

Policy: Notice of Privacy Practices - Content and Provision

- The Division will provide a formal notice to individuals regarding the use or disclosure of their protected health information (PHI), their rights with respect to such use or disclosure, and the Divisions legal duties.
- The content and provision of the notice given to individuals regarding the use and disclosure of PHI will comply with the policies and procedures described herein.
- The Division will provide a formal notice to individuals regarding the use or disclosure of their PHI, their rights with respect to such use or disclosure, and the Division agencies legal duties.
- The content and provision of the notice given to individuals regarding the use and disclosure of PHI will comply with the policies and procedures described in this policy.

Purpose: The Division has developed policies and procedures to ensure an individual's PHI is only used and/or disclosed in accordance with all laws and regulations. Notice must be given to individuals of the use and disclosure of PHI as well as the individual's rights and our legal duties with respect to PHI. This policy is designed to give guidance and to ensure compliance with all laws and regulations regarding the content and provision of the Notice of Privacy Practices.

Procedures:

I. Notice of Privacy Practices - Content

- A. The Notice of Privacy Practices (hereafter referred to as Notice) given to an individual regarding the use and disclosure of PHI, must be written in easy to understand language and prominently display the following statement: "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."
- B. The Notice will include a separate page with the effective date of the Notice, where the individual may acknowledge receipt of the Notice and return it to the Division for retention with the individual's records.
- C. The Notice must contain descriptions in sufficient detail to provide the individual with required information regarding the uses and disclosures that are permitted or required by HIPAA and other applicable laws, including:
 - 1. A description and at least one example of the types of uses and disclosures that the Division is permitted by law to make for each of the following purposes: treatment, payment, and health care operations; and
 - 2. A description of each of the other purposes for which the Division is permitted or required by the Privacy Regulations to use or disclose PHI without the individual's written authorization including:
 - a) Uses and disclosures required by law;

- b) Uses and disclosures for public health activities;
 - c) Disclosures about victims of abuse, neglect, or domestic violence;
 - d) Uses and disclosures for health oversight activities;
 - e) Disclosures for judicial and administrative proceedings;
 - f) Disclosures for law enforcement purposes;
 - g) Uses and disclosures about decedents;
 - h) Uses and disclosures for cadaveric organ, eye, or tissue donation purposes;
 - i) Uses and disclosures for research purposes;
 - j) Uses and disclosures to avert a serious threat to health or safety;
 - k) Uses and disclosures for specialized government functions, and
 - l) Disclosures for workers compensation.
- D. If a use or disclosure described above in Section C of this procedure is prohibited or materially limited by other laws, the description of the disclosure must reflect the more stringent law.
- E. The Notice must also contain the following statements or information:
1. A statement indicating other uses and disclosures will be made only with the individual's written authorization and that the individual may revoke such authorization as permitted by the individual's rights under HIPAA;
 2. A statement of the individual's rights with respect to PHI and a brief description of how the individual may exercise those rights as follows:
 - a) The right to request restrictions on certain uses and disclosures of PHI;
 - b) A statement that the Division is not required to agree to a requested restriction;
 - c) The individual's right to receive confidential communications of PHI, as applicable;
 - d) A statement and a brief description of how the individual may exercise his/her right to inspect, copy, amend, and receive an accounting of disclosure of PHI, and
 - e) A statement and a brief description of how the individual may exercise his/her right to obtain a paper copy of the Notice from the Division, even if the individual has agreed to receive the Notice electronically.
 3. A statement that the Division is required by law to maintain the privacy of PHI and to provide individuals with notice of its legal duties and privacy practices with respect to PHI;
 4. A statement that the Division is required to abide by the terms of the Notice that is currently in effect;
 5. A statement indicating that, for PHI that it created or received prior to issuing a revised Notice, the Division reserves the right to change the

terms of its Notice and to make the new Notice provisions effective for all PHI that it maintains;

6. A statement that the Division will promptly revise and distribute its Notice whenever there is a material change to the uses or disclosures, the individual's rights, the Divisions legal duties, or other privacy practices stated in the Notice, and how it will provide individuals with the revised Notice;
 7. A statement that individuals may file a complaint with the Division and to the federal Department of Health and Human Services (DHHS) if they believe their privacy rights have been violated;
 8. A brief description of how an individual may file a complaint with the Division and the federal DHHS;
 9. A statement that the Division will not retaliate against the individual for filing a complaint;
 10. The name, title, and telephone number of a person or office within the Division to contact for further information concerning the Notice of Privacy Practices, and
 11. The date on which the Notice is first in effect. This is not to be earlier than the date on which the Notice is printed or otherwise published.
- F. The Notice should contain a description of the types of uses and disclosures that the Division is permitted to make for purposes of treatment, payment, and health care operations. The Notice must also include a separate statement indicating that the Division may contact the individual to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to the individual.
- G. If the Division chooses to apply and describe more limited uses or disclosures in its Notice than required under the Privacy Regulation, it will ensure that it does not include in the Notice a limitation affecting its right to make a use or disclosure that is required by law or permitted to avert a serious threat to health and safety.
- H. The Division will promptly revise and redistribute its Notice whenever there is a material change to the uses or disclosures, the individual's rights, the Divisions legal duties, or other privacy practices stated in the Notice.
- I. The Division will not implement a material change to any term of the Notice prior to the effective date of the Notice in which such material change is reflected, except when required by law.

- J. Upon making a change to a Notice and policies and procedures, due to a change in law, the Division may use the Notice revision date as the new effective date.
- II. Notice of Privacy Practices - Provision - Health Care Provider (e.g. MHDS Agencies)
- A. The Notice will be provided to individuals as follows:
 - 1. At the date of the first service delivery;
 - 2. Upon request;
 - 3. Within 60 days of a material revision to the Notice;
 - 4. No less frequently than once every three years, the Division will notify individuals receiving services of the availability of the Notice and how to obtain the Notice, and
 - 5. If more than one Notice exists, the Division will provide the Notice that is relevant to the individual.
 - B. Except in an emergency treatment situation, the Division will attempt to obtain acknowledgement of the individual's receipt of the Notice as follows:
 - 1. Upon initial delivery of the Notice to the individual, the Division will request written acknowledgment from the individual that he or she has received the Divisions Notice of Privacy Practices;
 - 2. If acknowledgement is obtained, the Division will retain the individual's written acknowledgement as part of their records, or
 - 3. If acknowledgement is not obtained, the Division will document its efforts to obtain written acknowledgement and the reasons why the acknowledgement was not obtained.
 - C. Following an emergency treatment situation, the Division will provide the individual with the Notice as soon as reasonably practicable, and will attempt to obtain written acknowledgement of receipt of the Notice. Acknowledge or lack thereof will be retained as part of their record.
 - E. The Division agencies will post the Notice in a clear and prominent location where it is reasonable to expect individuals seeking service from the health care provider to be able to read the Notice.
 - F. The Division will prominently post its Notice on any web sites it maintains that provides information about its customer services or benefits, and will make the Notice available electronically through these web sites.

- G. When providing the Notice to an individual by e-mail or another electronic means, the Division will:
 - 1. Ensure the individual has agreed to electronic Notice and such agreement has not been withdrawn, and
 - 2. Provide a paper copy of the Notice to the individual if the Division knows an e-mail transmission of the electronic Notice has failed.
 - H. The Division will document compliance by retaining copies of all Notices issued by the Division for a period of at least six years from the date of its creation or the date when it last was in effect, whichever is later.
- III. Each Division agency shall develop specific written procedures to implement the provisions of this policy or shall incorporate this policy into their agency policies.

A handwritten signature in black ink that reads "Chad Brando". The signature is written in a cursive, somewhat stylized font. The first name "Chad" is written in a larger, more prominent script, and "Brando" follows in a similar but slightly smaller script. The signature ends with a large, sweeping flourish that loops back under the word "Brando".

Administrator

Effective Date: 4/15/03

Date Revised: 4/15/03; 7/5/07

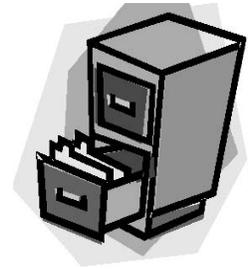
Date Approved by MHDS Commission:

Division of Mental Health and Developmental Services (MHDS)

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 (the Division of Mental Health and Developmental Services) 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 that is given to us by hospitals, doctors and other 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.



	<p>When is it okay for us to share your health information?</p> <p>If you sign a special 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 <u>except</u> if we have already shared the information.</p>
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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:

<u>For your medical treatment and payment</u>	<u>For public health reasons</u>
√ When you need emergency care	√ To help researchers study health problems
√ To tell you about treatment choices	√ To help public health officials stop the spread of disease or prevent an injury
√ To provide information to your health care providers	√ To protect you or another person if we think that you are in danger
√ To remind you about appointments	
√ To receive reimbursement for services and treatment that have been provided	

<u>For your personal reasons</u>	<u>Other special uses</u>
√ To tell your family and others who help with your care, things they need to know	√ To help the police, courts and other people who enforce the law
√ To be listed in a patient directory	√ To obey laws about reporting abuse and neglect
√ For workers compensation	√ To report information to the military
√ To tell a funeral director if you die	√ To help government agencies review our work and investigate problems
√ If you have signed organ donation papers, to make sure your organs are donated according to your wishes	

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.
- If you are reading this notice on the Internet or on a bulletin board, you can ask for a paper copy of your own.
- You can ask to look at your health information and get a copy of it. However, you need to remember that we do not have a complete medical record about you. Our records mostly deal with payments to your doctors and other people who care for you. **If you want a copy of your complete medical record, you should ask your doctor or health clinic.**
- If you think that something is missing from or wrong in your health record that we have, you can ask us to make changes.
- 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.
- We must give you this notice that explains our legal duties about privacy.
- We must follow what we have told you in this notice.
- 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.
- We must allow you the right to request to review and copy your health record.
- 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

<p>If you have any questions or complaints about our privacy rules, please contact us at: LIST YOUR AGENCY'S HIPAA OFFICERS INFORMATION HERE</p> <hr/> <hr/> <hr/>	<p>Or contact the federal Department of Health and Human Services at: 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</p>
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The Division has the right to change this notice and change the way your health information is protected. If that happens, we will make corrections and send a new notice to you by mail and we will post it in our offices and on our web site at: <http://mhds.state.nv.us/>