

**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.*

**Understand Your Health Records**

Each time you visit a hospital, doctor or other health care provider, a record of your visit is made. Most of the time, this record contains your symptoms, physical exam and lab 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
- Communicate with other health professionals who help with your care
- Document the care you received
- Help you understand what is in your record and how health information is used to help you
- Obtain payment for the care provided
- Provide information (without using your name) for:
  - Medical research
  - Public health officials to improve the health of our community
  - Program planning and marketing without identifying information
  - Improving care
  - Educating health professionals

**See Pg. 2 for more details about how your information may be used and shared.**

**Your Health Information Rights**

**You have the following rights regarding medical information we have about you.**

You can:

**Get an electronic or paper copy of your medical record**

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Submit request in writing. Ask us for details.
- We will give you a copy or a summary of your health information, usually within 30 days of your request. We may charge a fee based on our cost for the copy.
- In certain limited circumstances, we may deny your request. You have the right to have another healthcare provider review the denial. We will comply with the outcome of the review.

**Ask us to correct your medical record**

If you feel that medical information we have about you is incorrect or incomplete:

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

**Get a list of when, with whom and why we’ve shared your information**

- You can ask for a list of the times we’ve shared your health information in the last six years, who we shared it with, and why. Ask us how to do this.
- All the disclosures except those for treatment, payment, health care operations, and any you requested will be included.
- One list a year is free. Additional lists within 12 months may require a fee.

**Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service (without insurance), you can ask us not to share information with your health insurer. We will say “yes” unless a law requires us to share that information. Ask us how to make this request.

**Request confidential communications**

You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. Ask us how to make this request.

**Choose someone to act for you**

If you gave someone medical power of attorney or if someone is your legal guardian, he or she can exercise your rights and make choices about your health information.

- We will make sure the person has this authority and can act for you before we take any action.

**Get a copy of this privacy notice**

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically.

**Our Responsibilities**

The Washoe County Health District is required by law to maintain the privacy and security of your protected health information.

- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- We will let you know promptly if a breach occurs that may have decreased the privacy of your health information.

## **How do we typically use or share your health information?**

**We are allowed or required to share your information, usually for the public good. We have to meet many conditions in the law before we can share your information for these purposes.**

### **Medical Care**

We can use your health information and share it with other professionals who are treating you.

Example: Clinic staff will write the information obtained and services provided during your visit. This information is used to decide which treatment is best for you. We will also give your doctor or other health care provider copies of reports that will help him or her in treating you.

### **Bill for your services**

We can use and share your health information to bill and get payment from health plans or other entities.

### **Run our organization**

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

### **Business Associates**

We provide some services through contracts. We may share your health information with these businesses so that they can help us and bill you or your insurance company for services. We require businesses to sign an agreement to keep your health information private.

### **Help with public health and safety issues**

- Prevent the spread of disease
- Help with product recalls
- Report adverse reactions to medications
- Report suspected abuse, neglect, or domestic violence
- Prevent or reduce a serious threat to anyone's health or safety

### **Respond to lawsuits and legal actions**

We can share health information about you in response to a court or administrative order or subpoena.

### **Do research**

We can use or share your information (without your name) for health research.

### **Address government requests and comply with the law**

We can use or share health information about you for:

- Workers' compensation claims
- Law enforcement purposes with a law enforcement official
- Health oversight agencies authorized by law
- Special government functions such as military, national security, and presidential protective services

### **Respond to organ and tissue donation requests**

We can share health information about you with organ procurement organizations.

### **Work with a medical examiner or funeral director**

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

**Your written permission is required for any information sharing not covered in this Notice or other laws.**

## **Special Notes about Washoe County Health District**

We do not:

- Create or manage a directory of clients
- Create or maintain psychotherapy notes
- Market services or sell personal information
- Contact patients for fundraising

### **Changes to this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be provided to all current patients and available upon request, in our office, and on our website.

[www.washoecounty.us/health](http://www.washoecounty.us/health)

### **How to Get More Information or to Report a Problem**

**Please contact the Privacy Officer for Washoe County Health District:**

**Anna Heenan, Privacy Officer  
Washoe County Health District  
PO Box 11130  
Reno, NV 89520  
(775) 328-2417**

**We will not be angry or retaliate against you for filing a complaint.**

You may also contact or visit the HHS website:

U.S. Dept. of Health and Human Services  
Office for Civil Rights  
200 Independence Ave, S.W.,  
Washington, D.C. 20201  
Phone: 1-877-696-6775

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

[www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)

Effective Date: November 2015