



**75 Pringle Way Ste 1002
Reno, NV 89502
(775) 323-7500**

**EFFECTIVE DATE OF THIS NOTICE:
March 01, 2003
Revised – September 11, 2013**

**NOTICE OF PRIVACY PRACTICES
PLEASE REVIEW THIS NOTICE CAREFULLY**

A. OUR COMMITMENT TO YOUR PRIVACY

Our practice is dedicated to maintain the privacy of your Individually Identifiable Health Information (IIHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We are also required by law to provide you with this notice of our legal duties and the privacy practice that we maintain in our practice concerning your IIHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- * How we may use and disclose you IIHI.
- * Your privacy rights in your IIHI.
- * Our obligations concerning the use and disclosure of your IIHI.

The terms of the notice apply to all records containing your IIHI that are created or retained by our practice. We reserve the right to revise and/or amend this Notice of Privacy Practices. A revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past and for any of your records that we create or maintain in the future. Our practice will post a copy of our current Notice in our offices in a visible location at all times. You may request a copy at any time.

B. IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE PLEASE CONTACT:

Our Privacy Officer at (775) 323-7500, 75 Pringle Way Ste 1002, Reno, Nv. 89502.

C. WE MAY USE AND DISCLOSE YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (IIHI) IN THE FOLLOWING WAYS

1. Treatment. Our practice may use your IIHI to treat you. For example, we may ask you to have a laboratory test (such as urine, blood or biopsies) and we may use the results to help us reach a diagnosis. We might use your IIHI in order to write a prescription for you or we might disclose your IIHI to a pharmacy when we order a prescription for you. Many of the people who work for or practice- including, but not limited to, our doctors and nurses may use or disclose your IIHI in order to treat you or to assist others in your treatment.

Additionally, we may disclose your IIHI to others who may assist in your care, such as your spouse, children or parents.

2. Payment. Our practice may use and disclose your IIHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to clarify that you are eligible for benefits (and for what range of benefits) and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for your treatment. We also may use and disclose your IIHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your IIHI to bill you directly for services and items. *** Out-Of-Pocket-Payments.** If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

3. Health Care Operations. Our practice may use and disclose your IIHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our practice may use your IIHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice.

4. Appointment Reminders. Our practice may use and disclose your IIHI to contact you and remind you of an appointment, etc. by phone calls e-mails or mail.

5. Release of Information to Family/Friends. Our practice may release your IIHI to a friend or family member that is involved in your case, or who assists in taking care of you. For example, a parent or guardian may ask that a babysitter take their child to the doctor's office for treatment. In this example, the babysitter may have access to this child's medical information if the practice has received written notice that is signed and dated from a parent or guardian authorizing the babysitter to have access.

6. Disclosure Required by Law. Our practice will use and disclose your IIHI when we are required to do so by federal, state or local law.

D. USE AND DISCLOSURES OF YOUR IIHI IN CERTAIN SPECIAL CIRCUMSTANCES.

1. Public Health Risks. Our practice may disclose your IIHI to public health authorities that are authorized by law to collect information for the purpose of:

* Maintaining vital records, such as birth and deaths.

- * Reporting child abuse or neglect.
- * Preventing or controlling disease, injury or disability.
- * Notifying a person regarding potential exposure to a communicable disease.
- * Notifying a person regarding a potential risk for spreading or contracting a disease or condition.
- * Reporting reactions to drugs or problems with products or devices.
- * Notifying individuals if a product or device they may be using has been recalled.
- * Notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence) however, we will only disclose this information: if the patient agrees or we are required by law to disclose this information: notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

2. Health Oversight Activities. Our practice may disclose your IIHI to all health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions: civil, administrative and criminal procedures or actions: or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

3. Lawsuits and Similar Proceedings. Our practice may use and disclose your IIHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We may also disclose your IIHI in response to a discovery request, subpoena or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

4. Law Enforcement. We may release your IIHI if asked to do so by a law enforcement official:

- * Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement.
- * Concerning a death we believe has resulted from criminal conduct.
- * Regarding criminal conduct at our offices.
- * In response to a warrant, summons, court order, subpoena or similar legal process.
- * To identify, locate a suspect, material witness, fugitive or missing person.
- * In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator)

5. Research. Our practice may use and disclose your IIHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your IIHI for research purposes except when: (a) our use or disclosure was approved by an Institutional Review Board or a Private Board; (b) we obtain the oral or written agreement of a researcher that (i) the information being sought is necessary for the research study; (ii) the use or disclosure of your IIHI is being used only for the research and (iii) the researcher will not remove any of your IIHI from our practice: or (c) the IIHI sought by the researcher only relates to decedents and the researcher agrees either orally or in writing that the use or disclosure is necessary for the research and, if we request it, to provide us with proof of death prior to access to the IIHI of the decedents.

6. Serious Threats to Health or Safety. Our practice may use and disclose your IIHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

7. Military. Our practice may disclose your IIHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

8. National Security. Our practice may disclose your IIHI to federal officials for intelligence and national security activities authorized by law. We may also disclose your IIHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

9. Inmates. Our practice may disclose your IIHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.

10. Workers Compensation. Our practice may release your IIHI for workers' compensation and similar programs.

E. YOUR RIGHTS REGARDING YOUR IIHI

1. Confidential Communications. You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to *WSG's Privacy Officer* specifying the requested method of contact, or the location where you wish to be contacted. You do not need to give a reason for your request.

2. Requesting Restrictions. You have the right to request a restriction in our use or disclosure of your IIHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your IIHI to only certain individuals involved in your case or the payment for your care, such as family members and friends.

We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your IIHI, you must writing to *WSG's Privacy Officer*. All requests for an AoD must make your request in writing to *WSG's Privacy Officer*. Your request must describe in a clear and concise fashion: (a) the information you wish restricted, (b) whether you are requesting to limit our practice's use, disclosure or both, (c) to whom you want the limit to apply.

3. Inspection and Copies. You have the right to inspect and obtain a copy of the IIHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to *WSG's Privacy Officer* in order to inspect and/or obtain a copy of your IIHI. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your

request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews. * **Right to an Electronic Copy of Electronic Medical Records.** If your Protected Health Information (PHI) is maintained in an electronic format you have the right to request that an electronic copy of your records be given to you or transmitted to another individual or entity. We will make every effort to provide access to your PHI in the form or format you request, if it is readily producible in such a form or format. If the PHI is not readily producible in the form or format you requested your records will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

4. Amendment. You may ask us to amend your health information if you believe it is incorrect or incomplete and you may request amendment for as long as the information is kept by or for our practice. To request an amendment your request must be made in writing and submitted to *WSG's Privacy Officer*. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is, in our opinion, (a) accurate and complete, (b) not part of the IIHI kept by or for the practice, (c) not part of the IIHI which you would be permitted to inspect and copy or (d) not available to amend the information.

5. Accounting of Disclosure (AoD). All of our patients have the right to request an AoD. An AoD is a list of certain non-routine disclosures our practice has made of your IIHI for non-treatment or operations purpose. Use of your IIHI as part of the routine patient care in our practice is not required to be documented. For example, the doctor shares information with the nurse, or the billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in time period, which may not be longer than 6 years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12 month period is free of charge but our practice may charge you for additional lists within the same 12 month period. Our practice will notify you of the costs involved with additional requests and you may withdraw your request before you incur any costs.

6. Right to a Paper Copy of this Notice. You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact *WSG's Privacy Officer*.

7. Right to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact our *Privacy Officer*. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

8. Right to Get Notice of a Breach. You have the right to be notified upon a breach of any of your unsecured PHI.

9. Right to Provide an Authorization for Other Uses and Disclosures. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or

permitted by applicable law. Any authorization you provide to us regarding the use and disclosures of your IIHI may be revoked at any time in writing. After you revoke your authorization we will no longer use or disclose your IIHI for the reasons described in the authorization. Please note, we are required to retain records of your care. * **Data Breach Notification Purpose.** We may use or disclose your PHI to provide legally required notices of unauthorized access to or disclosure of your health information. * **Coroners, Medical Examiners and Funeral Directors.** We may disclose PHI to a coroner, medical examiner or funeral director so that they can carry out their duties. * **Disaster Relief.** We may disclose your PHI to disaster relief organizations that seek your PHI to coordinate your care or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practicably can do so. * **Fundraising Activities.** We may use or disclose your PHI, as necessary, in order to contact you for fundraising activities. You have the right to opt out of receiving fundraising communications.

Again, if you have any questions regarding this notice of our health information privacy policies, please contact our Privacy Officer at (775) 323-7500, 75 Pringle Way Ste 1002, Reno, Nv. 89502.