

**University of Nevada, Reno  
School of Medicine  
Nevada State Public Health  
Laboratory**

**NOTICE OF PRIVACY PRACTICES**

*This Notice Describes:*

- HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED
- HOW YOU CAN GET ACCESS WITH RESPECT TO YOUR MEDICAL INFORMATION
- HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR MEDICAL INFORMATION OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION
- PLEASE REVIEW CAREFULLY

YOU HAVE A RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH THE **PRIVACY COMPLIANCE OFFICER** AT [compliance@med.unr.edu](mailto:compliance@med.unr.edu) OR Privacy Compliance Officer, University of Nevada Reno School of Medicine, 1664 N. Virginia St. MS 0346, Reno NV IF YOU HAVE ANY QUESTIONS.

**I. Who We Are.**

This patient notice (“Notice”) describes the privacy practices of the University of Nevada, Reno School of Medicine – Nevada State Public Health Laboratory (“NSPHL”). This Notice is prepared in accordance with the regulations governing the privacy of substance use disorder (“SUD”) treatment records found at 42 C.F.R. Part 2 (“Part 2”). NSPHL reserves the right to change the terms of this Notice and to make the new notice provisions effective for records that it maintains. If NSPHL revises this Notice, it will provide you with a copy by posting it on our website and at clinic locations. It will also provide a copy of the then-current Notice upon request.

While treating you, our employees, volunteers, students, and health care professionals affiliated with NSPHL follow this Notice. In addition, any person involved in your care, entities, sites, and locations may share medical information about you with each other for treatment, payment, or health care operations as described in this Notice.

We are required by law to maintain the privacy of your health information and to provide you with this Notice.

**Our Duties to Safeguard your Protected Health Information.**

Protected Health Information (“PHI”) is any information related to your health care that is shared or maintained in any manner. It includes your insurance information as well. This Notice applies to all PHI generated by NSPHL. Non-NSPHL providers may have different policies or notices regarding the provider’s use and disclosure of your medical information created in the provider’s office.

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

PHI.

We are required by law to:

- maintain the privacy of your PHI and SUD Records (defined below);
- to provide you with this Notice;
- follow the terms of the Notice that is currently in effect; and
- to notify you following a breach of any unsecured versions of SUD Records.

**II. How the University of Nevada, Reno School of Medicine – Nevada State Public Health Laboratory May Use and Disclose Medical Information About You - Treatment, Payment, and Health Care Operations.**

**Single Consent.** Except in an emergency or other special situations, you may provide a single consent for all future uses or disclosures of SUD Records to your treating providers, health plans, third-party payers, and people helping to operate SHC's program for the purposes of treatment, payment, and/or health care operations pursuant to Part 2, so that we may use and disclose your PHI and/or SUD Records for the following purposes:

**Treatment.** We may use and disclose PHI and/or SUD Records about you in connection with your treatment, for example, to diagnose you. In addition, we may contact you to remind you about appointments, give you instructions prior to tests or surgery, or inform you about treatment alternatives or other health-related benefits or services. We may also disclose your PHI and/or SUD Records to other providers, doctors, nurses, technicians, medical students, clinical personnel, or other health care facilities or entities for treatment, care coordination or quality improvement activities. We will communicate this PHI and/or SUD Records using phone, fax, mail, or electronic transfer.

**Payment.** We may use and disclose your PHI and/or SUD Records to obtain payment for services we provide to you. For example, we may contact your insurance company to pay for the services you receive, to verify that your insurer will pay for the services, to coordinate benefits, or to collect any outstanding accounts.

**Health Care Operations.** We may use and disclose your PHI and/or SUD Records for health care operations, which include activities related to evaluating treatment effectiveness, teaching and learning purposes, evaluating the quality of our services, investigating complaints related to service, fundraising activities, and marketing activities. An Accountable Care Organization (ACO) is a group of physicians, hospitals, and other health care providers that come together voluntarily to give coordinate care to Medicare beneficiaries. NSPHL may participate in ACOs and other value-based entities from time to time, so NSPHL may share PHI with providers within the ACO or other value-based entities for purposes such as evaluating outcomes and ensuring quality care.

**Other Health Care Providers.** We may also disclose your PHI and/or SUD Records to other health care providers when such PHI and/or SUD Records are required for them to treat you, receive payment for services you receive, or conduct certain health care operations. For example, we will share your PHI and/or SUD Records with an ambulance company so the ambulance company can be reimbursed for transporting you.

**Health Information Exchange.** A health information exchange ("HIE") is a network that allows HIE participants to share patients' PHI and/or SUD Records for treatment, payment, and healthcare operations purposes and other lawful purposes to the extent permitted by law

(“Permitted Purposes”). HIEs make it possible for us to electronically share patients’ PHI and/or SUD Records to coordinate care, obtain billing information, and participate in quality improvement, public health, and population health initiatives, among other things. Participants in the HIE may be healthcare providers, their billing companies, insurers, health plans, and accountable care organizations (“Participants”). Note that sensitive information (such as information relating to mental health, drug and alcohol treatment, HIV status, and sexually transmitted diseases) may be contained in the documents accessed through the HIE.

NSPHL may participate in HIEs from time to time solely for the Permitted Purposes.

**Opting Out of HIEs.** You may opt out of participating in all of the HIEs NSPHL participates in by contacting the Privacy Compliance Officer.

### **III. Other Uses and Disclosures of Your PHI for which Authorization is Not Required.**

Unless NSPHL has a consent signed by you, it may only disclose records related to you that are maintained now or in the future by NSPHL in its electronic health record including, but not limited to, SUD treatment records—except, subject to certain exceptions, SUD counseling notes (“SUD Records”) in accordance with the limited circumstances permitted by Part 2 related to:

**Disclosure to Relatives and Close Friends.** We may disclose your PHI to a family member, other relative, a close personal friend or any other person if we: 1) obtain your agreement; 2) provide you with the opportunity to object to the disclosure; or, 3) we can reasonably infer that you do not object to the disclosure. Disclosure of SUD Records is subject to a stricter standard.

**Incapacity or Emergency Circumstances.** If you are not present, or the opportunity to agree or object to a use or disclosure cannot practicably be provided because of your incapacity or an emergency circumstance, we may exercise our professional judgment to determine whether a disclosure of PHI to relatives and/or close friends is in your best interest (disclosure of SUD Records is subject to a stricter standard). If we disclose information to a family member, other relative, or a close personal friend, we would disclose only information that is directly relevant to the person’s involvement with your health care.

**Fundraising.** We may contact you to request a contribution to support important activities of NSPHL or their foundations, if any. In connection with any fundraising, we may use and disclose your demographic information as well as the dates on which you received health care services, the department where you received your services, your treating physician, and outcome information related to your care.

**Opting Out of Fundraising Communications:** You may elect not to receive such fundraising communications by contacting the Privacy Compliance Officer.

**Public Health Activities.** We may disclose your PHI and/or SUD Records for public health activities under certain circumstances, including the following:

- Reporting births or deaths
- To prevent or control disease, injury, or disability
- To report child abuse or neglect

- To report reactions to medications or problems with products
- To notify individuals who may have been exposed to a disease or may be at risk for contracting a disease or condition
- Reporting PHI and/or SUD Records to your employer as required by laws addressing work-related illnesses and injuries or workplace medical surveillance

**Victims of Abuse, Neglect or Domestic Violence.** If we reasonably believe you are a victim of abuse, neglect or domestic violence, in accordance with current Nevada law, we may disclose your PHI and/or SUD Records to a governmental authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect, or domestic violence.

**Health Oversight Activities.** We may disclose your PHI and/or SUD Records to a health oversight agency that is responsible to ensure compliance with rules of government health programs such as Medicare and Medicaid. These oversight activities include, for example, audits, investigations, inspections and licensure.

**Legal Proceedings and Law Enforcement.** PHI and/or SUD Records, or testimony relaying the content of such records, will not be used or disclosed in any civil, administrative, criminal, or legislative proceedings against you unless based on specific written consent or a court order. Records will only be used or disclosed based on a court order after notice and an opportunity to be heard is provided to you and/or NSPHL as the holder of the record required by Part 2 and 42 U.S.C. 290dd-2, which are a federal statute and set of regulations that, among other things, protect the privacy of SUD treatment records. A court order authorizing use or disclosure must be accompanied by a subpoena or other similar legal mandate compelling disclosure before the record is used or disclosed.

**Deceased Persons.** We may release PHI to a coroner or medical examiner authorized by law to receive such information.

**Organ and Tissue Donation.** We may disclose your PHI and/or SUD Records to organizations that obtain organs or tissues for banking and/or transplantation.

**Public Safety.** We may use or disclose your PHI and/or SUD Records to prevent or lessen a serious or imminent threat to the safety of a person or the public.

**Research.** Usually, we will ask for your permission or authorization before using your PHI and/or SUD Records for research purposes. However, we may use and disclose your PHI and/or SUD Records without your authorization if a qualified Institutional Review Board (“IRB”) has waived the authorization requirement. An IRB is a committee that oversees and approves research involving human subjects.

**Disaster Relief Efforts.** We may disclose your PHI and/or SUD Records to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

**Military, National Defense, and Security.** We may release your PHI and/or SUD Records if required for military, national defense and security, and other special government functions.

**Workers' Compensation.** We may release your PHI and/or SUD Records for workers'

compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

**Communications from Us.** We may use or disclose your PHI and/or SUD Records to identify health-related services and products that may be beneficial to your health, such as notification of a new physician and/or additional products and services, and then contact you about those products and services. If you do not wish to receive information of this type, please contact the Privacy Compliance Officer.

**As Required by Law.** We may use and disclose your PHI and/or SUD Records when required to do so by any other laws not already referenced above.

#### **IV. Uses and Disclosures Requiring Your Specific Authorization.**

**Highly Confidential Information.** Federal and State laws require special privacy protections for certain highly confidential information about you. This includes PHI that is: 1) maintained in psychotherapy notes or SUD counseling notes; 2) documentation related to mental health or developmental disabilities services; 3) drug and alcohol abuse, prevention, treatment and referral information; and, 4) information related to HIV status, testing and treatment as well as any information related to the treatment or diagnosis of sexually transmitted diseases. Generally, we must obtain your authorization to release this type of PHI. However, there are limited circumstances under the law when this type of PHI may be released without your consent. For example, certain sexually transmitted diseases must be reported to the Department of Health.

**Other Uses or Disclosures Not Described in This Notice.** Other uses and disclosures of PHI and/or SUD Records not covered by this Notice or permitted under the laws that apply to us will be made only with your written permission. Except as permitted under this Notice or as permitted by law, we will seek your written permission prior to using or sharing your information for marketing purposes or selling your information.

**Revocation.** Even after you give consent, you have the right to revoke that consent at any time in writing delivered to the address contained in this Notice or to the following email address: compliance @med.unr.edu. After NSPHL receives your written notice to revoke, it will terminate your earlier consent within five business days. Prior to such termination, NSPHL may have shared some or all of my information or otherwise taken action in reliance on your consent; neither the organization nor any of its representatives are liable for any release of information during such time.

#### **V. Your Rights Regarding Medical Information About You.**

You have the following rights regarding PHI and/or SUD Records we maintain about you as provided in Part 2. To exercise any of the following rights, please contact the Privacy Compliance Officer in person, via mail, via telephone, or via email using the contact information on the first page of this Notice. Include a description of the right that you wish to exercise, a description of how you wish to exercise it, and your contact information so that we may contact you with questions.

**Right to Obtain.** You have the right to request your PHI and/or SUD Records, excluding psychotherapy notes, SUD counseling notes, and/or information compiled for legal

proceedings, in a hard-copy or electronic format if we maintain the PHI and/or SUD Records in an electronic format. You may be charged a fee of \$.60 per page and the actual costs of postage associated with your request per **NRS 629.061**.

**Right to Inspect and Copy.** You have the right to inspect and copy PHI and/or SUD Records that may be used to make decisions about your care, excluding psychotherapy notes, SUD counseling notes and/or information compiled for legal proceedings. You may be charged a fee of \$.60 per page and the actual costs of postage associated with your request per **NRS 629.061**.

We may deny your request to inspect and copy in certain very limited circumstances. You may request a professional review of the denial. If you request a review, then we will designate another NSPHL-licensed healthcare professional to review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

**Right to Amend.** You have the right to request that we amend the PHI and/or SUD Records we keep about you in your medical and billing records by submitting a written request with the reasons supporting the request to the Privacy Compliance Officer. In most cases, we will respond within 30 days. We are not required to agree to the requested amendment. We will ask your provider(s) to review amendment requests to the medical record. We may deny your request if we believe the information you wish to amend is accurate, current, and complete without your requested amendment, or the PHI was not created by NSPHL, or other special circumstances apply.

**Right to an Accounting of Disclosures.** You have the right to request a record of all disclosures of your PHI and/or SUD Records in electronic form for the past 3 years and a right to an accounting of disclosures as set forth in the HIPAA regulations for all other disclosures made with consent.

To request this list or accounting of disclosures, you must submit your request in writing to:

Attn: Privacy Compliance Officer  
University of Nevada Reno School of Medicine  
1664 N. Virginia St., MS 0346  
Reno, NV 89557

**Right to Request Restrictions.** You have the right to request restrictions of disclosures made with prior consent for purposes of treatment, payment and health care operations. We are not required to agree to your request. If we agree to a restriction, we will abide by restrictions unless a disclosure is needed to provide you emergency treatment.

You also have the right to request a restriction of disclosure of your PHI and/or SUD Records to your health plan for those services for which you have paid in full. If you request we not share your PHI and/or SUD Records with your medical insurer or other third-party payer, we will honor your request, provided you pay in full for the health care item or service.

To request restrictions, you must make your request in writing to the Privacy Compliance Officer. In your request, you 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 medical matters in a certain way or at a certain location. To request confidential communications, you must make your request in writing to the Privacy Compliance Officer at the address or email listed herein. We will accommodate reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to Revoke Your Authorization.** You may revoke your authorization for us to use and disclose your PHI and/or SUD Records at any time by submitting a request in writing to the Privacy Compliance Officer.

**Right to List.** You have a right to a list of disclosures by an intermediary for the past 3 years. To request such a list, you must make your request in writing to the Privacy Compliance Officer. Your request must specify the disclosing intermediary.

**Notice.** You have the right to obtain a paper or electronic copy of this Notice upon request. To request this Notice, you must make your request to the Privacy Compliance Officer and specify if you wish to receive this Notice in paper or electronic format.

You also have the right to discuss and ask questions about this Notice. Questions should be directed to the Privacy Compliance Officer.

**Fundraising.** You have the right to elect not to receive fundraising communications, as discussed above.

**Complaints.** You have the right to submit a complaint to NSPHL and to the Secretary of the Department of Health and Human Services if you believe your privacy rights have been violated, as discussed in more detail below. You will not be retaliated against for filing a complaint.

**Re-Disclosure:** Be advised of the potential for information disclosed pursuant to the HIPAA Privacy Rule to be subject to redisclosure by the recipient and no longer protected by the HIPAA Privacy Rule, 45 CFR Part 464..

## **VI. Changes to This Notice.**

We reserve the right to change this Notice. Revised Notices will be posted in appropriate locations and online. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. A copy of the current Notice is available upon request.

## **VII. Complaints.**

If you believe your privacy rights have been violated, you may file a complaint in writing with the Privacy Compliance Officer at:

Attn: Privacy Compliance Officer  
University of Nevada, Reno School of Medicine  
1664 N. Virginia St., MS 0346  
Reno, NV 89557

You may also wish to file a complaint with the Office for Civil Rights of the U. S. Department of Health and Human Services.

<https://www.hhs.gov/ocr/complaints/index.html>

*We will not retaliate against you if you file a complaint.*

**VIII. Breach Notification.**

We will notify you in the event of a breach (as defined by HIPAA) of your PHI and/or SUD Records.

This Notice is effective: December 30, 2025

## **NOTICE OF NONDISCRIMINATION**

### **Discrimination Is Against the Law**

University of Nevada, Reno and its School of Medicine comply with applicable Federal civil rights laws and does not discriminate or exclude people on the basis of race, religion, color, national origin, ancestry, age, disability, sex, parental status, political affiliation, military service, or relationship status.

University of Nevada, Reno and its School of Medicine:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters;
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact the Privacy Compliance Officer.

### Acknowledgment of Receipt and Expiration of Agreement

Federal law requires that we seek your acknowledgment of receipt of this Notice of Privacy Practices, effective December 30, 2025. Please signify your acknowledgement with your signature beneath the following statement:

I have received or I have been provided the opportunity to receive a copy of the "Notice of Privacy Practices" that explains when, where, and why my confidential health information may be used or shared. I acknowledge that University of Nevada, Reno and its School of Medicine, the physicians, the nurses, and other University of Nevada, Reno School of Medicine staff may use and share my confidential health information with others in order to treat me, in order to arrange for payment of my bill and for issues that concern University of Nevada, Reno and its School of Medicine's operations and responsibilities. I further acknowledge that I understand that if I have any questions regarding this Notice, or wish to file a complaint, I may contact the University of Nevada, Reno School of Medicine Privacy Officer listed below. I also understand that no other staff member, physician or nurse or any other person is authorized to accept a request to exercise my rights but the privacy officer for University of Nevada, Reno School of Medicine.

Expiration of Agreement: This acknowledgement will remain in effect for 12 months from the date of my signature. After this period, the terms of this Notice will expire unless updated or renewed.

**Privacy Compliance Officer**

University of Nevada, Reno School of Medicine  
1664 N. Virginia Street, Mail stop: MS0346  
Reno, Nevada 89557  
Tel (775) 784-6214

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**If patient is a minor:**

Signature of Patient representative: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

## Revocation of Consent for Use and Disclosure of Protected Health Information (PHI)

You have the right to revoke any consent or authorization you have previously given regarding the use or disclosure of your Protected Health Information (PHI) under the Notice of Privacy Practices.

- **How to Revoke Consent:** To revoke your consent, you must submit a written request to the University of Nevada, Reno School of Medicine Privacy Officer. The request should clearly state that you are revoking consent for the use or disclosure of your PHI.
- **Impact of Revocation:** Revoking your consent will not affect any actions that have already been taken based on your previous consent.
- **Acknowledgement of Revocation:** Once your revocation is received, we will provide written acknowledgment. Processing may take up to 5-10 business days.

**Instructions for Submitting Your Revocation.** Please complete the form below to revoke your consent. After filling it out, submit it to the Privacy Officer via one of the following methods:

- Mail: Privacy Officer  
University of Nevada, Reno School of Medicine  
1664 N. Virginia Street, Mail stop: MS0346  
Reno, Nevada 89557
- Email: [compliance@med.unr.edu](mailto:compliance@med.unr.edu)

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### **Revocation of Consent Form**

To: University of Nevada, Reno School of Medicine  
Privacy Officer  
1664 N. Virginia Street, Mail stop: MS0346  
Reno, Nevada 89557

**Date:** \_\_\_\_\_

**Patient Information:**

Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Subject: Revocation of Consent for Use and Disclosure of Protected Health Information**

Dear Privacy Officer,

I, the undersigned, revoke my consent for use and disclosure of my Protected Health Information (PHI) as described in the Notice of Privacy Practices provided by the University of Nevada, Reno School of Medicine. Specifically, I revoke my consent for use and/or disclosure of my health information for (specify details or leave blank for general revocation):

\_\_\_\_\_

\_\_\_\_\_

Please confirm receipt of this revocation. I may contact the Privacy Officer with any questions.  
Sincerely,

\_\_\_\_\_  
Signature of Patient or Legal Guardian

\_\_\_\_\_  
Printed Name of Patient or Legal Guardian

Relationship to Patient (if applicable)

NPP\_2025rev

