



Purpose of This Privacy Notice

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, initiate and obtain payment, or conduct health care operations, and for other purposes that are permitted or required by law.

SNHD reserves the right to make changes in the Notice of Privacy Practices. The Notice describes your rights to access and control your protected health information. "Protected Health Information" is information about you, including demographic information, which identifies you and relates to your past, present or future physical or mental health or condition and related health care services.

Our Pledge Regarding Medical Information

We understand that your medical and health related information is personal, and we are committed to protecting it. This notice applies to the records of your care created, received and maintained by SNHD. We are required by law to:

- Make sure that medical information that identifies you is kept private
- Notify you following a breach of unsecured protected health information
- Provide you this notice describing our legal duties and privacy practices regarding your medical information
- Follow the terms of the notice that is currently in effect. We may change the terms of our notice at any time without advance notice to you. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices. You may obtain a copy in the Districts clinic areas. You may also obtain a copy by contacting SNHD's Privacy Officer at (702) 759-1204. The current version of the Notice may also be found on SNHD's website at www.SNHD.info.

Who Will Follow This Notice:

This notice describes the privacy policies of the Southern Nevada Health District (SNHD) and that of:

- Any health care professional authorized to enter information into your medical record
- All SNHD employees

How We May Use And Disclose Medical Information About You:

The following categories describe ways that we use and disclose medical information. Examples of each category are included. Not every use or disclosure in each category is listed; however, all of the ways we are permitted to use and disclose information falls into one of these categories:

- **For Treatment:** We may use medical information about you to provide, coordinate, or manage your medical treatment or services. We may disclose medical information about you to other health care professionals or health care providers who are or will be involved in taking care of you. Your protected health information may also be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to provide treatment. For example, we would disclose your protected health information, as necessary, to other health care professionals within the organization for the purpose of providing you with quality health care.
- **For Payment:** We may use and disclose medical information about you so that the treatment and services you receive at SNHD may be billed to and paid by and insurance company, you, or a third party. For example, we may disclose your relevant protected health information to your insurance provider for the purpose of receiving payment and providing you with needed health care services. We may share your information with providers involved in your care for their billing purposes.

For Health Care Operations: We may use or disclose your protected health information to support the business activities of SNHD. These activities include, but are not limited to, quality assessment, employee review, training health care students, and conducting or arranging for other business activities. For example,

we may call you by name in the waiting room when the health care professional is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment. We may disclose your protected health information to medical students or interns that see patients. We may take and store a photograph of you for identification purposes.

We may share your protected health information with third party "business associates" that perform various activities (e.g., billing) for SNHD. Whenever an arrangement between SNHD and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms to protect the privacy of your protected health information.

Uses and Disclosures of Protected Health Information Based Upon Your Written Authorization

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that your physician, our medical staff, or our employees have taken action that relies on the use or disclosure indicated in the authorization.

Other Permitted and Required Uses and Disclosures That May Be Made With Your Consent, Authorization or Opportunity to Object

We may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or are not able to agree or object to the use or disclosure of the protected health information, then your physician may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed.

Others Involved in Your Health Care: Unless you object, we may disclose to a family member, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care, of your location, general condition or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

Emergencies: We may use or disclose your protected health information in an emergency treatment situation. If this happens, we shall try to obtain your acknowledgement of receipt of the Notice of Privacy Practices as soon as reasonably practicable after the delivery of treatment.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization or Opportunity to Object

We may use or disclose your protected health information in certain situations without your consent or authorization. These include:

Required By Law: We may use or disclose your protected health information to the extent that law requires the use or disclosure. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

Public Health: We may disclose your protected health information to another public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

Communicable Diseases: We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight: We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other regulatory programs and civil rights laws.

Abuse or Neglect: We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child or elder abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental

entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration: We may disclose your protected health information to a person or company required by the Food and Drug Administration to track products and to report adverse events, product defects, product problems, and/or biologic product deviations. We may also disclose your protected health information as required by the Food and Drug Administration to enable product recalls, to make repairs or replacements, or to conduct post marketing surveillance, as required.

Law Enforcement: We may disclose protected health information according to any and all applicable legal requirements for law enforcement purposes. These law enforcement purposes include 1) legal processes and disclosures otherwise required by law, 2) limited information requests for identification and location purposes, 3) information pertaining to victims of a crime, 4) suspicion that death has occurred as a result of criminal conduct, 5) criminal offenses occurring on the premises of SNHD, and 6) a medical emergency (not on the premises) when it is likely that a crime has occurred.

Legal Proceedings: We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), and in certain conditions in response to a subpoena, discovery request or other lawful legal process.

Coroners, Funeral Directors, and Organ Donation: We may disclose protected health information to a coroner or medical examiner for identification purposes, for use in determining cause of death, or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out his/her duties. We may disclose such information in reasonable anticipation of death.

Workers' Compensation: We may disclose your protected health information as authorized to comply with workers' compensation laws and other similar legally established programs.

Inmates: We may use or disclose your protected health information if you are an inmate of a correctional facility and your physician created or received your protected health information in the course of providing care to you

Required Uses and Disclosures: Under the law, we must make a list of disclosures available to you upon request and to the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of the Health Insurance Portability and Accountability Act of 1996.

YOUR RIGHTS

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

You have the right to inspect and copy your protected health information: You may inspect and obtain a copy of your protected health information that is contained in a designated record set for as long as we maintain the protected health information. A "designated record set" contains medical and billing records and any other records that SNHD uses for making decisions. When your information is maintained electronically, you have the right to request an electronic copy of your information. You also have the right to direct us to send the copy of your information to another entity or person you designate.

Under federal law, you may not inspect or copy the following records:

- psychotherapy notes;
- information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and
- protected health information that is subject to law that prohibits access to those records.

Depending on the circumstances, a decision to deny access may be reviewed. In some circumstances, you may have a right to appeal the decision. Please contact SNHD's Privacy Officer if you have questions about access to your medical record.

You have the right to request a restriction of your protected health information: You may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or health care operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

You also have the right to request that a health item or service not be disclosed to your health plan for payment purposes or for health care operations. However, we are only required to honor your request if the health care term or service is paid out-of-pocket and in full. We are not required to notify future providers about your restriction to your health plan. This restriction does not apply to uses or disclosures related to your medical treatment. This restriction does not apply to future related follow up services, unless they are also paid out-of-pocket and in full.

Except for restrictions in your health plan SNHD is not required to agree to other restriction requests. If the District believes it is in your best interest to permit the use and disclosure of your protected health information, it will not be restricted. If the District does agree to the restriction request, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your health care professional.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location: We will attempt to accommodate reasonable requests. Please make this request in writing to the District's Privacy Officer.

You may have the right to have your protected health information amended: You may request an amendment of your protected health information in a designated record for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request, you have the right to file a statement of disagreement with us. In this instance we may prepare a rebuttal to your statement that will be filed in your medical record along with your statement. We will also provide you with a copy of any such rebuttal. Please make this request in writing to the District's Privacy Officer.

You have the right to receive an accounting of certain disclosures we made, if any, of your protected health information: This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, in accordance with your authorization, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request up to a six-year history of disclosures. The right to receive this information is subject to certain exceptions, restrictions and limitations.

You may receive a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

COMPLAINTS

You may complain to us or to the Secretary of Health and Human Services (HHS) if you believe your privacy rights have been violated by us.

To file a complaint with SNHD, submit the complaint in writing to:

SNHD Privacy Officer
P. O. Box 3902
Las Vegas, NV 89127

You may also call the Privacy Officer at (702) 759-1204 for further information about the complaint process. Hotline: 759-1609

To file a complaint with HHS, send a letter to:

Office of Civil Rights
U.S. Department of Health and Human Services
90 7th Street, Suite 4-100
San Francisco, CA 94103
Phone: (415) 437-8310;
TDD: (415) 437-8311
Fax: (415) 437-8329

We will not retaliate against you for filing a complaint.