



Notice of Privacy Practices

Your Information. Your Rights. Our Responsibilities.

Effective: April, 2004

Last revised: January 1, 2021

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.**

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).

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory

Effective April 2004

Revision History: 1/2021; 3/2018; 7/2015; 3/2007

- Provide mental health care
- Market our services and sell your information
- Raise funds

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly. You may obtain a current copy of this notice at www.Renown.org

- To make a request for: inspection of 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

- To make a request for an amendment to your health record, please mail in your request to:

Release of Information
850 Harvard Way, Mailstop B-3
Reno, NV 89502

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

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

- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

We will not retaliate against you for filing a complaint

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to not:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.
- 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

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you

We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

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.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Conduct 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.

We may contact you to see if you are interested in participating in a research study, unless you opt-out. If you would like to opt-out of receiving information related to research opportunities, you may contact the following ways:

By phone: 775-982-2781

By email: opt-out@renown.org

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

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.

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.

Addiction Treatment

Renown will comply with 42 CFR Part 2 for any programs that are subject to its oversight.

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.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

**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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