



JOINT NOTICE OF PRIVACY PRACTICES

Effective: April, 2004

Last revised: March 1st, 2018

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.

If you have any questions about this notice, please contact Renown Health Corporate Compliance/Privacy office at 775-982-8300

AT A GLANCE

Who can Renown disclose your information to?	
Without your consent	<ul style="list-style-type: none"> • Doctors, nurses, and others involved in treating you. This includes providers at other hospitals, clinics, and offices who have a treatment relationship with you. • To insurance companies unless you pay for your visit in its entirety out of pocket up front and request your insurance not be billed. • For healthcare operations such as quality reviews, safety and privacy investigations, or any other business need. • As required by law. Nevada and Federal regulations require reporting of certain conditions, infections, illnesses, acts of violence, and other situations.
Situations where you have the opportunity to object or opt-out	<ul style="list-style-type: none"> • To be included in the facility directory. This allows your family, friends, and loved ones to call the hospital switchboard and be connected to your room or to visit you. Please inform the Registration Clerk if you want to opt out of the facility directory. • With your consent, our staff may discuss limited information with your family and friends about your condition or treatment. If you are unable to consent, staff will use professional judgment on whether the disclosure is in your best interest. • Renown may disclose information about you to the Renown Health Foundation for fundraising purposes. You may opt out of this by calling 775-982-8300 or by writing to the address below.

WHO WILL FOLLOW THIS NOTICE:

This notice describes the practices of Renown Health. Renown Health includes its employees, physician staff, trainees, volunteer groups, medical students, anyone authorized to enter information into your medical record, contracted employees, business associates and their employees, and other health care personnel. For the purposes of this notice, the entities, will be referred to in this notice as “Renown Health.” Locations who are subject to this notice include, but are not limited to: Renown Regional Medical Center, Renown South Meadows Medical Center, Renown Rehabilitation Hospital, Renown Skilled Nursing, all Renown Medical and Specialty Groups, Renown Urgent Care, Lab, and Imaging locations, Renown Home Health, and Renown Accountable Care Organization (ACO).

OUR PLEDGE REGARDING YOUR MEDICAL INFORMATION:

We understand that information about you and your health is personal. We are committed to protecting your health information. We create a record of care and services you receive at Renown Health. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of our records of your care generated by Renown Health, whether made by Renown Health personnel or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor’s use and disclosure of your health information created in the doctor’s office or clinic.

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

We are required by law to:

- Make sure that health information that identifies you is kept private
- Give you this notice of our legal duties and privacy practices with respect to health information about you; and,
- Follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

The following categories describe different ways that we use and disclose health information. For each category of use or disclosures, we will provide examples of the types of ways your information may be used. Not every use or disclosure in each category will be listed.

- **For Treatment.** We may use health information about you to provide you with medical treatments or services. We may disclose health information about you to doctors, nurses, technicians, medical students, or other Renown Health personnel who are involved in your treatment.

- 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. The doctor may also need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. We may also disclose information to different departments, imaging and lab services. Once you leave our care, we may disclose information about you to family members, clergy, and others who are involved in your care outside Renown Health. We may also disclose information about your past treatment to other hospitals who care for you.

- **For Payment.** We may use and disclose health information about you so that the treatment and services you receive at Renown Health may be billed to, and payment may be collected from, you, an insurance company, or a third party.
 - For example, we may need to give your health plan information about surgery you received so that your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

- **For Health Care Operations.** We may use and disclose health information about you for health care operations. These uses and disclosures are necessary to run Renown Health and make sure that our patients receive quality care.
 - For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine health information about many hospital patients to decide what additional services the hospital should offer, what services are not needed, and whether certain new treatments are effective.

We may also disclose information to doctors, nurses, technicians, medical students, and other hospital personnel for review and learning purposes. We may also disclose your health information for case presentation for Tumor Conferences throughout your treatment.

- **Appointment reminders.** We may use and disclose health information to contact you as a reminder that you have an appointment for treatment or medical care. This may be done via phone, US Mail, text, or email. You have the right to determine which methods of communication may be used to contact you. Please see “Right to request confidential communications” on page eight.
- **Treatment alternatives.** We may use and disclose health information to tell you about possible treatment options or alternatives that may be of interest to you.
- **Health care providers and services.** We may use and disclose health information to tell you about affiliated health care providers and health care services that we provide that may be of interest to you.

- **Fundraising Activities.** We may use health information about you to contact you in an effort to raise money for the hospital and its operations. We may disclose health information to Renown Health Foundation, a foundation related to the hospital, so that the foundation may contact you in raising money for the hospital. We would release contact information such as your name, address, phone number, dates of treatment, and location of treatment.

If you do not want the hospital to contact you for fundraising efforts, you may notify in writing:

Renown Health Chief Compliance/Privacy Officer
1155 Mill St, Mail Stop N-14
Reno NV 89502-1474

- **Hospital Directory.** We may include certain limited information about you in the hospital directory while you are a patient at the hospital. This information may include your name, location in the hospital, your general condition (Good, fair, serious, etc.), and your religious affiliation. Unless there is a specific written request from you to the contrary, this directory information, except for your religious affiliation, may be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This information is released so your family, friends, and clergy can visit you in the hospital and to inform them of generally how you are doing.
- **Individuals involved in your care or payment for your care.** We may release health 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. Unless you object, we may also tell your family or friends your condition and that you are in the hospital. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.
- **Research.** Under certain circumstances, we may use and disclose health information about you for research purposes.
 - **For example,** a research project may involve comparing the health and recovery of all patients who received one medication to those who received another for the same condition.

All research projects are subject to a special approval process. This process evaluates a proposed research project and its use of health information, trying to balance the research needs with patients' need for privacy of their health information. We may also permit

researchers to review your information to prepare for research studies, as long as they do not remove or take a copy of your information.

- **As required by law.** We will disclose health information about you when required to do so by federal, state, or local law.
- **To avert a serious threat to health or safety.** We may use and disclose health 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. Disclosure would only be to persons who could help prevent the threat.

SPECIAL SITUATIONS

- **Organ and tissue donation.** We may disclose health information to organizations that handle and monitor organ donation and transplant.
- **Military.** If you are a member of the armed forces, we may disclose health information about you as required by military command authorities. We may also disclose health information about foreign military personnel to the appropriate foreign military authority.
- **Workers' compensation.** We may disclose health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injury or illness.
- **Public health risks.** As required by law, we may disclose health information about you for public health activities. These activities may include the following:
 - To prevent or control disease, injury, or disability;
 - To report birth and deaths;
 - To report the abuse or neglect of children, elders, and dependent adults;
 - 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; and
 - To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make the disclosure if you agree or when required or authorized by law.
- **Health Oversight Activities.** We may disclose health information to a health oversight agency for activities authorized by the law. These oversight activities include audits, investigations, inspections, and licensure. These activities are necessary for the

government to monitor the health care system, government programs, and compliance with civil rights laws.

- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process.
- **Law Enforcement.** We may release health information if asked to do so by a law enforcement official:
 - In response to a court order, subpoena, warrant, summons, or similar process;
 - To identify or locate a suspect, fugitive, material witness, or missing person;
 - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
 - About a death we believe may be the result of criminal conduct;
 - About criminal conduct at the hospital; or
 - In emergency circumstances to report a crime; the location of the crime victims; or the identity, description, or location of the person who committed the crime.
- **Coroners, Medical Examiners, and Funeral Directors.** We may disclose health 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 disclose health information about patients of the hospital to funeral directors as necessary to carry out their duties.
- **Nevada Attorney General and Grand Jury Investigations.** We may disclose health information if asked to do so by an investigator for the Nevada Attorney General, or a grand jury, investigating an alleged violation of Nevada laws prohibiting patient neglect, elder abuse, or submission of false claims to the Medicaid program. We may also disclose health information to an investigator for the Nevada Attorney General investigating an alleged violation of Nevada workers' compensation laws.
- **National Security.** We may disclose health information about you to authorized federal officials for purposes of national security.
- **Inmates.** An inmate does not have the right to this notice. If you are an inmate of a correctional facility or are under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official. This release would be necessary to provide you with health care or to protect your health and safety or health and safety of others, including the correctional institution.

- **Nevada Board of Medical Examiners/State Board of Osteopathic Medicine.** In the event that a provider is unable to keep his or her office open due to death, disability, incarceration, or other incapacitation, the Board of Medical Examiners may take possession of the patient records in the provider's possession with the intent of either making those records available to the patients or by forwarding the records to the patient's new provider.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights regarding health information we maintain about you:

- **Right to Inspect and Copy.** You have the right to inspect and copy health information that may be used to make decisions about your care. Usually this includes medical and billing records, but may not include some mental health information.

To inspect and copy health information, you must request to do so in writing using the records release form available at any location in Renown Health. We may charge you a fee for the costs of postage and copying associated with your request.

We may deny your request to inspect and copy in certain limited circumstances, such as psychotherapy notes. You may request that a denial be reviewed.

- **Right to Amend.** If you feel that health 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 by or for the hospital. To request an amendment to your record, you must send a written request providing 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. We may also 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 amendment;
 - Is not part of the records used to make decisions about you;
 - 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 receive a list of disclosures we made with your health information. This list will not include all disclosures made. This list will not include disclosures made for treatment, payment, or health care operations,

disclosures made more than six years prior, or disclosures you specifically authorized. To request this list or an “accounting of disclosures” you must submit your request in writing.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you to someone who is involved in your care or in the payment for your care, such as a family member or friend. We are not required to agree with your request, unless the request seeks a restriction on the disclosure of information to a health plan, the disclosure is for the purpose of carrying out payment or health care operations, and is not otherwise required by law, and the information relates to an item or service which you, or someone acting for you other than the health plan, has paid us in full. If we do agree with your restriction, 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.

Your request 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 (For example, disclosures to your spouse)

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about health matters in a certain way or at a certain locations. For example, you can ask that we only contact you by mail or at work. We will accommodate all reasonable requests. You must make your request in writing.
- **Right to a Paper Copy of This Notice.** You have the right to a paper 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 of this notice. You may obtain a current copy of this notice at www.Renown.org
- To make a request for: inspection of your health record, amendment to your health record, accounting of disclosures, restrictions on information we may release, or confidential communications, please submit your request in writing to:

Renown Health Chief Compliance/Privacy Officer
1155 Mill St, Mail Stop N-14
Reno, NV 89502

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective immediately for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the hospital.

The notice will contain on the first page, in the top right corner, the effective date. In addition, each time the notice is updated, you will be notified the next time we treat you.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us by contacting 775-982-8300. You may also file a complaint with the Office of Civil Rights at www.hhs.gov/ocr or you may file a complaint in writing to:

Renown Health Chief Compliance/Privacy Officer
1155 Mill St, Mail Stop N-14
Reno NV 89502-1474

You will not be penalized for filing a complaint

OTHER USES OF YOUR HEALTH INFORMATION

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you provide us permission to use or disclose health information about you by signing an authorization, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health 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.

Notice to Patients Regarding the Destruction of Health Care Records:

In accordance with NRS 629.051, your regularly maintained health records will be retained for five years after receipt or production, unless otherwise provided for by federal law. If you are less than 23 years old on the date of destruction your records will not be destroyed; after you have reached 23 years of age, your records will be destroyed after a five year retention, unless otherwise provided by federal law.

**ACKNOWLEDGEMENT OF RECEIPT
OF NOTICE OF PRIVACY PRACTICES**

I hereby acknowledge that I have received the attached Notice of Privacy Practices of Renown Health.

Signature of patient or personal representative

Relationship to patient

Print name

Date

FOR RENOWN USE ONLY

Reason acknowledgement was not obtained:

Renown employee completing this form (*Please print*): _____

Date: _____

Renown Entity: _____

Scan form to: HIPAA

Notice of Privacy Practices	Audit and Compliance 1155 Mill St MS N-14 Reno NV 89502 775-982-8300  HIPAA	Patient Label
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