



Notice of Privacy Practices

Purpose of this notice:

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.

UNLV Health (UNLVH) reserves the right to make changes to the Notice of Privacy Practices. The notice describes your rights to access and control your protected health information. "Protected health information" (PHI) is information about you, including demographic information, which identifies you and relates to your past, present, or future physical or mental health or condition and related healthcare services.

Our pledge regarding medical information:

We understand that your medical and health-related information is personal, and we are committed to its protection. This notice applies to the records of your care created, received, and maintained by UNLVH. By law, we are required to:

- Make sure that medical information that identifies you is kept private
- Provide you with this notice describing our legal duties and privacy practices regarding your medical information
- Notify you following a breach of unsecured protected health information (PHI)
- Follow the terms of the notice that is currently in effect. We may change the terms of our notice at any time without advance notice to you. The new notice will apply to all PHI we maintain at that time. Upon request, we will provide you with any revised Notice of Privacy Practices. You may obtain a copy by contacting UNLVH's Privacy Officer at 702-410-9915 or from UNLVH's Admissions Department or at any UNLVH Care Center. The current version of this notice can also be found on our website at: unlvhealth.org/patient-information

Who will follow this notice:

This notice describes the privacy policies of UNLVH and those of:

- Any health care professional authorized to enter information into your medical record at UNLVH
- All UNLVH employees, both on the main campus and in the ambulatory clinics

How we may use and disclose medical information about you:

The following categories describe ways that we use and disclose medical information. Examples of each category are included. Not every use or disclosure in each category is listed; however, all the ways we are permitted to use and disclose information fall into one of the categories below. Some substance use disorder (SUD) treatment records may be subject to additional federal confidentiality protections under 42 CFR Part 2 ("Part 2"). When Part 2 applies, we will follow Part 2 if it is more restrictive than the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule. For additional information, see the "*Substance Use Disorder Treatment Confidentiality regulations (42 CFR Part 2)*" section of this notice, beginning on page 4.

- **For treatment:** We may use medical information about you to provide, coordinate, or manage your medical treatment or services. We may disclose medical information about you to other physicians or healthcare providers who are or will be involved in taking care of you. For example, we would disclose your PHI, as necessary, to a home health agency that provides your care. Your PHI may also be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to provide treatment.
- **For payment:** We may use and disclose medical information about you so that the treatment and services you receive at UNLVH may be billed to and paid for by an insurance company, you, or a third party. For example, we may disclose your relevant PHI to your health plan to obtain approval for your hospital services. We may share your information with providers involved in your care for their billing purposes.
- **Shared medical record / electronic exchange of health information:** UNLVH and UNLV Medicine maintain shared electronic medical records in a system known as Epic. We will share PHI as necessary to carry out treatment, payment, or health care operations relating to our patients, and as otherwise permitted by applicable law. Other providers that also use Epic or interface with Epic may also access electronic information about you to carry out their treatment, payment, and operations if they have a relationship with you. You may opt out of having your information electronically shared with other organizations through Epic. However, UNLVH may still respond to appropriate requests for information from other providers. Inquire with a UNLVH Admission Representative. In some cases, UNLVH may temporarily opt you out of electronically sharing information with outside providers with proper justification.

UNLVH also participates with the Nevada Health Information Exchange (NV HIE), which allows participating providers across Nevada to share and view your health information if you choose to participate. You may update your preferences for



sharing your information through the NV HIE at participating providers. An Admissions Representative should update your preferences with you during your visit, but you can ask any UNLVH representative to update them at any time.

- **For healthcare operations:** We may use or disclose your protected health information (PHI) to support the business activities of UNLVH. These activities include, but are not limited to, quality assessment, patient safety activities, employee review, training healthcare students, and conducting or arranging for other business activities.

For example, we may disclose your PHI to medical students who see patients at UNLVH. We may take and store a photograph of you for identification purposes. We may call you by name in the waiting room when your physician is ready to see you. We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment. We may use certain information, such as your name, address, birth date, age, health insurance status, or physician, to contact you for the purpose of raising money for UNLVH, and you will have the right to opt out of receiving future such communications with each solicitation. We may share the same information with UNLVH's Foundation to raise funds to expand and improve our services and programs for the community. You are free to opt out of any such fundraising solicitation, and your decision will have no impact on your treatment or payment for health care services by UNLVH.

- **Business associates:** We may share your PHI with third-party "business associates" that perform various activities (e.g., billing, collections, and transcription services) for UNLVH. Whenever an arrangement between UNLVH and a business associate involves the use or disclosure of your PHI, we will have a written contract that contains terms to protect the privacy of your PHI. UNLVH reserves the right to sell and/or transfer uncollected bad debt accounts to a third party. Uncollected bad debt accounts that are sold or transferred will contain the personal identifiable information necessary to collect the debt, but will not include any information about your health condition.

Uses and disclosures of PHI based upon your written authorization:

Other uses and disclosures of your PHI for marketing purposes or that constitute a sale of PHI can only be made with your written authorization. Other uses and disclosures of PHI not covered by this notice or applicable laws will only be made with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization at any time, in writing, except to the extent that your physician, our medical staff, or our employees have taken action that relies on the use or disclosure indicated in the authorization.

Other permitted and required uses and disclosures that may be made WITH your consent, authorization, or opportunity to object:

We may use and disclose PHI in the following instances. You can agree or object to the use or disclosure of all or part of your PHI. If you are not present or are not able to agree or object to the use or disclosure of the PHI, then your physician may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only PHI relevant to your healthcare will be disclosed.

- **Others involved in your healthcare:** Unless you ask us not to, we may disclose to a family member, a relative, a close friend, or any other person you identify, your PHI that directly relates to that person's involvement in your healthcare. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose PHI to notify or assist in notifying a family member, personal representative, or any other person that is responsible for your care of your location, general condition, or death. Finally, we may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.
- **Emergencies:** We may use or disclose your PHI in an emergency treatment situation. If this happens, we will try to obtain your acknowledgement of receipt of this notice as soon as it is reasonably practicable after the treatment is delivered.

Other permitted and required uses and disclosures that may be made WITHOUT your consent, authorization, or opportunity to object:

We may use or disclose your PHI in certain situations without your consent or authorization, including the situations below. When applicable, uses and disclosures of substance use disorder (SUD) treatment records subject to 42 CFR Part 2 ("Part 2") may be prohibited or materially limited. We will follow the more rigid requirements of Part 2. For additional information, see the "Substance Use Disorder Treatment Confidentiality regulations (42 CFR Part 2)" section of this notice, beginning on page 4.

- **Required by law:** We may use or disclose your PHI to the extent that law requires the use or disclosure. The use or disclosure will be made in compliance with the law and limited to the requirements of the law. You will be notified, as required by law, of any such use or disclosure.
- **Public health:** We may disclose your PHI to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury, or disability. We may also disclose your PHI to a foreign government agency upon direction from a public health authority.



- **Abuse or neglect:** We may disclose your protected health information (PHI) to a public health authority authorized by law to receive reports of child or elder abuse or neglect. In addition, we may disclose your PHI if we believe that you have been a victim of abuse, neglect, or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made in accordance with applicable federal and state laws.
- **Communicable diseases:** We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.
- **Health oversight:** We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other regulatory programs, and civil rights laws.
- **Limited Data Sets:** UNLVH may create and share limited data sets, which include health information, but have direct identifiers (e.g., name, social security number, house number and street, contact information, medical record number, etc.) removed for research, public health, or health care operations purposes with a properly executed Data Use Agreement.
- **Research:** We can disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.
- **Food and Drug Administration:** We may disclose your PHI to a person or company required by the Food and Drug Administration to track products and to report adverse events, product defects, product problems, and/or biologic product deviations. We may also disclose your PHI as required by the Food and Drug Administration to enable product recalls, make repairs or replacements, or conduct post-marketing surveillance.
- **Legal proceedings:** We may disclose PHI during any judicial or administrative proceeding, in response to an order of a court or administrative tribunal, to the extent such disclosure is expressly authorized, and in certain conditions in response to a subpoena, discovery request, or other lawful legal process. However, substance use disorder (SUD) treatment records received from programs subject to 42 CFR Part 2 ("Part 2"), and testimony relaying the content of such records, shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless based on your written consent or a court order, after notice and an opportunity to be heard is provided to you or the holder of the record, as specified in Part 2. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed.
- **Law enforcement:** We may disclose PHI according to all applicable legal requirements for law enforcement purposes. These purposes include: 1) legal processes and disclosures otherwise required by law, 2) limited information requests for identification and location purposes, 3) information about victims of a crime, 4) suspicion that death has occurred as a result of criminal conduct, 5) criminal offenses occurring on the premises of UNLVH, and 6) a medical emergency (not on the premises) when it is likely that a crime has occurred.
- **Coroners, Funeral Directors, and organ donation:** We may disclose PHI to a coroner or medical examiner for identification purposes, for use in determining cause of death, or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose PHI to a funeral director, as permitted by law, to enable the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. PHI may also be used and disclosed for cadaveric organ, eye, or tissue donation purposes.
- **Workers' compensation:** We may disclose your PHI as authorized to comply with workers' compensation laws and other similar legally established programs.
- **Inmates:** We may use or disclose your PHI if you are an inmate of a correctional facility and your physician created or received your PHI while providing care to you.
- **Sale or closure of a practice:** If a UNLVH medical facility is sold or acquired by another entity, your PHI will be disclosed to that group or entity.
- **Required uses and disclosures:** Under the law, we must make a list of disclosures available to you upon request and to the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

Your rights:

The following is a statement of your rights with respect to your PHI and a brief description of how you may exercise these rights.

- **You have the right to inspect and copy your PHI:** You may inspect and obtain a copy of your PHI that is contained in a designated record set for as long as we maintain the PHI. A "designated record set" contains medical and billing records and any other records that your physician and UNLVH use for making decisions. When your information is maintained electronically, you have the right to request an electronic copy. You also have the right to direct us to send a copy of your information to another entity or person you designate.



Under Federal Law, you may not inspect or copy the following records:

- Psychotherapy Notes
- Information compiled in reasonable anticipation of or use in a civil, criminal, or administrative action or proceeding
- PHI that is subject to any laws prohibiting access to those records

Depending on the circumstances, a decision to deny access may be reviewed. In some circumstances, you may have a right to appeal the decision. Please contact UNLVH's Privacy Officer if you have questions about access to your medical record.

- **You have the right to request a restriction on your PHI:** You may ask us not to use or disclose any part of your protected health information (PHI) for treatment, payment, or healthcare operations. You may also request that we not disclose any part of your PHI to family members or friends who may be involved in your care, or for notification purposes as described in this notice. Your request must state the specific restriction you are requesting and to whom it should apply.

You also have the right to request that a health item or service not be disclosed to your health plan for payment purposes or for healthcare operations. However, we are only required to honor your request if the health care item or service is paid out of pocket and in full. We are not required to notify future providers about your restriction on your health plan. This restriction does not apply to uses or disclosures related to your medical treatment. This restriction does not apply to future related follow-up services, unless they are also paid out of pocket and in full.

Except for restrictions to your health plan, UNLVH is not required to agree to other restriction requests. If UNLVH believes it is in your best interest to permit the use and disclosure of your PHI, it will not be restricted. If UNLVH does agree to the restriction request, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. Please discuss any restrictions you wish to request with your provider.

You may request a restriction by contacting UNLVH's Privacy Officer to discuss the issue. You may also cancel a restriction at any time.

- **You have the right to request to receive confidential communications from us by alternative means or at an alternative location:** We will attempt to accommodate reasonable requests. We can also condition this accommodation by asking you for information on how payment will be handled, or by specifying an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request *in writing* to UNLVH's Privacy Officer.
- **You may have the right to have your physician amend your PHI:** You may request an amendment of your PHI in a designated record set for as long as we maintain this information. In some instances, we may deny your request for an amendment. If we deny your request, you have the right to file a statement of disagreement with us. In this instance, we may prepare a rebuttal to your statement that will be filed in your medical record along with your statement. We will also provide you with a copy of any such rebuttal. Please contact UNLVH's Health Information Management Department if you have questions about amending your medical record.
- **You have the right to receive an accounting of certain disclosures we made, if any, of your PHI:** This right applies to disclosures for purposes other than treatment, payment, or healthcare operations as described in this notice. It excludes disclosures we may have made to you, in accordance with your authorization, for a facility directory, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding disclosures that occurred during the six (6) years before the date of your request for an accounting of disclosures. The right to receive this information is subject to certain exceptions, restrictions, and limitations.
- **You may receive a paper copy of this notice from us,** upon request, even if you have agreed to accept this notice electronically.

Substance Use Disorder Treatment Confidentiality regulations (42 CFR Part 2):

Some records, including specific substance use disorder (SUD) treatment records, may be protected by a federal confidentiality rule under 42 CFR Part 2 ("Part 2"). When Part 2 applies, it may prohibit or materially limit uses and disclosures that would otherwise be permitted under the HIPAA Privacy Rule, and we will follow the more rigid requirements.

- **This notice does not modify or supersede Part 2:** It does not limit your rights under Part 2 or reduce our duties to protect records subject to Part 2.
- **How Part 2 affects uses and disclosures described in this notice:** If a use or disclosure described in this notice would be permitted under the HIPAA Privacy Rule but is prohibited or materially limited by Part 2, we must follow Part 2. If so, we will use and/or disclose those records only as permitted under Part 2, including, when required, with your written consent.
- **Court cases and other legal proceedings:** Substance use disorder (SUD) treatment records received from programs subject to 42 CFR Part 2 ("Part 2"), and testimony relaying the content of such records, shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless based on your written consent or a court order



after notice and an opportunity to be heard is provided to you or the holder of the record, as provided in Part 2. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed.

- **Fundraising:** If we intend to use or disclose records subject to Part 2 for fundraising for the benefit of the covered entity, you will first be provided with a distinct opportunity to elect not to receive any fundraising communications.

Complaints:

You may complain to us or to the Secretary of Health and Human Services (HHS) if you believe we have violated your privacy rights. *We will not retaliate against you for filing a complaint.*

- **To address a concern or file a complaint with UNLVH, please contact:**

UNLVH Privacy Officer
3016 West Charleston
Las Vegas, NV 89102
Hotline: 800-934-0794
Privacy Officer: 702-410-9915

- **To file a complaint with HHS, please contact:**

Office of Civil Rights
U.S. Department of Health and Human Services
90 7th Street, Suite 4-100
San Francisco, CA 94103
Phone: 415-437-8310
TDD: 415-437-8311
Fax: 415-437-8329