



The Effective Date of this Notice is April 4, 2003  
This Notice was revised on 9/01/2013

**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.**

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## **Urology Nevada, LTD.**

### **Privacy Practices Notice**

This page describes the type of information we gather about you, with whom that information may be shared and the safeguards we have in place to protect it. You have the right to the confidentiality of your medical information and the right to approve or refuse the release of specific information except when the release is required by law, or permitted by law without your authorization.

If the practices described in this notice meet your expectations, there is nothing you need to do. If you prefer additional limitation on the use of your medical information, you may request them following the procedure below.

If you have any questions about this notice, please contact our Privacy Officer at the address below.

The regulations also require that we make a good faith effort to obtain your written acknowledgement that you have received this notice. This is why you have been asked to sign the HIPAA form upon check-in.

### **Who will follow this notice?**

This notice describes practices of all of the persons and entities involved with your provider regarding the use of your medical information and that of:

- Any health care professional employed by Urology Nevada who is authorized to enter information into your hospital chart or medical record.
- All departments of the clinic or doctor's office you may visit.
- All employees, staff and other personnel who may need access to your information.
- All entities, sites and locations of your provider will follow the terms of this notice. In addition these entities, sites and locations may share medical information with each other for treatment, payment or health care operations purposes as described in this notice.

### **Our pledge regarding medical information**

We understand that medical information about you and your health is personal. Protecting medical information about you is important. We create a record of the care and services you receive. We need

(This policy has been updated as of 9/1/2013)



this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the provider, whether made by health care professionals or other personnel.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- keep confidential any medical information that concerns your condition or treatment, how your care is paid for and demographic information, if such information can be used to identify you.
- give you this notice of our policies; procedures and information privacy practices with respect to medical information about you; and
- follow the terms of the notice that is currently in effect.

## **Nevada Law**

In addition to federal law, Nevada law places more stringent limitations on the disclosure and use of mental health information, genetic information, communicable disease information and blood and urine tests. Other federal regulation place more stringent requirements of drug and alcohol abuse information. We shall comply with those more stringent restrictions.

## **How we may use and disclose medical information about you**

The following categories describe different ways that we may use and disclose medical information. For each category of uses or disclosures we will try to give some examples. Not every use of disclosure in a category will be listed.

**For treatment:** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to other doctors, nurses, technicians, training physicians, or other health care professionals who are involved in taking care of you. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that they can arrange appropriate meals. Different health care professionals also may share medical information about you in order to coordinate the different things you need such as prescriptions, lab work and x-rays. We also may disclose medical information about you to people outside the hospital who may be involved in your medical care after you leave the hospital or that provide services that are part of our care.

**For payment:** We may use and disclose medical information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company or a third party. For example, your insurance may need to know about surgery you received so they will pay us or reimburse you for the surgery. We may also use and disclose medical information about you to obtain prior approval or to determine whether your insurance will cover the treatment or to undertake



other tasks related to seeking payment for services provided. We may also disclose medical information to another health care provider who is, has been, or will be involved in your treatment so that they may seek payment for services rendered.

**For health care operations purposes:** We may use and disclose medical information about you for health care operations purposes. This is necessary to ensure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you or to otherwise manage and operate the Provider effectively. We may also disclose information to doctors, nurses, technicians, training doctors, medical school students, and other hospital personnel for review and learning purposes. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

**Appointment reminders:** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care.

**Minors:** We may disclose the Protected Health information of minor children to their parents or guardians unless such disclosure is otherwise prohibited by law.

**Individuals involved in your care or payment for your care:** We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and that you are in the hospital. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort that your family may be involved in so that your family may be notified about your condition, status, and location.

**Research:** We may use and disclose your Protected Health Information for research purposes, but we will only do that if the research has been specially approved by an authorized institutional review board or a privacy board that has reviewed the research proposal and has set up protocols to ensure the privacy of your Protected Health Information. Even without that special approval, we may permit researchers to look at Protected Health Information to help them prepare for research, for example, to allow them to identify patients who may be included in their research project, as long as they do not remove, or take a copy of, any Protected Health Information. We may use and disclose a limited data set that does not contain specific readily identifiable information about you for research. However, we will only disclose the limited data set if we enter into a data use agreement with the recipient who must agree to (1) use the data set only for the purposes for which it was provided, (2) ensure the confidentiality and security of the data, and (3) not identify the information or use it to contact any individual.

**Public health risks:** We may disclose medical information about you for public health activities. These activities generally include, but are not limited to the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To report elder abuse or neglect;
- To report reactions to medications 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;
- To notify the appropriate government authority if we believe a patient has been the victim or abuse, neglect or domestic violence.

**Abuse, Neglect, or Domestic Violence:** We may disclose Protected Health Information to the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence and the patient agrees or we are required or authorized by law to make that disclosure.

**Health oversight activities:** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigation, inspections, and licensure. These activities are necessary for the government to monitor the overall health care system, the conduct of government programs, and compliance with civil rights laws.

**Business Associates:** We may disclose Protected Health Information to our business associates who perform functions on our behalf or provide us with services if the Protected Health Information is necessary for those functions or services. For example, we may use another company to do our billing, or to provide transcription or consulting services for us. All of our business associates are obligated, under contract with us, to protect the privacy and ensure the security of your Protected Health Information.

**As required by law:** We will disclose medical information about you when required to do so by federal, state, or local law.

**Lawsuits and disputes:** We may disclose medical information about you in response to a subpoena, discovery request, or other lawful order from court.

**Law enforcement:** We may release medical information if asked to do so by a law enforcement official as part of law enforcement activities; in investigations of criminal conduct or of victims of crime; in response to court orders; in emergency circumstances; or when required to do so by law.

**To avert a serious threat to health or safety:** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however; would only be to someone able to help prevent the threat.

**Data Breach Notification Purposes:** We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

**Coroners, Medical Examiners and Funeral Directors:** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the hospital to funeral directors as necessary to carry out their duties.



**Protective Services for the President, National Security and Intelligence activities:** We may release medical information about you to authorize federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations, or for intelligence, counterintelligence, and other national security activities authorized by law.

**Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

## **Uses and Disclosures That Require Us to Give You an Opportunity to Object and Opt Out**

**Individuals Involved in Your Care or Payment for Your Care:** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected health Information that directly relates to that person's involvement in your health care. 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.

**Disaster Relief:** We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practicably can do so.

**Fundraising Activities:** We may use or disclose your Protected Health Information, as necessary, in order to contact you for fundraising activities. You have the right to opt out of receiving fundraising communications. If you do not want to receive these materials, please submit a written request to the Privacy Officer.

## **Your rights regarding medical information about you**

You have the following rights regarding medical information about you:

**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. Usually, this includes medical and billing records, but does not include psychotherapy notes.

We have up to 30 days to make your Protected Health Information available to you and we may charge you a reasonable fee for the costs of copying, mailing, or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed



healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

**Right to a Summary or Explanation:** We can also provide you with a summary of your Protected Health Information, rather than the entire record, or we can provide you with an explanation of the Protected Health Information which has been provided to you, so long as you agree to this alternative form and pay the associated fees.

**Right to an Electronic Copy of Electronic Medical Records:** If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

**Right to get Notice of a Breach:** You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

**Right to Request Amendments:** If you feel that the Protected Health Information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for us. A request for amendment must be made in writing to the Privacy Officer at the address provided at the beginning of this notice and it must tell us the reason for your request. In an amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

**Right to an Accounting Disclosures:** You have the right to ask for an “accounting of disclosures,” which is a list of the disclosures we made of your Protected Health Information. 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, for a resident directory, to family members or friends involved in your care, or for notification purposes. The right to receive this information is subject to certain exceptions, restrictions, and limitations. Additionally, limitations are different for electronic health records. The first accounting of disclosures you request within any 12-month period will be free. For additional requests within the same period, we may charge you for the reasonable costs of providing the accounting. We will tell what the costs are, and you may choose to withdraw or modify your request before the costs are incurred.

**Right to request restrictions:** You have the right to request additional restrictions or limitations 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, however; 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 in writing to our Privacy Officer at the address below. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

**Out of Pocket Payments:** If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

**Right to Request Confidential Communications:** You have the right to request that we communicate with you only in certain ways to preserve your privacy. For example, you may request that we contact you by mail at a specific address or call you only at your work number. You must make any such request in writing and you must specify how or where we are to contact you. We will accommodate all reasonable requests. We will not ask you the reason for your request.

**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.

**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 of this notice.

To obtain a paper copy of this notice, please request in writing from our Privacy Officer at the address below.

### **Special situations**

**Organ and tissue donation:** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank as necessary to facilitate organ or tissue donation and transplantation.

**Military and Veterans:** If you are a member of the armed forces, we may release medical information about you as required by military command authorities.

**Worker's Compensation:** We may release medical information about you for worker's compensation or similar programs. These programs provide benefits for work-related injuries or illness.

(This policy has been updated as of 9/1/2013)



We may deny your request to inspect and copy in certain very limited circumstances. In some 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 provider 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.

**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. You have the right to request an amendment for as long as the information is kept.

To request an amendment, your request must be made in writing and submitted to our Privacy Officer. In addition, you must provide a reason that supports your request.

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 amendments;
- Is not part of the “designated record set” kept by the provider;
- Is not part of the information which you would be permitted to inspect and copy, or
- Is accurate and complete.

**Right to an accounting of disclosures:** You have the right to request and “accounting of disclosures.” This is a list of the disclosures we made of medical information about you. This accounting will not include many routine disclosures; including those made to you or pursuant to your authorization, those made for treatment, payment, and operations purposes as discussed above, those made to the facility directory as discussed above, those made for national security and intelligence purposes and those made to correctional institution and law enforcement in compliance with the law.

To request this list or accounting of disclosures, you must submit your request in writing to our Privacy Officer. Your request must state a time period that may not be longer than six (6) years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list, for example, on paper, electronically, etc. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. 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.

## Changes to this notice

We reserve the right to change our policies and practices concerning the privacy of your medical information and this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We



will always post a copy of the current notice **in binders that are located throughout our lobby**. The notice will contain the effective date on the first page of the policy.

## **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with the provider or with the Secretary of the Department of Health and Human Services. To file a complaint with the provider contact our Privacy Officer at the address and phone number below. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

## **Other uses of medical information**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission in writing at any time. If you revoke your permission we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

### **Privacy Officer for Urology Nevada is:**

**Irene Heinemeier  
699-A Sierra Rose  
Reno, NV. 89511  
775-689-3737**

# **UROLOGY NEVADA, LTD.**

Health Insurance Portability & Accountability Act of 1996 (HIPAA)

**ENCLOSED ARE OUR PRIVACY PRACTICES**

(This policy has been updated as of 9/1/2013)



**PLEASE DO NOT REMOVE FROM THE OFFICE**

**(Copies are available per request from the front desk)**

**If you have any questions or concerns regarding the enclosed Privacy Practice Notice please ask to speak to our Privacy Officer.**