit to voluntary isolation or quarantine, examination, testing, or treatment known to control or resolve the transmission of the communicable disease.

(Added to NRS by [2003, 2200](#); A [2007, 1859](#))

NRS 441A.610 Additional requirements for petition that is filed after emergency isolation or quarantine. In addition to the requirements of [NRS 441A.600](#), a petition filed pursuant to that section with the clerk of the district court to commence proceedings for involuntary court-ordered isolation or quarantine of a person pursuant to [NRS 441A.540](#) or [441A.550](#) must include a certified copy of:

1. If an application for an order of emergency isolation or quarantine of the person was made pursuant to [NRS 441A.560](#), the application for the emergency isolation or quarantine of the person made to the petitioning health authority pursuant to [NRS 441A.560](#); and

2. A petition executed by a health authority, including, without limitation, a sworn statement that:

- (a) The health authority or a physician, physician assistant licensed pursuant to [chapter 630](#) or [633](#) of NRS or registered nurse who submitted a certificate pursuant to [NRS 441A.570](#), if such a certificate was submitted, has examined the person alleged to have been infected with or exposed to a communicable disease;

- (b) In the opinion of the health authority, there is a reasonable degree of certainty that the person alleged to have been infected with or exposed to a communicable disease is currently capable of transmitting the disease, or is likely to become capable of transmitting the disease in the near future;

- (c) Based on either the health authority's personal observation of the person alleged to have been infected with or exposed to the communicable disease or the health authority's epidemiological investigation of the circumstances of potential infection or exposure regarding the person alleged to have been infected with or exposed to the communicable disease, and on other facts set forth in the petition, the person likely poses an immediate threat to the health of the public; and

- (d) In the opinion of the health authority, involuntary isolation or quarantine of the person alleged to have been infected with or exposed to a communicable disease to a public or private medical facility, residence or other safe location is necessary to prevent the person from immediately threatening the health of the public.

(Added to NRS by [2003, 2201](#); A [2007, 1859](#))

NRS 441A.620 Hearing on petition; notice; release of person before hearing.

1. Immediately after receiving any petition filed pursuant to [NRS 441A.600](#) or [441A.610](#), the clerk of the district court shall transmit the petition to the appropriate district judge, who shall set a time, date and place for its hearing. The date must be within 5 judicial days after the date on which the petition is received by the clerk.

2. The court shall give notice of the petition and of the time, date and place of any proceedings thereon to the subject of the petition, his or her attorney, if known, the petitioner and the administrative office of any public or private medical facility in which the subject of the petition is detained.

3. The provisions of this section do not preclude a health authority from ordering the release from isolation or quarantine of a person before the time set pursuant to this section for the hearing concerning the person, if appropriate.

4. After the filing of a petition pursuant to [NRS 441A.600](#) or [441A.610](#) and before any court-ordered involuntary isolation or quarantine, a health authority shall file notice with the court of any order of the health authority issued after the petition was filed to release the person from emergency isolation or quarantine, upon which the court may dismiss the petition without prejudice.

(Added to NRS by [2003, 2202](#))

NRS 441A.630 Examination or assessment of person alleged to be infected with or exposed to communicable disease; protective custody pending hearing; written summary of findings and evaluation concerning person alleged to be infected with or exposed to communicable disease.

1. After the filing of a petition to commence proceedings for the involuntary court-ordered isolation or quarantine of a person pursuant to [NRS 441A.600](#) or [441A.610](#), the court shall promptly cause two or more physicians or physician assistants licensed pursuant to [chapter 630](#) or [633](#) of NRS, at least one of whom must always be a physician, to either examine the person alleged to have been infected with or exposed to a communicable disease or assess the likelihood that the person alleged to have been infected with or exposed to a communicable disease has been so infected or exposed.

2. To conduct the examination or assessment of a person who is not being detained at a public or private medical facility, residence or other safe location under emergency isolation or quarantine pursuant to the emergency order of a health authority or court made pursuant to [NRS 441A.550](#) or [441A.560](#), the court may order a peace officer to take the person into protective custody and transport the person to a public or private medical facility, residence or other safe location where the person may be detained until a hearing is held upon the petition.

3. If the person is being detained at his or her home or other place of residence under an emergency order of a health authority or court pursuant to [NRS 441A.550](#) or [441A.560](#), the person may be allowed to remain in his or her home or other place of residence pending an ordered assessment, examination or examinations and to return to his or her home or other place of residence upon completion of the assessment, examination or examinations if such

remaining or returning would not constitute an immediate threat to others residing in his or her home or place of residence.

4. Each physician and physician assistant licensed pursuant to [chapter 630](#) or [633](#) of NRS who examines or assesses a person pursuant to subsection 1 shall, not later than 24 hours before the hearing set pursuant to [NRS 441A.620](#), submit to the court in writing a summary of his or her findings and evaluation regarding the person alleged to have been infected with or exposed to a communicable disease.

(Added to NRS by [2003, 2202](#); A [2007, 1860](#))

NRS 441A.640 Evaluation teams: Establishment; composition; fees.

1. The health authority shall establish such evaluation teams as are necessary to aid the courts under [NRS 441A.630](#) and [441A.700](#).

2. Each team must be composed of at least two physicians, or at least one physician and one physician assistant licensed pursuant to [chapter 630](#) or [633](#) of NRS.

3. Fees for the evaluations must be established and collected as set forth in [NRS 441A.650](#).

(Added to NRS by [2003, 2203](#); A [2007, 1861](#); [2011, 2512](#))

NRS 441A.650 Proceedings held in county where persons to conduct examination are available; expense of proceedings paid by county.

1. In counties where the examining personnel required pursuant to [NRS 441A.630](#) are not available, proceedings for involuntary court-ordered isolation or quarantine shall be conducted in the nearest county having such examining personnel available in order that there be minimum delay.

2. The entire expense of proceedings for involuntary court-ordered isolation or quarantine shall be paid by the county in which the application is filed.

(Added to NRS by [2003, 2203](#))

NRS 441A.660 Right to counsel; compensation of counsel; recess; duties of district attorney.

1. The person alleged to have been infected with or exposed to a communicable disease, or any relative or friend on behalf of the person, is entitled to retain counsel to represent the person in any proceeding before the district court relating to involuntary court-ordered isolation or quarantine, and if the person fails or refuses to obtain counsel, the court shall advise the person and his or her guardian or next of kin, if known, of the right to counsel and shall appoint counsel, who may be the public defender or his or her deputy.

2. Any counsel appointed pursuant to subsection 1 must be awarded compensation by the court for his or her services in an amount determined by the court to be fair and reasonable. Except as otherwise provided in this subsection, the compensation must be charged against the estate of the person for whom the counsel was appointed or, if the person is indigent, against the county in which the application for involuntary court-ordered isolation or quarantine was filed. In any proceeding before the district court relating to involuntary court-ordered isolation or quarantine, if the person for whom counsel was appointed is challenging his or her isolation or quarantine or any condition of such isolation or quarantine and the person succeeds in his or her challenge, the compensation must be charged against the county in which the application for involuntary court-ordered isolation or quarantine was filed.

3. The court shall, at the request of counsel representing the person alleged to have been infected with or exposed to a communicable disease in proceedings before the court relating to involuntary court-ordered isolation or quarantine, grant a recess in the proceedings for the shortest time possible, but for not more than 5 days, to give the counsel an opportunity to prepare his or her case.

4. Each district attorney or his or her deputy shall appear and represent the State in all involuntary court-ordered isolation or quarantine proceedings in his or her county. The district attorney is responsible for the presentation of evidence, if any, in support of the involuntary court-ordered isolation or quarantine of a person to a medical facility, residence or other safe location in proceedings held pursuant to [NRS 441A.600](#) or [441A.610](#).

(Added to NRS by [2003, 2203](#))

NRS 441A.670 Testimony. In proceedings for involuntary court-ordered isolation or quarantine, the court shall hear and consider all relevant testimony, including, but not limited to, the testimony of examining personnel who participated in the evaluation of the person alleged to have been infected with or exposed to a communicable disease and the certificates, if any, of a health authority or a physician, physician assistant licensed pursuant to [chapter 630](#) or [633](#) of NRS or registered nurse accompanying the petition.

(Added to NRS by [2003, 2203](#); A [2007, 1861](#))

NRS 441A.680 Right of person alleged to be infected with or exposed to communicable disease to be present by telephonic conferencing or videoconferencing and to testify.

1. In proceedings for an involuntary court-ordered isolation or quarantine, the person with respect to whom the proceedings are held has the right:

- (a) To be present by live telephonic conferencing or videoconferencing; and
- (b) To testify in his or her own behalf, to the extent that the court determines that the person is able to do so without endangering the health of others.

2. A person who is alleged to have been infected with or exposed to a communicable disease does not have the right to be physically present during the proceedings if such person, if present in the courtroom, would likely pose an immediate threat to the health of the judge or the staff or officers of the court.

(Added to NRS by [2003, 2204](#))

NRS 441A.690 Fees and mileage for witnesses. Witnesses subpoenaed under the provisions of [NRS 441A.505](#) to [441A.720](#), inclusive, shall be paid the same fees and mileage as are paid to witnesses in the courts of the State of Nevada.

(Added to NRS by [2003, 2204](#); A [2011, 2512](#))

NRS 441A.700 Findings and order; expiration and renewal of isolation or quarantine; alternative courses of treatment.

1. If the district court finds, after proceedings for the involuntary court-ordered isolation or quarantine of a person to a public or private medical facility, residence or other safe location:

(a) That there is not clear and convincing evidence that the person with respect to whom the hearing was held has been infected with or exposed to a communicable disease or is likely to be an immediate threat to the health of the public, the court shall enter its finding to that effect and the person must not be involuntarily detained in such a facility, residence or other safe location.

(b) That there is clear and convincing evidence that the person with respect to whom the hearing was held has been infected with or exposed to a communicable disease and, because of that disease, is likely to be an immediate threat to the health of the public, the court may order the involuntary isolation or quarantine of the person and may order the most appropriate course of treatment after considering the rights of the person and the desires of the person concerning treatment and vaccination, including, without limitation, the tenets of the person's religion and the tenets of any group or organization of which the person is a member, the rights set forth in [NRS 441A.210](#), the rights set forth in [NRS 441A.520](#), the right to counsel set forth in [NRS 441A.660](#), and the right of a person to challenge his or her isolation or quarantine or any condition of such isolation or quarantine. The order of the court must be interlocutory and must not become final if, within 14 days after the court orders the involuntary isolation or quarantine, the person is unconditionally released by a health authority from the medical facility, residence or other safe location.

2. An involuntary isolation or quarantine pursuant to paragraph (b) of subsection 1 automatically expires at the end of 30 days if not terminated previously by a health authority. At the end of the court-ordered period of isolation or quarantine, the health authority may petition to renew the detention of the person for additional periods which each must not exceed the shorter of 120 days or either, if the person is isolated, the period of time which the health authority expects the person will be infectious with the communicable disease or, if the person is quarantined, the period of time which the health authority determines is necessary to determine whether the person has been infected with the communicable disease. For each renewal, the petition must set forth to the court specific reasons why further isolation or quarantine is appropriate and that the person likely poses an ongoing immediate threat to the health of the public. If the court finds in considering a petition for renewal that the person is noncompliant with a court-ordered measure to control or resolve the risk of transmitting the communicable disease, it may order the continued isolation and treatment of the person for any period of time the court deems necessary to resolve the immediate and ongoing risk of the person transmitting the disease.

3. Before issuing an order for involuntary isolation or quarantine or a renewal thereof, the court shall explore other alternative courses of isolation, quarantine and treatment within the least restrictive appropriate environment as suggested by the evaluation team who evaluated the person, or other persons professionally qualified in the field of communicable diseases, which the court believes may be in the best interests of the person.

(Added to NRS by [2003, 2204](#))

NRS 441A.710 Clinical abstract to accompany order. The order for involuntary court isolation or quarantine of any person to a medical facility, public or private, must be accompanied by a clinical abstract, including a history of illness, diagnosis and treatment, and the names of relatives or correspondents.

(Added to NRS by [2003, 2205](#))

NRS 441A.720 Transportation to public or private medical facility, residence or other safe location.

When any involuntary court isolation or quarantine is ordered under the provisions of [NRS 441A.505](#) to [441A.720](#), inclusive, the involuntarily isolated or quarantined person, together with the court orders, any certificates of the health authorities, physicians, physician assistants licensed pursuant to [chapter 630](#) or [633](#) of NRS or registered nurses, the written summary of the evaluation team and a full and complete transcript of the notes of the official reporter made at the examination of such person before the court, must be delivered to the sheriff of the appropriate county who must be ordered to:

1. Transport the person; or
 2. Arrange for the person to be transported by:
 - (a) A system for the nonemergency medical transportation of persons whose operation is authorized by the Nevada Transportation Authority; or
 - (b) If medically necessary, an ambulance service that holds a permit issued pursuant to the provisions of [chapter 450B](#) of NRS,
- to the appropriate public or private medical facility, residence or other safe location.
(Added to NRS by [2003, 2205](#); A [2007, 1861](#); [2011, 2512](#))

ENFORCEMENT

NRS 441A.900 Injunction: Grounds; responsibility for prosecution; authority of court.

1. A person who refuses to:
 - (a) Comply with any regulation of the Board relating to the control of a communicable disease;
 - (b) Comply with any provision of this chapter;
 - (c) Submit to approved treatment or examination required or authorized by this chapter;
 - (d) Provide any information required by this chapter; or
 - (e) Perform any duty imposed by this chapter,
- may be enjoined by a court of competent jurisdiction.
2. An action for an injunction pursuant to this section must be prosecuted by the Attorney General, any district attorney or any private legal counsel retained by a local board of health in the name of and upon the complaint of the health authority.
 3. The court in which an injunction is sought may make any order reasonably necessary to carry out the purpose or intent of any provision of this chapter or to compel compliance with any regulation of the Board or order of the health authority relating to the control of a communicable disease.
(Added to NRS by [1989, 299](#))

NRS 441A.910 Criminal penalty for violation of chapter; exception. Except as otherwise provided in [NRS 441A.315](#), every person who violates any provision of this chapter is guilty of a misdemeanor.
(Added to NRS by [1989, 300](#); A [2021, 3139](#))

NRS 441A.920 Criminal penalty and administrative fine for failure to comply with regulations or requirements of chapter; exception. [Effective through December 31, 2021.] Except as otherwise provided in [NRS 441A.315](#), every provider of health care, medical facility or medical laboratory that willfully fails, neglects or refuses to comply with any regulation of the Board relating to the reporting of a communicable disease or drug overdose or any requirement of this chapter is guilty of a misdemeanor and, in addition, may be subject to an administrative fine of \$1,000 for each violation, as determined by the Board.
(Added to NRS by [1989, 300](#); A [2017, 4402](#); [2021, 3139](#))

NRS 441A.920 Criminal penalty and administrative fine for failure to comply with regulations or requirements of chapter; exception. [Effective January 1, 2022.] Except as otherwise provided in [NRS 441A.315](#), every provider of health care, medical facility or medical laboratory that willfully fails, neglects or refuses to comply with any regulation of the Board relating to the reporting of a communicable disease, a drug overdose or an attempted suicide or any requirement of this chapter is guilty of a misdemeanor and, in addition, may be subject to an administrative fine of \$1,000 for each violation, as determined by the Board.
(Added to NRS by [1989, 300](#); A [2017, 4402](#); [2021, 866](#), [3139](#), effective January 1, 2022)

NRS 441A.930 District attorney to prosecute violators. The district attorney of the county in which any violation of this chapter occurs shall prosecute the person responsible for the violation.
(Added to NRS by [1989, 300](#))

This content is from the eCFR and is authoritative but unofficial.

Title 45 — Public Welfare

Subtitle A — Department of Health and Human Services

Subchapter C — Administrative Data Standards and Related Requirements

Part 164 — Security and Privacy

Subpart E — Privacy of Individually Identifiable Health Information

Authority: 42 U.S.C. 1320d-2, 1320d-4, and 1320d-9; sec. 264 of Pub. L. 104-191, 110 Stat. 2033-2034 (42 U.S.C. 1320d-2 (note)); and secs. 13400-13424, Pub. L. 111-5, 123 Stat. 258-279.

Authority: 42 U.S.C. 1302(a); 42 U.S.C. 1320d-1320d-9; sec. 264, Pub. L. 104-191, 110 Stat. 2033-2034 (42 U.S.C. 1320d-2(note)); and secs. 13400-13424, Pub. L. 111-5, 123 Stat. 258-279.

Source: 65 FR 82802, Dec. 28, 2000, unless otherwise noted.

§ 164.512 Uses and disclosures for which an authorization or opportunity to agree or object is not required.

A covered entity may use or disclose protected health information without the written authorization of the individual, as described in § 164.508, or the opportunity for the individual to agree or object as described in § 164.510, in the situations covered by this section, subject to the applicable requirements of this section. When the covered entity is required by this section to inform the individual of, or when the individual may agree to, a use or disclosure permitted by this section, the covered entity's information and the individual's agreement may be given orally.

(a) **Standard: Uses and disclosures required by law.**

- (1) A covered entity may use or disclose protected health information to the extent that such use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of such law.
- (2) A covered entity must meet the requirements described in paragraph (c), (e), or (f) of this section for uses or disclosures required by law.

(b) **Standard: Uses and disclosures for public health activities —**

- (1) **Permitted uses and disclosures.** A covered entity may use or disclose protected health information for the public health activities and purposes described in this paragraph to:
 - (i) A public health authority that is authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, including, but not limited to, the reporting of disease, injury, vital events such as birth or death, and the conduct of public health surveillance, public health investigations, and public health interventions; or, at the direction of a public health authority, to an official of a foreign government agency that is acting in collaboration with a public health authority;
 - (ii) A public health authority or other appropriate government authority authorized by law to receive reports of child abuse or neglect;
 - (iii) A person subject to the jurisdiction of the Food and Drug Administration (FDA) with respect to an FDA-regulated product or activity for which that person has responsibility, for the purpose of activities related to the quality, safety or effectiveness of such FDA-regulated product or activity. Such purposes include:

- (A) To collect or report adverse events (or similar activities with respect to food or dietary supplements), product defects or problems (including problems with the use or labeling of a product), or biological product deviations;
- (B) To track FDA-regulated products;
- (C) To enable product recalls, repairs, or replacement, or lookback (including locating and notifying individuals who have received products that have been recalled, withdrawn, or are the subject of lookback); or
- (D) To conduct post marketing surveillance;
- (iv) A person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition, if the covered entity or public health authority is authorized by law to notify such person as necessary in the conduct of a public health intervention or investigation; or
- (v) An employer, about an individual who is a member of the workforce of the employer, if:
 - (A) The covered entity is a covered health care provider who provides health care to the individual at the request of the employer:
 - (1) To conduct an evaluation relating to medical surveillance of the workplace; or
 - (2) To evaluate whether the individual has a work-related illness or injury;
 - (B) The protected health information that is disclosed consists of findings concerning a work-related illness or injury or a workplace-related medical surveillance;
 - (C) The employer needs such findings in order to comply with its obligations, under 29 CFR parts 1904 through 1928, 30 CFR parts 50 through 90, or under state law having a similar purpose, to record such illness or injury or to carry out responsibilities for workplace medical surveillance; and
 - (D) The covered health care provider provides written notice to the individual that protected health information relating to the medical surveillance of the workplace and work-related illnesses and injuries is disclosed to the employer:
 - (1) By giving a copy of the notice to the individual at the time the health care is provided; or
 - (2) If the health care is provided on the work site of the employer, by posting the notice in a prominent place at the location where the health care is provided.
- (vi) A school, about an individual who is a student or prospective student of the school, if:
 - (A) The protected health information that is disclosed is limited to proof of immunization;
 - (B) The school is required by State or other law to have such proof of immunization prior to admitting the individual; and
 - (C) The covered entity obtains and documents the agreement to the disclosure from either:
 - (1) A parent, guardian, or other person acting *in loco parentis* of the individual, if the individual is an unemancipated minor; or
 - (2) The individual, if the individual is an adult or emancipated minor.

- (2) **Permitted uses.** If the covered entity also is a public health authority, the covered entity is permitted to use protected health information in all cases in which it is permitted to disclose such information for public health activities under paragraph (b)(1) of this section.

(c) **Standard: Disclosures about victims of abuse, neglect or domestic violence —**

- (1) **Permitted disclosures.** Except for reports of child abuse or neglect permitted by paragraph (b)(1)(ii) of this section, a covered entity may disclose protected health information about an individual whom the covered entity reasonably believes to be a victim of abuse, neglect, or domestic violence to a government authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect, or domestic violence:

- (i) To the extent the disclosure is required by law and the disclosure complies with and is limited to the relevant requirements of such law;
- (ii) If the individual agrees to the disclosure; or
- (iii) To the extent the disclosure is expressly authorized by statute or regulation and:
 - (A) The covered entity, in the exercise of professional judgment, believes the disclosure is necessary to prevent serious harm to the individual or other potential victims; or
 - (B) If the individual is unable to agree because of incapacity, a law enforcement or other public official authorized to receive the report represents that the protected health information for which disclosure is sought is not intended to be used against the individual and that an immediate enforcement activity that depends upon the disclosure would be materially and adversely affected by waiting until the individual is able to agree to the disclosure.

- (2) **Informing the individual.** A covered entity that makes a disclosure permitted by paragraph (c)(1) of this section must promptly inform the individual that such a report has been or will be made, except if:

- (i) The covered entity, in the exercise of professional judgment, believes informing the individual would place the individual at risk of serious harm; or
- (ii) The covered entity would be informing a personal representative, and the covered entity reasonably believes the personal representative is responsible for the abuse, neglect, or other injury, and that informing such person would not be in the best interests of the individual as determined by the covered entity, in the exercise of professional judgment.

(d) **Standard: Uses and disclosures for health oversight activities —**

- (1) **Permitted disclosures.** A covered entity may disclose protected health information to a health oversight agency for oversight activities authorized by law, including audits; civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities necessary for appropriate oversight of:

- (i) The health care system;
- (ii) Government benefit programs for which health information is relevant to beneficiary eligibility;
- (iii) Entities subject to government regulatory programs for which health information is necessary for determining compliance with program standards; or

- (iv) Entities subject to civil rights laws for which health information is necessary for determining compliance.
- (2) **Exception to health oversight activities.** For the purpose of the disclosures permitted by paragraph (d)(1) of this section, a health oversight activity does not include an investigation or other activity in which the individual is the subject of the investigation or activity and such investigation or other activity does not arise out of and is not directly related to:
 - (i) The receipt of health care;
 - (ii) A claim for public benefits related to health; or
 - (iii) Qualification for, or receipt of, public benefits or services when a patient's health is integral to the claim for public benefits or services.
- (3) **Joint activities or investigations.** Notwithstanding paragraph (d)(2) of this section, if a health oversight activity or investigation is conducted in conjunction with an oversight activity or investigation relating to a claim for public benefits not related to health, the joint activity or investigation is considered a health oversight activity for purposes of paragraph (d) of this section.
- (4) **Permitted uses.** If a covered entity also is a health oversight agency, the covered entity may use protected health information for health oversight activities as permitted by paragraph (d) of this section.
- (e) **Standard: Disclosures for judicial and administrative proceedings —**
 - (1) **Permitted disclosures.** A covered entity may disclose protected health information in the course of any judicial or administrative proceeding:
 - (i) In response to an order of a court or administrative tribunal, provided that the covered entity discloses only the protected health information expressly authorized by such order; or
 - (ii) In response to a subpoena, discovery request, or other lawful process, that is not accompanied by an order of a court or administrative tribunal, if:
 - (A) The covered entity receives satisfactory assurance, as described in paragraph (e)(1)(iii) of this section, from the party seeking the information that reasonable efforts have been made by such party to ensure that the individual who is the subject of the protected health information that has been requested has been given notice of the request; or
 - (B) The covered entity receives satisfactory assurance, as described in paragraph (e)(1)(iv) of this section, from the party seeking the information that reasonable efforts have been made by such party to secure a qualified protective order that meets the requirements of paragraph (e)(1)(v) of this section.
 - (iii) For the purposes of paragraph (e)(1)(ii)(A) of this section, a covered entity receives satisfactory assurances from a party seeking protected health information if the covered entity receives from such party a written statement and accompanying documentation demonstrating that:
 - (A) The party requesting such information has made a good faith attempt to provide written notice to the individual (or, if the individual's location is unknown, to mail a notice to the individual's last known address);

- (B) The notice included sufficient information about the litigation or proceeding in which the protected health information is requested to permit the individual to raise an objection to the court or administrative tribunal; and
- (C) The time for the individual to raise objections to the court or administrative tribunal has elapsed, and:
 - (1) No objections were filed; or
 - (2) All objections filed by the individual have been resolved by the court or the administrative tribunal and the disclosures being sought are consistent with such resolution.
- (iv) For the purposes of paragraph (e)(1)(ii)(B) of this section, a covered entity receives satisfactory assurances from a party seeking protected health information, if the covered entity receives from such party a written statement and accompanying documentation demonstrating that:
 - (A) The parties to the dispute giving rise to the request for information have agreed to a qualified protective order and have presented it to the court or administrative tribunal with jurisdiction over the dispute; or
 - (B) The party seeking the protected health information has requested a qualified protective order from such court or administrative tribunal.
- (v) For purposes of paragraph (e)(1) of this section, a qualified protective order means, with respect to protected health information requested under paragraph (e)(1)(ii) of this section, an order of a court or of an administrative tribunal or a stipulation by the parties to the litigation or administrative proceeding that:
 - (A) Prohibits the parties from using or disclosing the protected health information for any purpose other than the litigation or proceeding for which such information was requested; and
 - (B) Requires the return to the covered entity or destruction of the protected health information (including all copies made) at the end of the litigation or proceeding.
- (vi) Notwithstanding paragraph (e)(1)(ii) of this section, a covered entity may disclose protected health information in response to lawful process described in paragraph (e)(1)(ii) of this section without receiving satisfactory assurance under paragraph (e)(1)(ii)(A) or (B) of this section, if the covered entity makes reasonable efforts to provide notice to the individual sufficient to meet the requirements of paragraph (e)(1)(iii) of this section or to seek a qualified protective order sufficient to meet the requirements of paragraph (e)(1)(v) of this section.
- (2) **Other uses and disclosures under this section.** The provisions of this paragraph do not supersede other provisions of this section that otherwise permit or restrict uses or disclosures of protected health information.
- (f) **Standard: Disclosures for law enforcement purposes.** A covered entity may disclose protected health information for a law enforcement purpose to a law enforcement official if the conditions in paragraphs (f)(1) through (f)(6) of this section are met, as applicable.
 - (1) **Permitted disclosures: Pursuant to process and as otherwise required by law.** A covered entity may disclose protected health information:

- (i) As required by law including laws that require the reporting of certain types of wounds or other physical injuries, except for laws subject to paragraph (b)(1)(ii) or (c)(1)(i) of this section; or
- (ii) In compliance with and as limited by the relevant requirements of:
 - (A) A court order or court-ordered warrant, or a subpoena or summons issued by a judicial officer;
 - (B) A grand jury subpoena; or
 - (C) An administrative request, including an administrative subpoena or summons, a civil or an authorized investigative demand, or similar process authorized under law, provided that:
 - (1) The information sought is relevant and material to a legitimate law enforcement inquiry;
 - (2) The request is specific and limited in scope to the extent reasonably practicable in light of the purpose for which the information is sought; and
 - (3) De-identified information could not reasonably be used.
- (2) **Permitted disclosures: Limited information for identification and location purposes.** Except for disclosures required by law as permitted by paragraph (f)(1) of this section, a covered entity may disclose protected health information in response to a law enforcement official's request for such information for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person, provided that:
 - (i) The covered entity may disclose only the following information:
 - (A) Name and address;
 - (B) Date and place of birth;
 - (C) Social security number;
 - (D) ABO blood type and rh factor;
 - (E) Type of injury;
 - (F) Date and time of treatment;
 - (G) Date and time of death, if applicable; and
 - (H) A description of distinguishing physical characteristics, including height, weight, gender, race, hair and eye color, presence or absence of facial hair (beard or moustache), scars, and tattoos.
 - (ii) Except as permitted by paragraph (f)(2)(i) of this section, the covered entity may not disclose for the purposes of identification or location under paragraph (f)(2) of this section any protected health information related to the individual's DNA or DNA analysis, dental records, or typing, samples or analysis of body fluids or tissue.
- (3) **Permitted disclosure: Victims of a crime.** Except for disclosures required by law as permitted by paragraph (f)(1) of this section, a covered entity may disclose protected health information in response to a law enforcement official's request for such information about an individual who is or is suspected to be a victim of a crime, other than disclosures that are subject to paragraph (b) or (c) of this section, if:

- (i) The individual agrees to the disclosure; or
- (ii) The covered entity is unable to obtain the individual's agreement because of incapacity or other emergency circumstance, provided that:
 - (A) The law enforcement official represents that such information is needed to determine whether a violation of law by a person other than the victim has occurred, and such information is not intended to be used against the victim;
 - (B) The law enforcement official represents that immediate law enforcement activity that depends upon the disclosure would be materially and adversely affected by waiting until the individual is able to agree to the disclosure; and
 - (C) The disclosure is in the best interests of the individual as determined by the covered entity, in the exercise of professional judgment.

(4) **Permitted disclosure: Decedents.** A covered entity may disclose protected health information about an individual who has died to a law enforcement official for the purpose of alerting law enforcement of the death of the individual if the covered entity has a suspicion that such death may have resulted from criminal conduct.

(5) **Permitted disclosure: Crime on premises.** A covered entity may disclose to a law enforcement official protected health information that the covered entity believes in good faith constitutes evidence of criminal conduct that occurred on the premises of the covered entity.

(6) **Permitted disclosure: Reporting crime in emergencies.**

- (i) A covered health care provider providing emergency health care in response to a medical emergency, other than such emergency on the premises of the covered health care provider, may disclose protected health information to a law enforcement official if such disclosure appears necessary to alert law enforcement to:
 - (A) The commission and nature of a crime;
 - (B) The location of such crime or of the victim(s) of such crime; and
 - (C) The identity, description, and location of the perpetrator of such crime.
- (ii) If a covered health care provider believes that the medical emergency described in paragraph (f)(6)(i) of this section is the result of abuse, neglect, or domestic violence of the individual in need of emergency health care, paragraph (f)(6)(i) of this section does not apply and any disclosure to a law enforcement official for law enforcement purposes is subject to paragraph (c) of this section.

(g) **Standard: Uses and disclosures about decedents –**

(1) **Coroners and medical examiners.** A covered entity may disclose protected health information to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law. A covered entity that also performs the duties of a coroner or medical examiner may use protected health information for the purposes described in this paragraph.

(2) **Funeral directors.** A covered entity may disclose protected health information to funeral directors, consistent with applicable law, as necessary to carry out their duties with respect to the decedent. If necessary for funeral directors to carry out their duties, the covered entity may disclose the protected health information prior to, and in reasonable anticipation of, the individual's death.

(h) **Standard: Uses and disclosures for cadaveric organ, eye or tissue donation purposes.** A covered entity may use or disclose protected health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of cadaveric organs, eyes, or tissue for the purpose of facilitating organ, eye or tissue donation and transplantation.

(i) **Standard: Uses and disclosures for research purposes –**

(1) **Permitted uses and disclosures.** A covered entity may use or disclose protected health information for research, regardless of the source of funding of the research, provided that:

(i) **Board approval of a waiver of authorization.** The covered entity obtains documentation that an alteration to or waiver, in whole or in part, of the individual authorization required by § 164.508 for use or disclosure of protected health information has been approved by either:

(A) An Institutional Review Board (IRB), established in accordance with 7 CFR 1c.107, 10 CFR 745.107, 14 CFR 1230.107, 15 CFR 27.107, 16 CFR 1028.107, 21 CFR 56.107, 22 CFR 225.107, 24 CFR 60.107, 28 CFR 46.107, 32 CFR 219.107, 34 CFR 97.107, 38 CFR 16.107, 40 CFR 26.107, 45 CFR 46.107, 45 CFR 690.107, or 49 CFR 11.107; or

(B) A privacy board that:

(1) Has members with varying backgrounds and appropriate professional competency as necessary to review the effect of the research protocol on the individual's privacy rights and related interests;

(2) Includes at least one member who is not affiliated with the covered entity, not affiliated with any entity conducting or sponsoring the research, and not related to any person who is affiliated with any of such entities; and

(3) Does not have any member participating in a review of any project in which the member has a conflict of interest.

(ii) **Reviews preparatory to research.** The covered entity obtains from the researcher representations that:

(A) Use or disclosure is sought solely to review protected health information as necessary to prepare a research protocol or for similar purposes preparatory to research;

(B) No protected health information is to be removed from the covered entity by the researcher in the course of the review; and

(C) The protected health information for which use or access is sought is necessary for the research purposes.

(iii) **Research on decedent's information.** The covered entity obtains from the researcher:

(A) Representation that the use or disclosure sought is solely for research on the protected health information of decedents;

(B) Documentation, at the request of the covered entity, of the death of such individuals; and

- (C) Representation that the protected health information for which use or disclosure is sought is necessary for the research purposes.
- (2) **Documentation of waiver approval.** For a use or disclosure to be permitted based on documentation of approval of an alteration or waiver, under paragraph (i)(1)(i) of this section, the documentation must include all of the following:
 - (i) **Identification and date of action.** A statement identifying the IRB or privacy board and the date on which the alteration or waiver of authorization was approved;
 - (ii) **Waiver criteria.** A statement that the IRB or privacy board has determined that the alteration or waiver, in whole or in part, of authorization satisfies the following criteria:
 - (A) The use or disclosure of protected health information involves no more than a minimal risk to the privacy of individuals, based on, at least, the presence of the following elements;
 - (1) An adequate plan to protect the identifiers from improper use and disclosure;
 - (2) An adequate plan to destroy the identifiers at the earliest opportunity consistent with conduct of the research, unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law; and
 - (3) Adequate written assurances that the protected health information will not be reused or disclosed to any other person or entity, except as required by law, for authorized oversight of the research study, or for other research for which the use or disclosure of protected health information would be permitted by this subpart;
 - (B) The research could not practicably be conducted without the waiver or alteration; and
 - (C) The research could not practicably be conducted without access to and use of the protected health information.
 - (iii) **Protected health information needed.** A brief description of the protected health information for which use or access has been determined to be necessary by the institutional review board or privacy board, pursuant to paragraph (i)(2)(ii)(C) of this section;
 - (iv) **Review and approval procedures.** A statement that the alteration or waiver of authorization has been reviewed and approved under either normal or expedited review procedures, as follows:
 - (A) An IRB must follow the requirements of the Common Rule, including the normal review procedures (7 CFR 1c.108(b), 10 CFR 745.108(b), 14 CFR 1230.108(b), 15 CFR 27.108(b), 16 CFR 1028.108(b), 21 CFR 56.108(b), 22 CFR 225.108(b), 24 CFR 60.108(b), 28 CFR 46.108(b), 32 CFR 219.108(b), 34 CFR 97.108(b), 38 CFR 16.108(b), 40 CFR 26.108(b), 45 CFR 46.108(b), 45 CFR 690.108(b), or 49 CFR 11.108(b)) or the expedited review procedures (7 CFR 1c.110, 10 CFR 745.110, 14 CFR 1230.110, 15 CFR 27.110, 16 CFR 1028.110, 21 CFR 56.110, 22 CFR 225.110, 24 CFR 60.110, 28 CFR 46.110, 32 CFR 219.110, 34 CFR 97.110, 38 CFR 16.110, 40 CFR 26.110, 45 CFR 46.110, 45 CFR 690.110, or 49 CFR 11.110);
 - (B) A privacy board must review the proposed research at convened meetings at which a majority of the privacy board members are present, including at least one member who satisfies the criterion stated in paragraph (i)(1)(i)(B)(2) of this section, and the alteration or

waiver of authorization must be approved by the majority of the privacy board members present at the meeting, unless the privacy board elects to use an expedited review procedure in accordance with paragraph (i)(2)(iv)(C) of this section;

(C) A privacy board may use an expedited review procedure if the research involves no more than minimal risk to the privacy of the individuals who are the subject of the protected health information for which use or disclosure is being sought. If the privacy board elects to use an expedited review procedure, the review and approval of the alteration or waiver of authorization may be carried out by the chair of the privacy board, or by one or more members of the privacy board as designated by the chair; and

(v) **Required signature.** The documentation of the alteration or waiver of authorization must be signed by the chair or other member, as designated by the chair, of the IRB or the privacy board, as applicable.

(j) **Standard: Uses and disclosures to avert a serious threat to health or safety –**

(1) **Permitted disclosures.** A covered entity may, consistent with applicable law and standards of ethical conduct, use or disclose protected health information, if the covered entity, in good faith, believes the use or disclosure:

(i)

(A) Is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public; and

(B) Is to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat; or

(ii) Is necessary for law enforcement authorities to identify or apprehend an individual:

(A) Because of a statement by an individual admitting participation in a violent crime that the covered entity reasonably believes may have caused serious physical harm to the victim; or

(B) Where it appears from all the circumstances that the individual has escaped from a correctional institution or from lawful custody, as those terms are defined in § 164.501.

(2) **Use or disclosure not permitted.** A use or disclosure pursuant to paragraph (j)(1)(ii)(A) of this section may not be made if the information described in paragraph (j)(1)(ii)(A) of this section is learned by the covered entity:

(i) In the course of treatment to affect the propensity to commit the criminal conduct that is the basis for the disclosure under paragraph (j)(1)(ii)(A) of this section, or counseling or therapy; or

(ii) Through a request by the individual to initiate or to be referred for the treatment, counseling, or therapy described in paragraph (j)(2)(i) of this section.

(3) **Limit on information that may be disclosed.** A disclosure made pursuant to paragraph (j)(1)(ii)(A) of this section shall contain only the statement described in paragraph (j)(1)(ii)(A) of this section and the protected health information described in paragraph (f)(2)(i) of this section.

- (4) **Presumption of good faith belief.** A covered entity that uses or discloses protected health information pursuant to paragraph (j)(1) of this section is presumed to have acted in good faith with regard to a belief described in paragraph (j)(1)(i) or (ii) of this section, if the belief is based upon the covered entity's actual knowledge or in reliance on a credible representation by a person with apparent knowledge or authority.

(k) **Standard: Uses and disclosures for specialized government functions –**

(1) **Military and veterans activities –**

- (i) **Armed Forces personnel.** A covered entity may use and disclose the protected health information of individuals who are Armed Forces personnel for activities deemed necessary by appropriate military command authorities to assure the proper execution of the military mission, if the appropriate military authority has published by notice in the FEDERAL REGISTER the following information:

(A) Appropriate military command authorities; and

(B) The purposes for which the protected health information may be used or disclosed.

- (ii) **Separation or discharge from military service.** A covered entity that is a component of the Departments of Defense or Homeland Security may disclose to the Department of Veterans Affairs (DVA) the protected health information of an individual who is a member of the Armed Forces upon the separation or discharge of the individual from military service for the purpose of a determination by DVA of the individual's eligibility for or entitlement to benefits under laws administered by the Secretary of Veterans Affairs.

- (iii) **Veterans.** A covered entity that is a component of the Department of Veterans Affairs may use and disclose protected health information to components of the Department that determine eligibility for or entitlement to, or that provide, benefits under the laws administered by the Secretary of Veterans Affairs.

- (iv) **Foreign military personnel.** A covered entity may use and disclose the protected health information of individuals who are foreign military personnel to their appropriate foreign military authority for the same purposes for which uses and disclosures are permitted for Armed Forces personnel under the notice published in the FEDERAL REGISTER pursuant to paragraph (k)(1)(i) of this section.

- (2) **National security and intelligence activities.** A covered entity may disclose protected health information to authorized federal officials for the conduct of lawful intelligence, counter-intelligence, and other national security activities authorized by the National Security Act (50 U.S.C. 401, *et seq.*) and implementing authority (e.g., Executive Order 12333).

- (3) **Protective services for the President and others.** A covered entity may disclose protected health information to authorized Federal officials for the provision of protective services to the President or other persons authorized by 18 U.S.C. 3056 or to foreign heads of state or other persons authorized by 22 U.S.C. 2709(a)(3), or for the conduct of investigations authorized by 18 U.S.C. 871 and 879.

- (4) **Medical suitability determinations.** A covered entity that is a component of the Department of State may use protected health information to make medical suitability determinations and may disclose whether or not the individual was determined to be medically suitable to the officials in the Department of State who need access to such information for the following purposes:

- (i) For the purpose of a required security clearance conducted pursuant to Executive Orders 10450 and 12968;
- (ii) As necessary to determine worldwide availability or availability for mandatory service abroad under sections 101(a)(4) and 504 of the Foreign Service Act; or
- (iii) For a family to accompany a Foreign Service member abroad, consistent with section 101(b)(5) and 904 of the Foreign Service Act.

(5) ***Correctional institutions and other law enforcement custodial situations –***

- (i) ***Permitted disclosures.*** A covered entity may disclose to a correctional institution or a law enforcement official having lawful custody of an inmate or other individual protected health information about such inmate or individual, if the correctional institution or such law enforcement official represents that such protected health information is necessary for:
 - (A) The provision of health care to such individuals;
 - (B) The health and safety of such individual or other inmates;
 - (C) The health and safety of the officers or employees of or others at the correctional institution;
 - (D) The health and safety of such individuals and officers or other persons responsible for the transporting of inmates or their transfer from one institution, facility, or setting to another;
 - (E) Law enforcement on the premises of the correctional institution; or
 - (F) The administration and maintenance of the safety, security, and good order of the correctional institution.
- (ii) ***Permitted uses.*** A covered entity that is a correctional institution may use protected health information of individuals who are inmates for any purpose for which such protected health information may be disclosed.
- (iii) ***No application after release.*** For the purposes of this provision, an individual is no longer an inmate when released on parole, probation, supervised release, or otherwise is no longer in lawful custody.

(6) ***Covered entities that are government programs providing public benefits.***

- (i) A health plan that is a government program providing public benefits may disclose protected health information relating to eligibility for or enrollment in the health plan to another agency administering a government program providing public benefits if the sharing of eligibility or enrollment information among such government agencies or the maintenance of such information in a single or combined data system accessible to all such government agencies is required or expressly authorized by statute or regulation.
- (ii) A covered entity that is a government agency administering a government program providing public benefits may disclose protected health information relating to the program to another covered entity that is a government agency administering a government program providing public benefits if the programs serve the same or similar populations and the disclosure of protected health information is necessary to coordinate the covered functions of such programs or to improve administration and management relating to the covered functions of such programs.

- (7) **National Instant Criminal Background Check System.** A covered entity may use or disclose protected health information for purposes of reporting to the National Instant Criminal Background Check System the identity of an individual who is prohibited from possessing a firearm under 18 U.S.C. 922(g)(4), provided the covered entity:
- (i) Is a State agency or other entity that is, or contains an entity that is:
 - (A) An entity designated by the State to report, or which collects information for purposes of reporting, on behalf of the State, to the National Instant Criminal Background Check System; or
 - (B) A court, board, commission, or other lawful authority that makes the commitment or adjudication that causes an individual to become subject to 18 U.S.C. 922(g)(4); and
 - (ii) Discloses the information only to:
 - (A) The National Instant Criminal Background Check System; or
 - (B) An entity designated by the State to report, or which collects information for purposes of reporting, on behalf of the State, to the National Instant Criminal Background Check System; and
 - (iii)
 - (A) Discloses only the limited demographic and certain other information needed for purposes of reporting to the National Instant Criminal Background Check System; and
 - (B) Does not disclose diagnostic or clinical information for such purposes.
- (l) **Standard: Disclosures for workers' compensation.** A covered entity may disclose protected health information as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

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