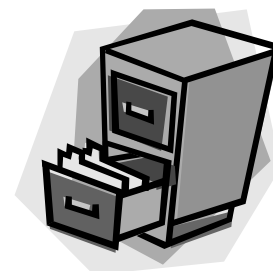


**State of Nevada – Department of Health and Human Services**  
**Aging & Disability Services Division**  
**Notice of Privacy Practices**

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

Your health information is personal and private. The law says that we (the Aging & Disability Services Division) must protect this information. When you first asked for our help or services, 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.



**When is it okay for us to share your health information?**

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 except if we have already shared the information.

Your information can be shared without your okay when we need to approve or pay for services. We can also 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**

- √ When you need emergency care
- √ To tell you about treatment choices
- √ To remind you about appointments
- √ To help our business partners do their work
- √ To help review program quality

**For public health reasons**

- √ To help researchers study health problems
- √ To help public health officials stop the spread of disease or prevent an injury
- √ To protect you or another person if we think that you are in danger

**For your personal reasons**

- √ To tell your family and others who help with your care things they need to know
- √ To be listed in a patient directory
- √ For workers compensation
- √ To tell a funeral director of your death
- √ If you have signed organ donation papers, to make sure your organs are donated according to your wishes

**Other special uses**

- √ To help the police, courts and other people who enforce the law
- √ To obey laws about reporting abuse and neglect
- √ To report information to the military
- √ To help government agencies review our work and investigate problems
- √ To obey court orders

## 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. You may be charged a fee for the copies based on Division policy. However, you need to remember that we do not have a complete medical record about you. If you want a copy of your complete medical record, you should ask your doctor or provider of health care. If you think that something is missing or is wrong in your health record that we have, you can ask us to make changes.
- You can ask to have a copy of your health information provided in electronic format if it is available.
- You can ask us to give you a list of the times (after April 14, 2003) that we have 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 may ask to restrict the release of your health information to a health plan when you have paid out of pocket in full for items or services.
- 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 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 notify you if there is a breach of your unsecured health information.
- We will only use or share the minimum amount of your health information necessary to perform our duties.
- We must tell you if we cannot agree when you ask us to limit how your information is shared.

## Contact Information

If you have any questions or complaints about our privacy rules, please contact us at:  
Aging & Disability Services Division  
Privacy Officer c/o DHCFP  
1100 East William Street, Suite 101  
Carson City, NV 89701  
(775) 684-3600

Or contact the Dept. of Health and Human Services at:  
Office for Civil Rights  
90 7<sup>th</sup> Street, Suite 4-100  
San Francisco, CA 94103  
(415) 437-8310; (415) 437-8311 (TDD)  
(415) 437-8329 FAX

The Aging & Disability Services 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://aging.state.nv.us>

**Acknowledgement of Receipt  
of the Aging & Disability Services Division  
Notice of Privacy Practices**

By signing this document, I acknowledge that I have received a copy of the Division Notice of Privacy Practices.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Name (print)

Division Use Only

Date acknowledgement received: \_\_\_\_\_

or

Reason acknowledgement was not obtained:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (print)