



Notice of Health Information Practices for Washoe County Health District

This document describes how your medical information may be used and shared and how you can get this information. Please read it carefully.

Understanding Your Health Record/Information

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Most of the time, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care. This information, often called your health or medical record, is used:

- To plan your care and treatment
- To communicate among the many health professionals who help with your care
- As a legal document describing the care you received
- So you and your insurance company can prove services billed were actually provided
- As a tool to educate health professionals
- As a source of information for medical research without your name or identifying information
- As a source of information for public health officials to improve the health of our community
- As a source of information for program planning and marketing without your name or identifying information
- For routine health business such as ensuring your care was provided in a safe and quality manner
- To help you understand what is in your record and how your health information is used to help you:
 - ✓ make sure it is correct
 - ✓ better understand who, what, when, where, and why others may use your health information
 - ✓ make decisions on how you share your medical information

Your Health Information Rights

You have the following rights regarding medical information we maintain about you:

1. Right to Inspect and Copy.

You have the right to inspect and copy medical information that may be used to make decisions about your care. This includes medical and billing records.

To inspect and copy medical information, you must submit your request in writing to our Privacy Officer at the address listed in this booklet. If you request a copy of the information, we may charge a fee for the costs of copying.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the Washoe County Health District will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

2. Right to Amend.

If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information by filling out the "Request for Correction/Amendment of Health Information" form and submit it to our Privacy Officer. When submitting a request in writing by mail, you must provide a reason that supports your request. You have the right to request an amendment for as long as the information is kept.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by the provider;
- Is not part of the information which you would be permitted to inspect and copy, or
- Is accurate and complete.

3. Right to a Report of Disclosures.

You have the right to request a “report of disclosures.” This is a list of the disclosures we made of medical information about you. This report will not include any routine disclosures including those made to you or prior to your authorization, those made for treatment, payment and operations purposes as discussed in this document, those made for national security and intelligence purposes, those made to correctional institutions, and those made to law enforcement in compliance with the law.

To request this list or report of disclosures you must fill out a “Request for Report of Disclosures” form and submit your request to our Privacy Officer. When submitting your request in writing, by mail, you must state a time period that may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the report, such as on paper or electronically. The first report you request within a 12 month period will be free. For additional reports we may charge you for the costs of providing the report. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

4. Right to Request Restrictions.

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.

We are not required to agree to your request. IF we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request by filling out a “Request to Restrict/Limit Use or Disclosure of Health Information” and submit to our Privacy Officer. When submitting a request in writing, by mail, you must tell us:

- What information you want to limit;
- Whether you want to limit our use, disclosure or both; and
- To whom you want the limits to apply.

5. Right to Request Confidential Communications.

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to our Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted. If complying with your request entails additional expense over our usual means of communication, we may ask that you reimburse us for those expenses.

6. Right to a Paper Copy of This Notice.

You have the right to a paper copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy. To obtain a paper copy of this notice, please request one from our Privacy Officer.

Our Responsibilities

This organization is required to:

- Keep your health information private
- Give you this Notice about our legal duties and how we collect and keep your information private
- Follow the rules of this Notice
- Tell you if we are unable to agree to the limits you have asked for
- Have your health information given to you, faxed or mailed to another location
- Train our personnel concerning privacy and confidentiality

We reserve the right to change how we keep your health information private. If we change how we keep your health information private, we will mail a revised Notice to the address you've given us.

We will not use or share your health information without your permission, except as explained in this Notice.

How to Get More Information or to Report a Problem

If you have questions and would like more information, you may call or write:

Margot Jordan, Privacy Officer
Washoe County Health District
P.O. Box 11130
Reno, NV 89520
775-328-3653

If you think that your health information has not been kept private, you can file a complaint with the Health Department Privacy Officer or with Kathleen Sebelius, Secretary of Health and Human Services. No one will be angry if a complaint is filed.

Examples of How We Will Use Your Health Information for Treatment, Payment and Program Planning

1. We will use your health information for treatment. With the regulatory consent granted by the Department of Health and Human Services, we may use or share your health information for treatment purposes.

For example: Information obtained by a nurse, doctor, or other member of your healthcare team will be recorded and used to decide which treatment will be best for you. Your doctor or nurse will write a plan of treatment in your health information chart. Other clinic staff will write about things they do or see during your visit.

We will also give your doctor or other health care provider copies of reports that will help him or her in treating you.

2. We will use your health information for payment. With the regulatory consent granted by the Department of Health and Human Services, we may use or share your health information for payment purposes.

For example: A bill may be sent to you or your insurance company. The information on or with the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

3. We will use your health information for regular program planning. With the regulatory consent granted by the Department of Health and Human Services, we may use or share your health information for program planning purposes.

For example: Authorized Health Department staff may use information in your health record to assess your care and treatment. This information will be used to improve the care and service given at the Health Department.

Examples of How We Will Use Your Health Information for Purposes Other Than Treatment, Payment and Program Planning

Business Associates: We provide some services through contracts with business associates. Examples include x-rays and lab tests. When these services are used, we may share your health information with these businesses so that they can do the job we've asked them to do and bill you or your insurance company for services. To protect your health information, we require the businesses to sign an agreement to keep your health information private.

Notification: We may share information to notify or assist in notifying a family member, personal representative, or another person responsible for your care of your location and general condition.

Communication with Family: Unless you object, our health professionals, using their best judgment, may share with a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Marketing: We may contact you to remind you about appointments or information about your treatment or other health related services that may be of interest to you.

Food and Drug Administration (FDA): We may share your health information with the FDA if you have problems with food, supplements or products so that they can do recalls, repairs, or replacement.

Workers Compensation: We may share health information as required by law as it relates to workers compensation or other similar programs established by law.

Public Health: As required by law, we may share your health information with public health or legal authorities that are responsible for preventing or controlling disease, injury, or disability.

Correctional Institution: If you are an inmate of a jail or prison, we may share your health information with their authorized staff as needed for your health and the health and safety of other individuals.

Law Enforcement: We may share your health information as required by law or in response to a valid subpoena or summons.

Health Oversight Agencies and Public Health Authorities: If an employee of the Health Department or a business associate believes the Department has engaged in unlawful conduct or otherwise violated professional or clinic standards and are potentially endangering one or more patients, workers, or the public, that person may share your health information with an attorney, health oversight agencies and/or public health authorities.

Department of Health and Human Services (DHHS): Federal law requires the Health Department to share your health information with DHHS as necessary for them to determine our compliance with those standards.

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