



## **Notice of Privacy Practices**

The Notice of Privacy Practices is required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This notice describes how health information about you or your legal dependent (as a patient of FirstMed) may be used and disclosed, and how you can access to your individually identifiable health information.

Please review this notice carefully

1. Our commitment to your privacy:

FirstMed is dedicated to maintaining the privacy and confidentiality of your protected health information (PHI). 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 also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in FirstMed concerning your PHI. By federal and state law, we must follow the terms of the Notice of Patient's Privacy Rights ("Notice") currently in use by FirstMed.

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

- How we may use and disclose your PHI;
- Your privacy rights in your PHI; and
- Our obligations concerning the use and disclosure of your PHI.

The terms of this Notice apply to all records containing your PHI that are created or retained by FirstMed. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this Notice will apply to all of your records that FirstMed has created or maintained in the past, and for any of your records that we may create or maintain in the future. FirstMed will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time. FirstMed will always follow the Notice that is in effect at the time any action related to PHI is taken.

2. If you have questions about this Notice, please contact:

3. The Privacy and Security Officer at:

400 Shadow Lane #105 Las Vegas, NV 89106.

4. The different ways in which we may use and disclose your PHI:

The following categories describe the different ways in which we may use and disclose your PHI:

**Treatment**

FirstMed may use your PHI to provide you treatment and services. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your PHI in order to write a prescription for you, or we might disclose your PHI to a pharmacy when we order a prescription for you. Many of the people who work for FirstMed—including, but not limited to, our doctors and nurses—may use or disclose your PHI in order to treat you or to assist others in your treatment. Additionally, with your authorization, we may disclose your PHI to others who may assist in your care, such as your spouse, children, or parents, collectively called your "Friends and Family List" as documented by you on your Patient Authorization for Use and Disclosure of Protected Health Information" form. To let us know with whom you want your information shared, please be sure to complete this notice. Anytime you would like to update your "Authorization of Use &

Release of Records,” please call the office. Finally, we may also disclose your PHI to other healthcare providers for purposes related to your treatment.

#### Payment

FirstMed may use and disclose your PHI 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 certify 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 PHI to obtain payment from third parties that may be responsible for such service costs, such as family members. Also, we may use your PHI to bill you directly for service and items. We may disclose your PHI to other healthcare providers and entities to assist in their billing and collection efforts. You have the right to request that FirstMed not submit a claim to your insurance company for payment due to privacy concerns. However, you agree to pay for all services in full under the time frame specified by FirstMed. Failure to do so constitutes a waiver of this right (see ‘Requesting Restrictions’ below).

#### Healthcare Operations

FirstMed may use and disclose your PHI to operate our business. As examples of the way in which we may use and disclose your information for operations, FirstMed may use your PHI to evaluate the quality of care you receive from us, or to conduct cost-management and business planning activities for FirstMed. We may disclose your PHI to other healthcare providers and entities to assist in their healthcare operations.

#### Appointment Reminders

FirstMed may use and disclose your PHI to contact you and remind you of an appointment.

#### Treatment Options

FirstMed may use and disclose your PHI to inform you of potential treatment options or alternatives.

#### Health-Related Benefits and Services

FirstMed may use and disclose your PHI to inform you of health-related benefits or services that may be of interest to you.

#### Release of Information to Family and Friends

With your authorization, FirstMed may release your PHI to a friend or family member that is involved in your care, or who assists in taking care of you. For example, a parent or guardian may ask that a babysitter take their child to the pediatricians’ office for treatment of a cold. In this example, the babysitter may have access to this child’s medical information since they brought the child to the appointment and were present during the examination. Generally, we require written authorization to share your PHI with friends and family members.

#### **Disclosures Required by Law**

FirstMed will use and disclose your PHI when we are required to do so by federal, state, or local law.

#### 5. Use and disclosure of your PHI in certain special circumstances:

The following categories describe unique scenarios in which we may use or disclose your PHI:

##### *Public Health Risks*

FirstMed may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:

- Maintaining vital records, such as births and deaths;
- Reporting child abuse or neglect;
- 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 medication, product or device they may be using has been recalled;
- Notifying appropriate governmental 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 or authorized by law to disclose this information; or
- Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

#### Health Oversight Activities

FirstMed may disclose your PHI to a 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 healthcare system in general.

#### Lawsuits and Similar Proceedings

FirstMed may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI 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.

#### Law Enforcement

We may release PHI 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; and
- 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).

#### Deceased Patients

FirstMed may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.

#### Organ and Tissue Donation

FirstMed may release your PHI to organizations that handle organ, eye, or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.

#### Research

FirstMed may use and disclose your PHI for research purposes in certain limited circumstances, most often when your information is de-identified in such a way that it cannot be attributed to you. We will obtain written authorization to use your PHI for research purposes except when FirstMed's Internal Review Board or Privacy Board has determined that the waiver of your authorization satisfies the following:

1. The use or disclosure involves no more than a minimal risk to your privacy based on the following:
  - a. An adequate plan to protect the identifiers from improper use and disclosure;

b. An adequate plan to destroy the identifiers at the earliest opportunity consistent with the research (unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law); and

c. Adequate written assurances that the PHI will not be re-used or disclosed to any other person or entity (except as required by law) for authorized oversight of the research study, or for other research for which the use or disclosure would otherwise be permitted.

2. The research could not practicably be conducted without the waiver.

3. The research could not practicably be conducted without access to and use of the PHI.

#### Serious Threats to Health or Safety

FirstMed may use and disclose your PHI 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.

#### Military

FirstMed may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

#### National Security

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

#### Inmates

FirstMed may disclose your PHI 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: (1) for the institution to provide healthcare services to you; (2) for the safety and security of the institution; and/or (3) to protect your health and safety or the health and safety of other individuals.

#### Workers' Compensation

FirstMed may release your PHI for Workers' Compensation and similar programs.

6. Your rights regarding your PHI:

You have the following rights regarding the PHI that we maintain about you:

#### Confidential Communication

You have the right to request that FirstMed 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 the Privacy and Security Officer at: 400 Shadow Lane #105 Las Vegas, NV 89106 specifying the requested method of contact and/or the location where you wish to be contacted. FirstMed will accommodate reasonable requests. You do not need to give a reason for your request.

#### Requesting Restrictions

You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment, or healthcare operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care 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 PHI, you must make your request in writing to the Privacy and Security Officer at: 400 Shadow Lane #105 Las Vegas, NV 89106. Your request must describe in a clear and concise fashion:

- The information you wish restricted;
- Whether you are requesting to limit FirstMed's use, disclosure, or both; and
- To whom you want the limits to apply.

#### Inspection and Copies

You have the right to view, download and/or transmit to a third party online the PHI that may be used to make decisions about you, including your medical records and billing records, but not including psychotherapy notes. You must register with FirstMed's patient portal or submit your request in writing to: 400 Shadow Lane #105 Las Vegas, NV 89106 in order to inspect and/or obtain a copy of your PHI. If applicable, FirstMed may charge a fee for the costs of copying, mailing, labor, and supplies associated with your request.

#### Amendment

You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for FirstMed. To request an amendment, your request must be made in writing and submitted to: 400 Shadow Lane #105 Las Vegas, NV 89106. You must provide us with a reason that supports your request for amendment. FirstMed 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 (1) accurate and correct; (2) not part of the PHI kept by or for FirstMed; (3) not part of the PHI that you would be permitted to inspect; or (4) not created by FirstMed, unless the individual or entity that created the information is not available to amend the information.

#### Accounting of Disclosures

All of our patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures FirstMed has made of your PHI. To obtain an accounting of disclosures, you must submit your request in writing to: 400 Shadow Lane #105 Las Vegas, NV 89106. All requests for an "accounting of disclosures" must state a time period, which may not be longer than six 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 FirstMed may charge you for additional lists within the same 12-month period. FirstMed will notify you of other costs involved with additional requests, and you may withdraw your request before you incur any costs.

#### 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 the Clinic Manager, Chief Operating Officer, or the Chief Information Officer.

#### Right to File a Complaint

If you believe your privacy rights have been violated, you may file a complaint with FirstMed or with the Secretary of the Department of Health and Human Services. To file a complaint with FirstMed, contact the Privacy and Security Officer at: 400 Shadow Lane #105 Las Vegas, NV 89106. All complaints must be submitted in writing. *You will not be penalized for filing a complaint.*

#### Right to Provide an Authorization for Other Uses and Disclosures

FirstMed 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 disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. Please note we are required to retain records of your care. If you have any questions regarding this Notice or our health information privacy policies, please contact our Privacy and Security Officer at: 702-731-0909.