



**THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU  
MAY BE USED AND DISCLOSED AS WELL AS HOW YOU  
CAN GET ACCESS TO THIS INFORMATION**

**Notice of Privacy Practices**

**Effective Date of This Notice: Updated September 2013, replacing January 25, 2010**

***What is my Protected Health Information (PHI)?***

Any information about your physical or mental health or condition; any financial information related to health services: From the past, present, or future; that is spoken, written, or electronically recorded, and is; Created or maintained by us as your health care provider.

***What Rights Do I Have About My PHI?***

You have the right to obtain copies of your PHI in the form and format you choose when the request is done in writing. You have the right to an electronic copy of your PHI in a form or format that is readily producible by us, within 30 days of your request, with one 30 day extension allowed. If you request a copy of your medical record, we may charge a reasonable fee for the costs of copying, mailing, USB memory sticks or other supplies associated with your request.

You have the right to request that we amend your Protected Health Information by including a written statement from you that includes the reason for your request. CCHHS may deny your request if it is not in writing, does not include the reason to support your request, if the requested PHI was not created by us, or is not part of the PHI kept by our facility.

You have the right to request us to use an alternate method of communications of PHI including an address or phone number when we contact you.

You have the right to designate a third party to receive a copy of your PHI when the request is completed in writing and names the designated person and location.

You have the right to request restrictions on how we use and disclosure your PHI. If you pay out-of-pocket for the services you receive, you have the right to request that your PHI not be shared with your health plan. Your request must be in writing and you must tell us what information you want to limit, whether you want to limit our use or disclosure or both; and to whom you want the limits to apply. CCHHS is not required to agree to the restriction that you requested.

You have a right to an accounting of any disclosures that we make that are not for the purposes of treatment, payment, or healthcare operations..

You have a right to a paper copy of this Notice of Privacy Practices. We may change the terms of this Privacy Notice from time to time. You can always get a copy of the current Privacy Notice by requesting it from the front desk. You may also find a copy of this Notice on our website at [www.gethealthycarsoncity.org](http://www.gethealthycarsoncity.org) or <http://www.douglascountynv.gov/index.aspx?NID=340>



If you would like more information about your rights or if you would like to exercise any of your rights, ask at the front desk

### ***How will the Clinic use and disclose my PHI?***

When PHI is collected from you, it is stored in your medical record. Your record may be kept secured in a paper file in the medical record room or stored in our medical record computer system. Our facilities are committed to protecting the privacy of your PHI. We do not use or disclose your PHI without your written authorization or unless the use or disclosure of your PHI falls under one of the conditions listed below:

- **Treatment:** We share your medical information with your healthcare providers so that you receive the most appropriate treatment.
- **Payment:** We use or disclose information about your medical visits and services to collect payment. For example, we may bill your insurance company, Medicaid, or other government agencies. We may also tell your health plan about treatment in order to obtain prior approval for payment.
- **Health Care Operations:** In order to perform day-to day medical operations , we may need to use or disclose your information for administrative purposes. For example, we may look at your PHI for quality assurance purposes, staff training and evaluations, to estimate service or staffing requirements, to conduct statistical, or to contact you for appointment reminders.

**Other Examples:** We must comply with all state and federal laws. In many cases this means we may use or disclosure your PHI to report communicable diseases; to notify an individual that they may have been exposed to a disease; to assist with public health control of disease, injury or disability; to protect victims of abuse or neglect; to report child abuse or neglect; to address serious threats to health or safety, to respond to subpoena; warrant, court/administrative orders, or authorized law enforcement purposes; to cooperate with health oversight agencies to include audits, inspections, investigations and licensure; for research projects that use de-identified PHI or have been approve through the research approval process; as required by the military if you are a member of the armed services; to a correctional facility or its staff for health and safety reasons if you are an inmate at this type of facility; to facilitate organ or tissue donation; to assist with workers' compensation programs; to authorized federal officials or its agents for intelligence, counterintelligence and other national security activities authorized by law.

You can request a report that lists any of these types of disclosures that apply to you.



***What can be done with my PHI if I authorize its disclosure for other purposes?***

There are many other reasons you may want us to disclose your PHI to other parties. For example, you may move to another area or need an additional medical consultation. In such cases, we will ask you to sign a written authorization form that tells us what information you want disclosed and to whom. You can also tell us how long the authorization is valid by giving us an expiration date.

***Can I cancel my authorization?***

Yes. Once we receive your written cancellation we will stop disclosing your PHI to the parties you authorized. Keep in mind we cannot take back any disclosures we have already made when your authorization was in place and we may still use and disclose your PHI for treatment, payment, healthcare operations, and to comply with state and federal laws.

***What will you do to protect my health information?***

We will maintain the privacy of your PHI as required by law. At your request, we will provide you with a Privacy Notice containing our legal responsibilities and privacy practices regarding Protected Health Information.

We reserve the right to change the terms contained in this Privacy Notice. If we do this, it will affect all Protected Health Information maintained by us. We will notify you that we have changed the Privacy Notice by posting it at our offices and on our website. You may also obtain a copy from the clinical front desk staff or by contacting the Privacy Officer (see the contact information below).

***What can I do if I have questions or want to complain about the use and disclosure of my Protected Health Information?***

If you have questions about this Notice or wish to talk with us about how we protect your health information, you may contact:

Privacy Officer  
Carson City Health and Human Services or Douglas County Community Health  
900 E. Long Street, Carson City, NV 89706  
887-2195

*If you believe that your privacy rights have been violated you may also contact the Secretary of the United States Department of Health and Human Services. Ask at the front desk for the address. We may not retaliate against you for complaining about the use and disclosure of your Protected Health Information.*