SOUTHERN NEVADA ADULT MENTAL HEALTH SERVICES NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

Your health information is personal and private. The law says that we must protect this information. When you first asked for our help, you gave us information that helped us decide if you qualified. It became part of your file, which we keep in our offices. Also in your file is information by the people who treat you.

A federal law says that we must give you this notice to help you understand what our legal duties are and how we will protect your health information.

WHEN IS IT OKAY FOR US TO SHARE YOUR HEALTH INFORMATION?

If you sign a Release of Information form that tells us it is okay to share your health information with someone, then we will share it. You can cancel this at any time by notifying us in writing. We can not change items already sent.

We can also share your information without your okay when we need to agree to pay for medical care or services you receive. We can share it when we need to pay your medical bills. We can share it when we review our programs and try to make them better. Under the law, these uses are called treatment, payment, and health care operations. The law says that there are some other situations when we may need to share information without your okay. Here are some examples:

FOR YOUR MEDICAL TREATMENT AND PAYMENT	FOR PUBLIC HEALTH REASONS
√ When you need emergency care	√ To help researchers study health problems
$\sqrt{}$ To tell you about treatment choices	√ To help public health officials stop the spread of disease or prevent an injury
$\sqrt{}$ To provide information to your health care providers	$\sqrt{}$ To protect you or another person if we think that you are in danger
To remind you about appointments	
$\sqrt{}$ To receive reimbursement for services and treatment that have been provided	
√ To receive reimbursement for services and treatment that have been provided	
FOR YOUR PERSONAL REASONS	OTHER SPECIAL USES
$\sqrt{}$ To be listed in a patient directory	$\sqrt{\mbox{To help the police, courts and other people who}}$ enforce the law
√ For workers compensation	$\sqrt{\ }$ To obey laws about reporting abuse and neglect
√ To tell a funeral director if you die	√ To report information to the military
	√ To help government agencies review our work and investigate problems

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SOUTHERN NEVADA ADULT MENTAL HEALTH SERVICES

NOTICE OF PRIVACY PRACTICES

WHAT ARE YOUR RIGHTS?

- √ You can ask us not to share your information in some situations. However, the law says that we do not always have to agree with you.
- $\sqrt{\ }$ If you are reading this notice on the Internet or on a bulletin board, you can ask for a paper copy of your own.
- $\sqrt{}$ You can ask to look at your health information and get a copy of it.
- $\sqrt{\ }$ If you think that something is missing from or wrong in your health record that we have, you can ask us to make changes.
- $\sqrt{}$ You can ask us to give you a list of the times (after April 14, 2003) that we shared your health information with someone else. This will not include the times we have shared your information for the purposes of treatment, payment, or health care operations.
- √ You can ask us to mail health information to an address that is different from your usual address or to deliver the information to you in another way.

WHAT IF YOU HAVE A COMPLAINT?

If you think that we have not kept our promise to protect your health information, you may complain to us or to the federal Department of Health and Human Services. Nothing will happen to you if you complain.

WHAT ARE OUR RESPONSIBILITIES?

- √ Under the law, we must keep your health information private except in situations like the ones listed in this notice.
- $\sqrt{}$ We must give you this notice that explains our legal duties about privacy.
- $\sqrt{}$ We must follow what we have told you in this notice.
- $\sqrt{}$ We must agree when you make reasonable requests to send your health information to a different address or to deliver it in a way other than regular mail.
- √ We must tell you if we cannot agree when you ask us to limit how your information is shared.
- $\sqrt{}$ We must allow you the right to request to review and copy your health record.
- $\sqrt{}$ We must allow you to request your health record be amended or corrected.
- √ We must provide you with a list of the times that we have shared your health information with someone else excluding treatment, payment, or health care operations.

CONTACT INFORMATION

If you have any questions or complaints about our privacy rules, please contact us at:

The Office of Performance Improvement 6161 W. Charleston Boulevard Las Vegas, Nevada 89146 702-486-6033

Office for Civil Rights
U.S. Department of Health and Human
Services
50 United Nations Plaza, Room 322

San Francisco, CA 94102 Phone: (415) 437-8310

SNAMHS has the right to change this notice and change the way your health information is protected. If that happens, we will post it in our offices and on our web site at: http://mhds.state.nv.us