



Notice of Privacy Practice

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED BY Nevada Neurodevelopmental Services AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

UNDERSTANDING YOUR PROTECTED HEALTH INFORMATION (PHI):

Understanding what is in your health record and how your health information is used will help you to ensure its accuracy, allow you to better understand who, where, and why others may access your health information, and assist you in making more informed decisions when authorizing disclosure to others. When you visit us, we keep a record of your symptoms, examination, test results, diagnoses, and other medical information. We also may obtain health records from other providers. In using and disclosing this protected health information (PHI), we will follow the Privacy Standards of the Federal Health Insurance Portability and Accountability Act, 45CFR Part 464. The law allows us to use and disclose PHI without your specific authorization for treatment, payment, operations, and other specific purposes explained in this document. This includes contacting you for appointment reminders and follow-up care.

YOUR HEALTH INFORMATION RIGHTS: You have the right to:

- Request a restriction of the uses and disclosures of PHI as described in this notice, although we are not required to agree to the restriction that you request. You should address your request in writing. We will notify you within 30 days if we cannot agree to the restriction.
- Obtain a paper copy of this Notice and, upon written request, obtain a copy of your health record for a fee of \$.65 per page (a higher fee may be charged for pages both sides of which must be copied or items on nonstandard pages) and the actual cost of postage per NRS 629.061, except that you are not entitled access to, or to obtain a copy of, psychotherapy notes, raw neuropsychological or psychological test data, and information compiled for legal proceedings.
- Amend your health record by submitting a written request with the reasons supporting the request. In most cases, we will respond within 30 days. We are not required to agree to the requested amendment.
- Obtain an accounting of all disclosures of your health information, except that we are not required to account for disclosures for treatment, payment, operations, or pursuant to authorization, among other exceptions.
- Request in writing that we communicate with you by a specific method. We will typically communicate with you in person, or by letter, email, fax, and/or telephone.
- Revoke an authorization to use or disclose PHI at any time except where action has already been

taken.

OUR RESPONSIBILITIES: The law requires us to:

- Maintain the privacy of PHI and provide you with notice of our legal duties and privacy practice with respect to PHI.
- Abide by the terms of the notice currently in effect. We have the right to change our Notice of Privacy Practice and we will apply the change to all of your protected health information, including information obtained prior to the change.
- Post notice of any changes in our Privacy Policy in the lobby and make a copy available to you upon request.
- Use or disclose your health information only with your authorization except as described in this document.
- Follow the more stringent law in any circumstance where other state or federal law may further restrict the disclosure of your health information.

We may use or disclose your protected health information for treatment, payment, and operations, and for purposes described below:

- **Treatment:** We will use and exchange information obtained by a physician, nurse practitioner, nurse, or other healthcare professionals, staff, trainees, and volunteers in our office to determine your best course of care. The information obtained from you or from other providers will become part of your medical records. We may also disclose your health care information to other outside treatment medical professionals and staff as deemed necessary for your care. For example, we may disclose your health information to an outside doctor for referral. we will also provide your health care providers with copies of various reports to assist them in your treatment.
 - **Treatment and/or Safety Emergencies:** We may disclose information if a patient is experiencing a treatment emergency and information must be shared with other healthcare providers to ensure safety and protect the patient from immediate harm. Similarly, we may disclose information in the event that a patient becomes unable to care

for him or herself and/or threatens to cause serious physical damage/harm to him

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or herself and/or to another person. Under these circumstances, we will take actions within the limits of the law to prevent the patient from injuring him or herself and/or others and to ensure that the patient receives proper medical care.

- **Payment and/or Default on Payment:** We may send a bill to you or to your insurance carrier. The information on or accompanying the bill may include information that identifies you, as well as that portion of your PHI necessary to obtain payment. In the event that you default on payments, we may utilize the services of a collection agency and will release information in accordance with ethical and legal guidelines.
- **Legally Required Disclosures/Legal Issues:** We may disclose PHI as required by law, or in a variety of circumstances authorized by federal or state law. We may disclose PHI to law enforcement such as limited information for identification and location services or information regarding suspected victims of a crime. We may disclose PHI to others as required by court or administrative order, or in response to a valid summons or subpoena. We may disclose PHI if psychological services were sought in an effort to aid in the commission of a crime or to escape detection or apprehension related to a crime. If a patient files ethical or legal charges against our practice, we may release PHI that may be necessary for our defense.
- **Mandatory Reporting:** Our clinicians are mandatory reporters. As such, if we have reasonable cause to suspect that a minor child, disabled person regardless of age, or an elderly adult has been the victim of, or will be the victim of, physical or sexual abuse, neglect, exploitation, abandonment, or other forms of maltreatment, I am legally mandated to report to the appropriate authorities.
- **Business Associates:** There are some services provided to our organization through contracts with business associates. We may disclose your PHI to these associates so that they can perform these services. We require all business associates to safeguard your information to our standards.

Disclosures Requiring Authorization: All other disclosures of protected health information will only be made pursuant to your written authorization, which you have the right to revoke at any time, except to the extent that we have already relied upon the authorization.