

**Las Vegas Transitional Grant Area
Ryan White Care Services**

**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES
RECONOCIMIENTO DE RECIBO DE LA NOTICIA DE
PRACTICAS PRIVADAS**

**I HAVE RECEIVED A COPY OF THIS OFFICE'S NOTICE OF PRIVACY PRACTICES:
YO HE RECIBIDO UNA COPIA DE LA NOTICIA DE PRACTICAS PRIVADAS DE ESTA
OFICINA:**

Please print name (Escriba su nombre, por favor)

Signature (firma)

Date (fecha)

FOR OFFICE USE ONLY (PARA USO DE OFICINA SOLAMENTE)

A written acknowledgement of Receipt of our Notice of Privacy Practices was attempted; however acknowledgement could not be obtained because:

Individual refused to sign_____

Communication barriers prohibited obtaining the acknowledgement_____

An emergency situation prevented us from obtaining acknowledgement_____

Other: _____

CLARK COUNTY SOCIAL SERVICE
NOTICE OF PRIVACY PRACTICES

If you receive assistance from CCSS, this is important information for you.

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

Our Pledge About Your Medical Information

We believe that medical information about you and your health is personal. We are committed to protecting it. We maintain a record of your billing records, and the medical assistance that you receive from us. This notice applies to the records of and the medical assistance benefits in our possession.

Federal health information privacy laws require us to:

- Make sure that medical information that identifies you is kept private,
- Give you a copy of this Notice explaining our legal responsibilities and privacy practices,
- Notify you following a breach of unsecured protected health information, and
- Follow the terms of this Notice that are now in effect.

We may change the terms of our Notice at any time without advance notice. You may ask for a copy of the current Notice any time, by contacting Clark County Social Services at (702) 455-4270. You can also find the Notice on Clark County's website at:

http://www.clarkcountynv.gov/Depts/social_service/Announcements/Documents/NPP%20%20English%20%20Revised%204%2006.pdf

We May Use or Share Medical Information About You

The following are only some examples of how we may use or share your medical information.

•❖ ***For your medical treatment and payment:***

- To healthcare providers who provide treatment in a clinic, hospital, emergency room, long term care facility, adult day care facility, transportation for medical services and pharmacy services,
- To remind you of appointments,
- To share information for payment of your medical services. Example: we may share information with physicians about your eligibility for healthcare services.

•❖ ***For your personal benefit:***

- To communicate with your family or friend(s), who are involved in your care, unless you ask us not to speak to them,
- To notify people, for example a funeral director or medical care provider,
- To get an interpreter for you,
- Unless required by law or if you agree, we may notify the authorities if you appear to be a victim of domestic violence.

•❖ ***For our healthcare operations:***

- To share with our business associates who perform services for us,
- To review our employees' performance,
- To train students,
- To conduct or arrange for medical review, business planning and development, and legal services,
- To conduct auditing and general administrative activities. For example, we may use information about your claims to project future benefit costs or to audit the accuracy of claims processing.

➤ **Others Involved in Your Healthcare:**

If, based on your condition, you are unable to agree or object to our sharing information, we may still share information we think will be in your best interest based on our professional judgment. We may notify or help notify a family member, personal representative or any other person that is responsible for your care to give your location, general condition or death.

We may share your medical information with an authorized public or private entity to help in disaster relief efforts or coordinate sharing with family or other individuals involved in your health care.

➤ **Disclosures to Plan Sponsors:**

We will share your medical information with agencies that pay for medical services arranged by you. The information will be used for administrative purposes as allowed by law. Your medical information will be protected as required by federal law.

Other Instances When We May Be Allowed or Required to Share Medical Information Without Your Okay:

✓ **As Required By Law:** We may share your medical information when the law requires us to. This includes giving information to the Secretary of the Department of Health and Human Services to be sure we are following the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”).

✓ **For Public Health Activities:** These activities generally include:

- To prevent or control disease, injury or disability,
- To report abuse or neglect of children, elders and dependent adults,
- To report reactions to medication or problems with products,
- To notify people of recalls of products they may be using,
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

✓ **For Health Oversight:** We may share medical information with a health oversight agency with legal authority to conduct audits, investigations, and inspections. Agencies seeking this type of information include the ones that oversee the healthcare system, government benefit plans, other government regulatory programs and civil rights laws. For example, we may give information to a licensing board to investigate a complaint against a provider.

✓ **For Legal Proceedings:** We may share medical information for judicial or administrative proceedings. We may do this when we receive an order from a court or an administrative tribunal. We can also release information in certain conditions, such as in response to a subpoena, discovery request, or other lawful legal process, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

✓ **For Law Enforcement:** If asked by a law enforcement official, we may release medical information to identify or locate a suspect, fugitive, material witness or missing person. Other situations include a death we believe may be the result of criminal conduct, or about criminal conduct on County premises, or about a victim of crime.

✓ **For Nevada Attorney General and Grand Jury Investigations:** We may release medical information if asked by an investigator for the Nevada Attorney General, or a grand jury, investigating a possible violation of Nevada laws prohibiting patient neglect, elder abuse or submission of false claims to the Medicaid program. We may also release information to an investigator for the Nevada Attorney General investigating a possible violation of Nevada workers’ compensation laws.

✓ **For Workers’ Compensation:** We may share your medical information to comply with workers’ compensation laws and other similar legally established programs. These programs provide benefits for work related injuries or illness.

✓ **For Specific Government Functions:** We may give your medical information for these specific functions:

- Health information of military personnel, as required by military authorities,
- Health information of inmates, to a correctional institution or law enforcement official,
- For national security purposes.

Your Privacy Rights and How to Exercise Them

☛ You may have the right to have us amend your medical information.

If you think there is something wrong or missing in your medical information that we have, you can ask that it be changed. You may request an amendment for as long as we maintain this information. In certain cases, we may deny your request for an amendment. For example:

- If we did not create the information we will deny your request and ask you to contact the caregiver who did create it,
- If we do not keep that information in our records,
- If it is not part of the information you are allowed to see and copy, or
- If we believe the information is accurate and complete.

If we deny your request, you have the right to send us a written statement of disagreement and we may prepare a response to your statement, and give you a copy of that response. We will add these statements to our records.

Contact us or write to our Privacy Officer, if you want to make a request to amend your medical information. Contact information is listed at the end of this Notice.

☛ You have the right to receive a copy of this Notice

You may ask us to give you a 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 upon request.

☛ You may have the right to inspect and copy your medical information.

You have the right to ask to see and receive copies of your medical information we keep. In some cases, we may refuse to give you access to your medical information. Under federal law, you may not inspect or copy any psychotherapy notes, information that is compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and medical information that is subject to a law that prohibits access to medical information. When your information is maintained electronically, you have the right to request an electronic copy of your information. You have the right to direct us to send the copy to another entity or person you designate.

Depending on the circumstances, you may have the right to appeal a refusal to give you access. If you request a copy of the information, we may charge a fee for the cost of making the copies. Contact us or write your request to our Privacy Officer. Contact information is listed at the end of this Notice.

☛ You have the right to request a restriction of your medical information.

You have the right to ask that we not use or share your medical information for purposes of treatment, payment or healthcare operations. You may also request that any part of your medical information not be disclosed to family members or friends who may help in your medical care, or for notification purposes. In your request, you must indicate: (1) what information you want to limit or restrict; (2) whether you want to limit our use, release or both; (3) to whom you want the limits to apply (for example, giving information to your spouse). We are not required to agree to your request. We may share limited medical information, if we believe it is in your best interest. If we do agree to your request we may not use or share your medical information unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction(s) you wish to make with your caregiver. Contact us or write your request to our Privacy Officer to request restrictions. Contact information is listed at the end of this Notice.

☛ **You have the right to request to receive confidential communications from us by an alternative means or at an alternative location.**

You have the right to ask us to communicate with you about medical matters in a certain way or at a certain location. For example, you can ask us to contact you at work or by mail. We will agree to any reasonable requests, but we may require a specific address or other way to contact you. We will not request an explanation from you, but we must know how to contact you. Contact us or write your request to our Privacy Officer, if you want to request an alternative means of communication. Contact information is listed at the end of this Notice.

☛ **You have a right to know who else sees your medical information**

You have the right to ask us for an accounting of certain disclosures we have made of your medical information, if any, for up to a six year period. We are not required to account for all disclosures. For example, we do not have to account for information shared for your treatment, payment or healthcare purposes, as described in this notice; or for disclosures you authorized.

Your request must tell us what time period you want, up to six years, but may not be before April 14, 2003. You have the right to receive the first report within a 12-month period for free. If you make more requests, we may charge you for the cost of providing the report. We will tell you what the cost will be, and you may withdraw or change your request.

Other Uses of Medical Information

Other uses or disclosures of your protected health information for marketing purposes or that constitute a sale of protected health information can only be made with your written authorization. We must have your written okay in order to use or share your medical information for any reasons not covered in this Notice or the laws that apply to us. If you give us permission to use or release medical information about you by signing an authorization, you may change your mind and take back that permission, in writing, at any time. If you take back your permission, we will not be able to use or release any medical information about you for the reasons covered by your written authorization. You understand that we can't take back any disclosures we have already made with your permission, and that we are required to keep our records of the care and services we provided to you.

Changes to this Notice

We reserve the right to change this Notice. We reserve the right to make the revised Notice effective for medical information we already have about you as well as any information we receive in the future. If you are receiving assistance from us when we change this Notice we will mail you a copy. The Notice will contain the effective date at the bottom of the page in the right hand corner.

Complaints

If you believe your privacy rights have been violated by us you have the right to complain to us or to the Secretary of Health and Human Services (HHS).

We will not retaliate against you for filing a complaint.

To file a complaint with Social Service, send a letter to:

Privacy Officer

Clark County HIPAA Compliance Office

1800 West Charleston Boulevard

Las Vegas, NV 89102

For more information about the complaint process call (702) 383-3854

To file a complaint with HHS, send a letter to:

Office for Civil Rights

*Medical Privacy, Complaint Division, Region IX
U. S. Department of Health and Human Services
50 United Nations Plaza, Room 322
San Francisco, CA 94102
(415) 437-8310 or for the hearing impaired call
(415) 437-8311*

Contact Information

*If you wish to exercise one or more of your rights listed in this Notice, contact:
County Social Service Department
1600 Pinto Lane
Las Vegas, NV 89106
(702) 455-4270*

*You may also contact:
County HIPAA Compliance Office
1800 West Charleston Boulevard
Las Vegas, NV 89102
(702) 383-3854*

You may also contact us without telling us your name by calling the Privacy Hotline at (888) 691-0772.

Effective September 2013