

**Nevada Health Centers, Inc.**  
**Administrative Office**

3325 Research Way, Carson City, NV 89706 • 775.887.1590

Dear Patient:

The protection of your health information is important to us at Nevada Health Centers, Inc. (NVHC). As a requirement of the Health Insurance Portability and Accountability Act (HIPAA), NVHC has developed a Notice of Privacy Practices. We encourage you to thoroughly review the document and become familiar with how your personal health information will be used and safeguarded, as well as your rights regarding the protection of your personal data. The information in this notice is effective April 14, 2003.

Protected health information is individually identifiable health information. This information includes demographics, for example, age, address, e-mail address, and relates to your past, present, or future physical or mental health or condition and related healthcare services. NVHC is required by law to do the following:

- Make sure that your protected health information is kept private.
- Give you notice of our legal duties and privacy practices related to the use and disclosure of your protected health information.
- Follow the terms of the notice currently in effect.
- Communicate any changes in the notice to you.

Nevada Health Centers is part of an organized healthcare arrangement including participants in OCHIN. A current list of OCHIN participants is available at [www.ochin.org](http://www.ochin.org). As a business associate of Nevada Health Centers, OCHIN supplies information technology and related services to Nevada Health Centers and other OCHIN participants. OCHIN also engages in quality assessment and improvement activities on behalf of its participants. For example, OCHIN coordinates clinical review activities on behalf of participating organizations to establish best practice standards and assess clinical benefits that may be derived from the use of electronic health record systems. OCHIN also helps participants work collaboratively to improve the management of internal and external patient referrals. Your personal health information may be shared by Nevada Health Centers with other OCHIN participants or a health information exchange only when necessary for medical treatment or for the healthcare operations purposes of the organized healthcare arrangement. Healthcare operation can include, among other things, geocoding your residence location to improve the clinical benefits you receive.

The personal health information may include past, present and future medical information as well as information outlined in the Privacy Rules. The information, to the extent disclosed, will be disclosed consistent with the Privacy Rules or any other applicable law as amended from time to time. You have the right to change your mind and withdraw this consent, however, the information may have



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already been provided as allowed by you. This consent will remain in effect until revoked by you in writing. If requested, you will be provided a list of entities to which your information has been disclosed. NVHC reserves the right to change this notice. Its effective date is at the top of the first page and at the bottom of the last page. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. A laminated copy of this notice is available in the clinic. You may obtain a Notice of Privacy Practices by accessing the NVHC web site, **nvhealthcenters.org**, or by calling the Privacy Officer and requesting a copy to be mailed to you, or by asking for a copy at the clinic.

You are being asked to sign to acknowledge receipt of information about NVHC Notice of Privacy Practices.

If you have any questions about the privacy notice, feel free to ask at the clinic or contact the NVHC Privacy Officer at Carson City Administration Office, 3325 Research Way, Carson City, NV 89706, or by phone at **775.887.1590**. For additional information regarding your privacy rights, you may also visit the Nevada Health Centers web site at **nvhealthcenters.org**.

Sincerely,

Bill Cohen  
HIPAA Privacy Officer

<b>Nevada Health Centers, Inc. Acknowledgement of Receipt of Documents</b>	
I hereby acknowledge that I have received or read the following documentation:	
<ul style="list-style-type: none"> <li>• <b>HIPAA (<i>Health Insurance Portability and Accountability Act</i>)</b></li> </ul>	
_____	_____
Signature of Patient or Personal Representative	*Relationship to Patient
_____	
Print Name	
_____	_____
Patient's Date of Birth	Date
Nevada Health Center Clinic: _____	