



## Notice of Privacy Practices (Effective April 14, 2003)

**THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED BY STUDENT HEALTH CENTER, STUDENT COUNSELING AND PSYCHOLOGICAL SERVICES AND THE JEAN NIDETCH WOMENS CENTER AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY**

### **UNDERSTANDING YOUR PROTECTED HEALTH INFORMATION (PHI):**

Understanding what is in your health record and how your health information is used will help you to ensure its accuracy, allow you to better understand who, what, when, where and why others may access your health information, and assist you in making more informed decisions when authorizing disclosure to others. When you visit us, we keep a record of your symptoms, examination, test results, diagnoses, treatment plan, and other medical information. We also may obtain health records from other providers. In using and disclosing your protected health information, it is our objective to follow the Privacy Standards of the federal Health Insurance Portability and Accountability Act, 45 CFR Part 464, even if this is not required in order to treat students. The law allows us to use and disclose your health information without your specific authorization for treatment, payment and operations and other specific purposes explained below. This includes the sharing of information, when necessary and appropriate, with other health care components of the University, such as the athletic department, as necessary for your continued care. All other uses and disclosures require your specific authorization.

### **YOUR HEALTH INFORMATION RIGHTS:**      You have the right to:

- Request a restriction on the uses and disclosures of your protected health information as described in this notice, although we are not required to agree to the restriction you request. You should address your request in writing to the designated Privacy Officer. We will notify you within 30 days if we cannot agree to the restriction.
- If you received the Notice of Privacy Practices electronically, you may request a paper copy of the Notice.
- Upon written request, you may inspect and obtain a copy of your health record for a fee of \$.60 per page and the actual cost of postage per **NRS 629.061**, except that you are not entitled to access to, or to obtain a copy of psychotherapy notes and information compiled for legal proceedings.
- Amend your health record by submitting a written request with the reasons supporting the request to the Privacy Officer. In most cases, we will respond within 30 days. We are not required to agree to the requested amendment.
- Obtain an accounting of disclosures of your health information, except that we are not required to account for disclosures for treatment, payment, operations, or pursuant to authorization, among other exceptions.
- Send and receive confidential communications of protected health information by alternative means or at alternative locations, other than our usual methods. You should address the request in writing to the designated Privacy Officer.
- Revoke an authorization to use or disclose health information at any time except where action has already been taken.

### **OUR RESPONSIBILITIES:**      We are required by law to:

- Maintain the privacy of your protected health information and provide you with notice of our legal duties and privacy practices with respect to your protected health information.
- Abide by the terms of the notice currently in effect. We have the right to change our notice of privacy practices and apply the change to all of your protected health information, including information obtained prior to the change.
- If we change our notice of privacy practices, we will post the new changes in the lobby and a copy will be available to you upon request.
- Use or disclose your health information only with your authorization except as described in this notice.
- In some circumstances, state or federal law may prohibit or further restrict the disclosure of your health information. If that is the case, we are required to follow the more stringent law.

**FOR MORE INFORMATION OR TO REPORT A PROBLEM**, you may contact the designated Privacy Officer, Rhonda Chinault at (702) 895-0669. If you feel your rights have been violated, you may file a complaint in writing with the designated Privacy Officer. If you are not satisfied with the resolution of the complaint, you may also file a complaint with the Secretary of Health and Human Services. You will not be retaliated against for filing a complaint.

## **USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION**

We may use or disclose your protected health information for treatment, payment and operations, and for purposes described below:

We will use your health information for treatment: We will use and exchange information obtained by a physician, nurse practitioner, nurse or other medical professionals, staff, trainees and volunteers in our office to determine your best course of treatment. The information obtained from you or from other providers will become part of your health record. We may also disclose your health information to other outside treating medical professionals and staff as deemed necessary for your care. For example, we may disclose your health information to an outside doctor for referral. We will also provide your health care providers with copies of various reports to assist him /her in your treatment.

We will use your health information for payment: We may send a bill to you or to your insurance carrier. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used as necessary to obtain payment.

We will use your health information for regular health care operations: Members of the medical staff, trainees, medical students, a Risk or Quality Improvement team, or similar internal operations may use your information to assess the care and outcomes of your care in an effort to improve the quality of the healthcare and service we provide or for educational purposes. For example, an internal review team may review your health record to determine the appropriateness of care. There may also be times in which our accountants, auditors or attorneys may be required to review your health information to meet their responsibilities.

## **Other uses and disclosures not requiring authorization**

- Business Associates: There are some services provided to our organization through contracts with business associates, such as laboratory services (QUEST) and radiology services. We may disclose your health information to our business associate so that they can perform these services. To protect your health information, we require the business associate to safeguard your information.
- Notification: We may disclose limited information to a friend or family member involved in your care or assisting you in payment. We may also notify a family member, friend, or another person who ask for you by name, about your location and general condition.
- Disclosures required by law or for threats to safety: We may disclose your health information as required by law, or if necessary to avert a serious threat to health or safety, although disclosures are limited if information is obtained through counseling or therapy.
- Public Health: As allowed by law, we may disclose your health information to public health or other government authorities:
  - 1) To prevent or control disease, injury or disability,
  - 2) To report child abuse or domestic abuse, in which case you may be notified of the disclosure,
  - 3) For purposes related to quality, safety, or effectiveness of FDA-regulated products or activity,
  - 4) To identify exposure to, and prevent the spread of, communicable disease, including notification of individuals that may have been exposed to communicable disease,
  - 5) To an university staff to conduct medical surveillance of the workplace or to evaluate whether an employee has a work related illness or injury,
  - 6) To health oversight agencies as provided by law.

- Law Enforcement and Court Proceedings: We may disclose health information to law enforcement in the following circumstances:
  - 1) information required by law,
  - 2) limited information for identification and location purposes,
  - 3) information regarding suspected victims of crime, although we will usually attempt to first obtain your agreement to release the information,
  - 4) information about a deceased individual if we have a suspicion that the death resulted from criminal conduct,
  - 5) information that we believe in good faith establishes that a crime has been committed on our premises, and
  - 6) certain information regarding a crime occurring off premises during our providing of emergency health care. We may also disclose health information to others as required by court or administrative order, or in response to a valid summons or subpoena. For civil subpoenas, we will seek assurances from the requesting party that reasonable efforts have been made to inform you of the subpoena.

Information Regarding Decedents: We may disclose health information regarding a deceased person to: 1) coroners and medical examiners to identify cause of death or other duties, 2) funeral directors for their required duties and 3) to procurement organizations for purposes of organ and tissue donation.

- Research: We may disclose health information to researchers where you have authorized such disclosure. We may also disclose health information where the disclosure is solely for the purpose of designing a study, or where the disclosure concerns decedents, or the disclosure is approved by an institutional review board (IRB) or properly constituted Privacy Board if the Board has determined that obtaining authorization is not feasible and protocols are in place to ensure the privacy of your health information.
- Military, National Security and Correctional Department Disclosures: We may disclose health information in connection with the responsibilities of the armed services if you are a member, national security and intelligence, protective services for certain government officials, and to correctional officials for health and safety purposes if you are an inmate.
- Marketing and Appointment Reminders: We may contact you to provide appointment reminders or information about treatment alternative or other health related benefits and services that may be of interest to you.
- Fund raising: We may contact you as part of a fund raising effort.

**Disclosures requiring authorization**

All other disclosures of protected health information will only be made pursuant to your written authorization, which you have the right to revoke at any time, except to the extent we have already relied upon the authorization.

**Acknowledgment of Receipt:** Federal law requires that we seek your acknowledgment of receipt of this Notice of Privacy Practices. Please sign below.

I acknowledge that I have received this Notice of Privacy Practices with an effective date of **April 14, 2003**.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_  Patient  Parent  Legal Representative

**For Office Use Only:**

Received Signed Acknowledgment on _____	Staff Initials_____
Patient Refused or Failed to Acknowledge Receipt on _____	Staff Initials_____
Notice sent / delivered on _____	Staff Initials_____