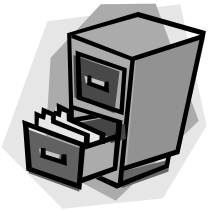
State of Nevada – Department of Health and Human Services
Division of Public and Behavioral Health
Notice of Privacy Practices

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.

ABOUT US: Southern Nevada Adult Mental Health Services (SNAMHS) provides psychiatric emergency service, inpatient psychiatric emergency services, laboratory services, and pharmacy services as well as community-based services including outpatient counseling, service coordination, residential support, medication clinic, psychosocial rehabilitation, and recovery from substance abuse. This notice covers all these services and programs.

Your health information is personal and private. The law says that we, the Division of Public and Behavioral Health, 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 <u>except</u> if we have already shared the information.

The law says that there are some other situations when we may need to share information <u>without</u> your consent. Here are some examples:

<u>For your medical treatment and payment</u>

√ 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

<u>For your personal reasons</u>

√ 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

<u>For public health reasons</u>

√ 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

<u>Other special uses</u>

√ 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
√ To other state agencies under Division of Mental Health and Developmental Services

Federal rules prohibit disclosure of Alcohol and Drug Abuse records unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42CFR, Part 2.

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, which includes your medical treatment, you should ask your primary care 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 an amendment. You must complete the Request to Amend Health Information form. We will respond within 60-days of receiving the written request.
- 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 on Uses and Disclosure of you PHI. A request for restriction must be in writing. We will consider your request but are only legally required to accept it. You may not limit the uses and disclosures that we are legally required to make.
- 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.
- You have the right to request different ways for us to communicate with you.
- You have the right to revoke or cancel your authorization in writing at any time; unless the PHI has already been released. The form necessary for the revocation/cancelling an authorization may be done by contacting the individual listed below.

MARKETING:

We will not use or sell you name or PHI for marketing purposes or fundraising.

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: DPBH, Clinical Services HIPAA Privacy Officer: Rolande Werner Health Information Services Director/SNAMHS Address: Rawson-Neal Psychiatric Hospital 1650 Community College Drive Las Vegas, NV 89146 Phone: 702-486-6077	Or contact the Dept. of Health and Human Services at: Office for Civil Rights 90 7th Street, Suite 4-100 San Francisco, CA 94103 Customer Response Center: 800-368-1019 Fax: 202-619-3818 TDD: 800-537-7697 Email: ocrmail@hhs.gov or www.hhs.gov/ocr

The Division of Public and Behavioral Health (DPBH) has the right to change this notice and change the way your health information is protected. If that happens, we will make corrections and we will post it in our offices and on our web site.

English
Attention: If you speak Spanish, you have access to free linguistic services.
Call: 1-866-569-1746 (TTY: 7-1-1)

Spanish
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-569-1746 (TTY: 7-1-1).

Tagalog
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-569-1746 (TTY: 7-1-1).

Chinese
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-866-569-1746 (TTY: 7-1-1)

Korean
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-569-1746 (TTY: 7-1-1)번으로 전화해 주십시오.

Vietnamese
CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-569-1746 (TTY: 7-1-1).

Amharic
ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-866-569-1746 (መስማት ለተሳናቸው: 7-1-1).

Thai
เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-866-569-1746 (TTY: 7-1-1).

Japanese
注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-866-569-1746 (TTY: 7-1-1) まで、お電話にてご連絡ください。

Arabic
ركذا الـلغة، نإف تـامدخ قدعا سملا قيـوغـللا رفـاوتـت كـل نـاجملاب. لـ صـ تـا مـ قرب xxx-xxx-xxxx-1 (مـقر
ةظوحـلم: اذإ تـ نك ثـ دحـ تت .

(1-1-7 YTT) 6471-965-668-1 :فاتهمصلامک بلاو

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-569-1746 (телетайп: 7-1-1).

French

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-569-1746 (ATS : 7-1-1).

Persian

1-866-569-1746 **توجه:** یبریگارربصوزبانیتسهیلاکنید،میگفتگوسیفازبابهگر
هاهترننااتتس (TTY: 7-1-1) بگیریدتماب.باشدمیماافرشما.(1

Samoan

MO LOU SILAFIA: Afai e te tautala Gagana fa'a Sāmoa, o loo iai auaunaga fesoasoan, e fai fua e leai se totogi, mo oe, Telefoni mai: 1- 866-569-1746. TTY 7-1-1

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-569-1746 (TTY: 7-1-1).

Ilocano

PAKDAAR: Nu saritaem ti Ilocano, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Awagan ti 1-866-569-1746 (TTY: 7-1-1).

Relay Nevada

Hamilton Relay provides traditional relay services for the state of Nevada including TTY, Voice Carry Over (VCO), Hearing Carry Over (HCO), Speech-to-Speech (STS), Spanish-to-Spanish and CapTel®.

Details regarding all of the available services in Nevada can be found under the Options tab above.

When you connect with Relay Nevada, an Operator (OPR) will connect on the phone with you. Simply give the OPR the number you wish to call and your call will be processed promptly, professionally and accurately.

How to Connect

Dial 7-1-1 to use Hamilton Relay in Nevada or call one of the toll free numbers below:
TTY/ASCII/HCO: 800-326-6868
Voice: 800-326-6888
Spanish: 800-877-1219
STS: 888-326-5658
VCO: 800-326-4013
If you are traveling out of State or you are in a State that is not served by Hamilton Relay, you can place interstate calls by calling:
TTY: 800-833-5833 (toll-free)
Voice: 800-833-7833 (toll-free)