

Notice of Privacy Practice

This Notice describes how medical information about you may be used and disclosed, and how you can get access to this information. Please review it carefully. A copy of this policy is also available on our website at nnhopes.org.

Privacy Practice

This page describes the type of information we gather about you, with whom the information may be shared and the safeguards we have in place to protect it. You have the right to the confidentiality of your medical information and the right to approve or refuse the release of specific information except when the release is required by law, or permitted by law without your authorization.

If the practices described in this Notice meet your expectations, there is nothing you need to do. If you prefer additional limitations on the use of your medical information, you may request them following the procedure below.

If you have any questions about this Notice, please contact our Privacy Officer at the address below.

The regulations also require that we make a good faith effort to obtain your written acknowledgement that you have received this Notice; therefore we will ask you to sign a Privacy Practices Notice Acknowledgement when you become a client of Northern Nevada HOPES.

We will always post a copy of the current Notice in the public waiting areas of our offices and on our website.

Who Will Follow This Notice

This Notice describes the privacy practice of all of the persons and entities at Northern Nevada HOPES regarding the use of your medical information and that of:

- Any health care professional employed and contracted by Northern Nevada HOPES who is authorized to enter information into your medical record.
- All departments and units of Northern Nevada HOPES you may visit.
- Any member of a volunteer group that you are involved in at HOPES.
- All employees, staff and other personnel who may need access to your information.
- All entities, sites and locations of Northern Nevada HOPES follow the terms of this Notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or health care operations purposes as described in this Notice.

Our Pledge Regarding Medical Information

We understand that medical information about you and your health is personal. Protecting medical information about you is important. We create a record of the care and services you receive. We need

this record in order to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records of your care generated by Northern Nevada HOPES, whether made by health care professionals or other personnel.

This Notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- Keep confidential any medical information that concerns your condition or treatment, how your care is paid for and demographic information, if such information is used to identify you;
- Give you this Notice of our policies, procedures and information privacy practices with respect to medical information about you; and
- Follow the terms of the Notice that is currently in effect.

Nevada Law

In addition to federal law, Nevada law places more stringent limitations on the disclosure and use of mental health information, genetic information, communicable disease information and blood and urine tests.

Nevada's Communicable and Sexually Transmitted Disease Act ("the Act") is set out in NRS 441A. NRS 441A.220 governs the disclosure of "all information of a personal nature" about or provided by any person who has one of the reportable communicable diseases listed with the Center for Disease Control & Prevention (CDC). NRS 441A.220 authorizes only certain disclosures of that information:

1. For statistical purposes, provided that the identity of the person is not discernible from the information disclosed;
2. In a prosecution for violation of a provision of the Act;
3. In a proceeding for an injunction pursuant to the Act;
4. In reporting the actual or suspected abuse or neglect of a child or elderly person;
5. To any person who has a medical need to know the information for his own protection or the well-being of a patient or dependent person, as determined by the county health authority in accordance with regulations;
6. If the patient consents in writing to the disclosure;
7. By the health authority, to the victim and the arrested, suspected perpetrator of a sexual offense, or to their parents or guardians where they are minors;
8. By a provider to a law enforcement officer or agent, correctional officer, emergency medical attendant or fireman pursuant to a court petition;
9. To the state department of human resources, where a patient diagnosed as having AIDS/HIV is a Medicaid recipient;
10. To firemen, police officers and emergency medical service personnel, where the state board of health has determined the information to be disclosed relates to a communicable disease significantly related to that occupation; or
11. Where authorized or required by a specific statute.

The statute makes it very clear that disclosure for any purpose not specifically listed is forbidden, even pursuant to a subpoena, search warrant or discovery order.

- Uses and disclosures of information relating to patients with communicable diseases for treatment, payment and operations purposes will be limited to our internal treatment, payment and operations purposes, and disclosures will not be made to other providers, even where allowed by the HIPAA ‘Standards for Privacy of Individually Identifiable Health Information’ (the “Privacy Standards”), except pursuant to a specific written patient authorization.
- Marketing, fund-raising and research uses and disclosures will not be made, unless very specific authority to release the information is obtained from the patient (e.g., “you agree that any and all information, including information about any communicable disease, including HIV, AIDS or other sexually transmitted diseases you may have, may be used and disclosed for fund-raising, marketing or research purposes, so long as such information will not be made public”).
- Disclosures to law enforcement will only be made as specifically allowed by the statute above.
- Medical information containing information about a patient’s communicable disease will not be disclosed to an attorney in response to a subpoena, except where the attorney provides a signed authorization from the patient.

Regarding mental health information, NRS 433A.360 governs the release of clinical records for “clients.” The term “clients” is defined to include persons who seek treatment or training in a private institution offering mental health services. Private institutions, which provide mental health services to “clients”, must keep “clinical records.” “Clinical records” are records including “information pertaining to the client’s admission, legal status, treatment and individualized plan for habilitation.”

NRS 433A.360 provides that the clinical record is not a public record and no part of the clinical record may be released except in certain specified circumstances:

1. Release is authorized or required for Health Information Exchanges;
2. To physicians, attorneys and social agencies as specifically authorized in writing by the client, or client’s legal representative;
3. As ordered by a court of competent jurisdiction;
4. To a qualified member of the staff of a facility run by the division of mental health and developmental services of the department of human resources, or to a division employee, or a member of the staff of a Nevada agency established pursuant to the federal Developmental Disabilities Assistance and Bill of Rights Act of 2000 or the Protection and Advocacy for Mentally Ill Individuals Act of 1986, when the Administrator of the division deems it necessary for the proper care of the client;
5. For statistical and evaluative purposes, if the information disclosed is abstracted in such a way as to protect the identity of individual clients;
6. To the extent necessary to make, or allow the client to make a claim for aid, insurance or medical assistance, information from the records may be released with written authorization from the client, his/her legal representative or guardian.
7. To the extent necessary to any staff member of a Nevada agency which has been established under 42 U.S.S. 15001 or 42 U.S.C. 10801, regarding clients having disabilities if:

- a. The client of such agency, his/her legal representative or guardian authorizes the release;
 - b. Such agency receives a complaint regarding the client or there is probable cause to believe that the client has been abused or neglected and the client is unable to provide a valid authorization to release information.
8. Northern Nevada HOPES' mental/medical health professionals will exercise reasonable care and judgement when identifying and reporting an explicit threat of imminent serious physical harm or death to a clearly identified or identifiable person, where the client has the intent and ability to carry out the threat. To the extent necessary, limited information from our medical records may be reported to a mental health facility, a person who is the subject of the threat, a law enforcement agency or the client's parent or guardian if the client is a minor.
- Uses and disclosures of information for treatment, payment and operations purposes will be limited to our purposes, and disclosures will not be made to other providers without a client's consent, even where allowed by the Privacy Standards.
 - Marketing or fund-raising uses and disclosures will not be made, unless very specific authority to release such information is obtained from the patient. Research disclosures will only be made pursuant to 5 above.
 - Disclosures to law enforcement will not be made without a court order.
 - Disclosures to an attorney in response to a subpoena will not be made, except where the attorney provides a signed authorization from the client or authorized legal representative.
 - Disclosures made to law enforcement or an attorney will include limited information from our medical records.

In addition, 42 C.F.R. Part 2 regulations ("Part 2") places more stringent limitations on the disclosure of **substance use disorder information**. Northern Nevada HOPES is a federally qualified health center and receives federal funding for a qualified substance use disorder program ("Part 2 Program"), therefore is required to comply with all Part 2 confidentiality requirements.

Part 2 confidentiality requirements are unique that it protects individuals from potential and significant negative ramifications, which may include the loss of one's job or even criminal prosecution.

Confidentiality of client records under 42 C.F.R. Part 2:

1. *Disclosure authorization*: Records of the identity, assessment, diagnosis, prognosis, or treatment of any patient which are maintained in connection with the performance of any substance use disorder prevention function by a Part 2 Program, except as required under the Part 2 regulations, be confidential and be disclosed only for the specific and limited purposes and under the circumstances expressly authorized by Part 2 regulations:
 - a. The Part 2 regulations requires a valid Part 2 written (informed) consent to release any patient identifying information that would directly or indirectly identify a patient as an alcohol or drug abuser or otherwise as someone who has applied for, or received, substance abuse assessment or treatment services.
 - b. There are certain limited exceptions where disclosures can be made without patient consent:

- i. Communication within a Part 2 Program or between a Part 2 Program and an entity having direct administrative control over that program
- ii. Communication between a Part 2 Program and a qualified service organization of information need to provide services to such program
- iii. Crimes on a Part 2 Program's premises or against Part 2 Program personnel
- iv. To medical personnel to the extent necessary to meet a bona fide medical emergency.
- v. To qualified personnel for the purpose of conducting scientific research, management audits, financial audits, or program evaluation, but such personnel may not identify, directly or indirectly, any individual patient in any report of such research, audit, or evaluation, or otherwise disclose patient identities in any manner.
- vi. If authorized by an "appropriate order of a court of competent jurisdiction" granted after application showing good cause therefore. In assessing good cause, the court shall weigh the public interest and the need for disclosure against the injury to the client, to the physician-client relationship, and to the treatment services. Upon the granting of such order, the court, in determining the extent to which any disclosure of all or any part of any record is necessary, shall impose appropriate safeguards against unauthorized disclosure.

2. *Disclosure of information shall not be used for criminal charges or investigation of client:* Except as authorized by a complaint court order, no record may be used to initiate or substantiate any criminal charges against a patient or to conduct any investigation of a patient.

3. *Armed Forces and Veterans' Administration; interchange of records; report of suspected child abuse and neglect to State or local authorities:* The prohibitions of this section do not apply to any interchange of records -

- a. within the Armed Forces or within those components of the Veterans' Administration furnishing health care to veterans, or
- b. between such components and the Armed Forces.
- c. The prohibitions of this section do not apply to the reporting under State law of incidents of suspected child abuse and neglect to the appropriate State or local authorities.

- Uses and disclosures of information for treatment, payment and operations purposes will be limited to our purposes, and disclosures will not be made to other providers without a client's informed consent, even where allowed by the Privacy Standards.
- Limited information will be disclosed to a qualified service organization in order for such organization to provide required services to Northern Nevada HOPES. Qualified service organizations are required to comply with Part 2 regulations.
- Scientific research disclosures will only be made pursuant to 1.b.v above.
- Under a medical emergency, only specific and limited information that is necessary to treat the emergency medical condition can be released to a medical provider.
- Management audits, financial audits, or program evaluation, limited disclosures will be made that comply with Part 2 regulations. Qualified personnel involved in the audits/evaluations may not identify, directly or indirectly, any individual patient in any report of such research, audit, or evaluation, or otherwise disclose patient identities in any manner.

- Crimes on Northern Nevada HOPES premises or against our staff: Limited patient identifying information will be disclosed to law enforcement officers: the circumstances of the incident and the patient's status, name, address and last known whereabouts.
- Subpoenas and court-ordered disclosures: Northern Nevada HOPES will follow Part 2 regulations requiring compliant consents and/or court orders. Northern Nevada HOPES will use its best efforts to inform client of a compliant court order that does not require the client's consent.

How We May Use and Disclose Medical Information About You

The following categories describe different ways that we may use and disclose medical information. For each category of uses or disclosures, we will try to give some examples. Not every use or disclosure in a category will be listed.

For Treatment. We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, training doctors, or other health care professionals who are involved in taking care of you. Different health care professionals may also share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We may also disclose medical information about you to healthcare professionals outside Northern Nevada HOPES who may be involved in your medical care or who provide services that are part of your care.

For Payment. We may use and disclose medical information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company, or a third party. For example, your insurance may need to know about care you received so they will pay us or reimburse you for the care. We may also use and disclose medical information about you to obtain prior approval or to determine whether your insurance will cover the treatment or to undertake other tasks related to seeking payment for services provided. We may also disclose medical information to another health care provider who is or has been involved in your treatment, so that the provider may seek payment for services rendered. You have the right to restrict disclosure of information to a health plan if you or anyone other the health plan has paid for your treatment in full out of pocket.

For Health Care Operations Purposes. We may use and disclose medical information about you for health care operations purposes. This is necessary to make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you, or to otherwise manage and operate efficiently. We may also disclose information to doctors, nurses, care coordinators, training doctors, medical students, and other personnel for review, care coordination and learning purposes. We may use and disclose medical information when we contact you for care coordination (referrals, scheduling, etc.) or to return your call by identifying ourselves by name, title and/or clinic name when leaving a voice or electronic message. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

Appointment Reminders. We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care.

Treatment Alternatives. We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services. We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care. We may release medical information about you to a friend or family member who is involved in your medical care, only with a written and signed consent.

Research. Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process, but we may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave the premises of Northern Nevada HOPES. Otherwise, we will always ask for your specific permission if the researcher will have access to your name, address, or other information that reveals who you are, or will be involved in your care at Northern Nevada HOPES.

As Required by Law. We will disclose medical information about you when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety. We may use and disclose medical information about you when necessary to prevent a serious threat to your health or safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

To Schools. HOPES may disclose proof of immunization to a school when State or other law requires the school to have such information prior to admitting you as a student. Written authorization is not required to permit this disclosure. However, HOPES is required to obtain a verbal agreement prior to disclosing information to a school from a parent or guardian or from you if are an adult or emancipated minor. HOPES must document this agreement in your chart. You can revoke this agreement in writing anytime you wish.

Special Situations

Organ and Tissue Donation. If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans. If you are a member of the armed forces, we may release medical information about you as required by military command authorities.

Workers' Compensation. We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

Public Health Risks. We may disclose medical information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence.

Health Oversight Activities. We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the overall health care system, the conduct of government programs, and compliance with civil rights laws.

Lawsuits and Disputes. We may disclose medical information about you in response to a subpoena, discovery request, or other lawful order from a court.

Law Enforcement. We may release medical information if asked to do so by a law enforcement official as part of law enforcement activities; in investigations of criminal conduct or of victims of crime; in response to court orders; in emergency circumstances; or when required to do so by law.

Coroners, Medical Examiners and Funeral Directors. We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of Northern Nevada HOPES to funeral directors as necessary to carry out their duties.

Protective Services for the President, National Security and Intelligence Activities. We may release medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state, or conduct special investigations, or for intelligence, counterintelligence, and other national security activities authorized by law.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Your Rights Regarding Medical Information About You

You have the following rights regarding medical information we maintain about you:

Right to Request, Inspect and Copy. You have the right to request, inspect and copy medical information in electronic or paper form that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to our Privacy Officer at the address below. If you request a copy of the information, we have 30 days to respond to your request and we may charge a fee for the costs of copying, mailing or other supplies associated with your request. Copies of PHI may be given to you in any form that you request, as long as it is reasonably available to our clinic, including electronic (MS Word, Excel, text, HTML or PDF).

We may deny your request to inspect and copy in certain very limited circumstances. In some circumstances, if you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by Northern Nevada HOPES will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend. If you feel that medical information that we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept.

To request an amendment, your request must be made in writing and submitted to our Privacy Officer. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the “designated record set” kept by Northern Nevada HOPES;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Right to an Accounting of Disclosures. You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you. This accounting will not include many routine disclosures, including those made to you or pursuant to your authorization; those made for treatment, payment and operations purposes as discussed above; those made for national security and intelligence purposes; and those made to correctional institutions and law enforcement in compliance with law.

To request this list of accounting of disclosures, you must submit your request in writing to our Privacy Officer. Your request must state a period of time that may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request additional restrictions or limitations on the medical information we use or disclose about you for treatment, payment or health care operations. To request restrictions, you must make your request in writing to our Privacy Officer at the address below. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to our Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted. If complying with your request entails additional expenses over our usual means of communication, we may ask that you reimburse us for those expenses.

Right to a Paper Copy of This Notice. You have a right to a paper copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. To obtain a paper copy of this Notice, please request one in writing from our Privacy Officer at the address below.

Right to Protected Information After Death. By law, HOPES has to protect your health information for 50 years following the date of your death. However, HOPES may disclose protected information without your consent for research purposes following your death. HOPES may disclose your Protected Health Information to family members and others who were involved in the care or payment for care prior to death, unless doing so is inconsistent with any prior expressed preference.

Changes to This Notice

We reserve the right to change our policies and practices concerning the privacy of your information and this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. We will always post a copy of the current Notice in the public waiting areas of our offices and on our website. The Notice will contain the effective date on the first page.

Complaints/Grievances

If you believe your privacy rights have been violated, you may file a complaint with Northern Nevada HOPES or with the Secretary of the Department of Health and Human Services. To file a complaint with Northern Nevada HOPES, contact our Privacy Officer at the address and phone number below. All complaints must be submitted in writing. You will not be penalized for filing a complaint. You have a right to be notified if your PHI has been disclosed without your consent in all circumstances except when:

- HOPES conducts a risk assessment that establishes that there is a “low probability” of compromise of the PHI
- Unintentional good faith use of PHI by an employee of HOPES
- Inadvertent disclosure between two individuals who are otherwise authorized to access the PHI
- Disclosure to an unauthorized person who would not reasonably have been able to retain such information.

Northern Nevada HOPES takes complaints and grievances of all types seriously and invites discussions with clients about their concerns. We will provide a forum to address complaints, striving for a satisfactory resolution prior to a formal grievance being filed. In the event a satisfactory resolution is not achieved, a client may file a formal grievance. During the formal grievance, Northern Nevada HOPES strives to work with clients to find a mutually satisfying conclusion. If you would like a copy of the grievance or complaint form and instructions, please contact our Privacy Officer.

If you are a participant of the Ryan White Program and wish to bypass this process, you may file a grievance directly with the State of Nevada, Ryan White Part B Program by mailing your grievance to:

Ryan White Part B Program Manager, Office of HIV/AIDS
4126 Technology Way, Suite 200, Carson City, NV 89706

See the State of Nevada website for more information regarding Ryan White Part B Grievance Procedure

Other Uses of Medical Information

Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, thereafter we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

Privacy Officer

Northern Nevada HOPES' Privacy Officer is:

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Email: lbarnes@nnhopes.org
Website: nnhopes.org