

# Nevada Urban Indians, Inc. Notice of Privacy Practices

We are required by law to give you this notice. This notice describes your rights as a patient/client to access and control your medical records also known as Protected Health Information (PHI). This notice also describes our privacy practices and legal duties concerning how we may use and disclose your protected health information to carry out treatment and health care operations and for other purposes that are permitted or required by both state and federal law. Our office and staff will follow the privacy practices that are described in this notice while it is in effect. When new regulations are created, we will update this notice.

## **Uses and Disclosures of Protected Health Information**

**Treatment:** Nevada Urban Indians, Inc.'s Medical Providers may disclose health information about you, on a need to know basis, to NUI administrative staff and/or other NUI personnel/contractors to help determine the most appropriate care for you. We will also use and disclose your protected health information to a physician/medical provider or other outside health care entity providing treatment to you. For example, we may provide your protected health information to a physician/medical provider with whom you have been referred to in order to diagnose or treat you.

**Healthcare Operations:** Nevada Urban Indians, Inc. may use or disclose your protected health information in connection with our healthcare operations. This may include quality assessment activities, employee review activities, training, certification, accreditation and licensing. For example, we may use your health information to evaluate the performance of our staff in caring for you. We may also use health information about all or many of our patients to help us decide what additional services we should offer, how we can become more efficient, or whether certain new treatments are effective. We have the ability to call out your name in a lobby or patient waiting area or we may contact you by phone to remind you of an appointment.

**Mandatory Reporting Laws:** Our office will use or disclose your protected health information if and when either state or federal law requires. If requested, you will be notified of any such uses or disclosures in writing.

Aside from using and disclosing your protected health information for Treatment, or Healthcare Operations, you may give Nevada Urban Indians, Inc. in writing authorization to use or disclose your health information to anyone for any purpose. At any time in writing, you may revoke your authorization. If you do not give Nevada Urban Indians, Inc. authorization, we cannot use or disclose your protected health information for any other reason except for treatment, and healthcare operations.

**Family and Friends:** We may disclose your protected health information to a family member, friend or other person with whom you have given us prior written consent. In case of an emergency, we may use or disclose your protected health information that is directly relevant to the person's involvement in your healthcare.

**Other Uses or Disclosures of Your Protected Health Information:** If Nevada Urban Indians, Inc. has reason to believe that you are a victim of abuse, neglect, domestic violence, or other crimes, we may disclose your protected health information to the proper authorities. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual, or in response to a subpoena or other lawful process. We may also disclose your protected health information to researchers when an institutional review board has approved their search.

### **Your individual Rights**

**Access:** By written request, you have the right to inspect or receive a copy of your protected health information in part or in full with an NUI employee present at all times. There is no charge for the first 5 pages to be copied. Any pages copied after the first 5 pages will be .40 cents per page.

Under federal law, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewed.

**Amendment:** You have the right to request an amendment of your protected health information. This request must be in writing and must explain the reason for such an amendment. We may deny your request under certain circumstances.

**Disclosure Accounting:** You have the right to receive an accounting of certain disclosures we have made if any, of your protected health information, other than for treatment, and healthcare operations.

**Restrictions:** You have the right to request restrictions on certain uses or disclosures of your protected health information, however, we are not required to agree to a restriction that you may request. If we do agree to your request, we will abide by our agreement unless in an emergency.

**Alternative Communication/Location:** By written request, you have the right to receive confidential communications from Nevada Urban Indians, Inc. by alternative means or at an alternative location. We will not request an explanation from you as to the basis for the request.

**Complaints:** If you believe that your privacy rights have been violated, you may file a written complaint with either our office by using the contact information listed below, or with the U.S. Department of Health and Human Services. If you do choose to file a complaint, we will not retaliate in any way.

We support your right to the privacy of your health information. If you would like more information about our privacy practices or have questions or concerns please feel free to contact Nevada Urban Indians, Inc.

Contact: Nevada Urban Indians, Inc.

**Janet Reeves** – Executive Director

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NEVADA URBAN INDIANS, INC.

CONSENT FOR SERVICES, TREATMENT

AND/OR HEALTHCARE OPERATIONS

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**TO THE CLIENT/PATIENT (PLEASE READ THE FOLLOWING DOCUMENTS CAREFULLY)**

By signing the acknowledgement form provided to me, I am hereby giving consent to Nevada Urban Indians, Inc. (NUI) to provide services for medical, mental/behavioral health and/or social services. This may include, but is not limited to, screening, assessment, case management, counseling, immunizations, medical examination and/or laboratory testing/services. I understand that I am eligible for services/treatment appropriate for my needs. I further understand that recommendations for medical care, counseling and/or case management will be developed for me and become part of my medical treatment/case plan and client/case file. Before these recommendations can be put into effect, I understand I have the right to be informed of the nature and consequences of services/treatment; the reasonable risks, benefits and purposes of participation in a medical, counseling and/or treatment program, and any alternative recommendations for treatment available to me.

I understand that as a client seeking services at NUI, my confidentiality is protected by Federal Regulations and **Health Insurance Portability and Accountability Act (HIPAA)** except as required by law. I give consent in writing for information to be released under the following circumstances: The disclosure is ordered by a Court of Law / Subpoena; The disclosure is made to Medical Personnel in a medical emergency; I commit, or threaten to commit, a crime either at

NUI, or against any person who works for NUI; In the event that I appear to be in imminent danger of harming myself or others; If there is a reason to suspect that a child or elderly person is subject to abuse or neglect (since Health Care Providers are mandatory reporters of child/elder abuse/neglect); Or as necessary to provide service/care. Additionally, as a client in the NUI Alcohol and Drug Program and/or Domestic Violence Program, I understand that my confidentiality is further protected by Federal Confidentiality Regulations CFR-42, Part 2 and 45 CFR parts 160 & 164. By signing below, I give permission to NUI staff to disclose my protected health information for the purpose of diagnosing, providing treatment/continuing care, obtaining payment for my health care bills and/or to make appropriate referrals for services not provided at NUI.

My signature indicates that I have had a full opportunity to review the contents of this document, as well as, the Notice of Privacy Practices, and I have been offered a copy of both of these documents. Since NUI receives grant funding, I understand and consent to my statistical information being provided to the program/grant evaluator. I understand NUI staff may seek consultation from a supervisor or other staff members on a need to know basis. I understand further that I may withdraw my consent, except to any and all parts of the recommendations for treatment and referral, in writing, at any time. Please be informed that we have the right to refuse to treat you or to continue treating you if you revoke this consent, except in the event of a medical emergency where medical treatment is needed to protect the health and safety of yourself or others.

6512 S. McCarran Suites A, B, C, Reno, Nevada 89509

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#### **Late / Cancellation / No Show Policy**

It is the policy of Nevada Urban Indians, Inc. (NUI) that clients/patients are responsible for keeping and arriving on time for appointments they have scheduled.

- If a client/patient arrives more than 15 minutes late for their appointment, NUI will try to work them into our schedule; providing that it does not delay other previously scheduled appointments. If doing this will delay other appointments, client/patient will be asked to reschedule their appointment.
- If it is necessary to cancel an appointment, client/patient must give NUI a minimum of 2 hours notice before the scheduled appointment time.
- After the first missed appointment, the client/patient will receive a verbal or written reminder of the policy.
- If there is a 2<sup>nd</sup> missed appointment within the next 90 days, the client/patient will not be able to schedule an appointment for 90 days. The individual will receive a letter summarizing these actions.
- Prescription refills will only be authorized for 30 days after the 2<sup>nd</sup> missed appointment.

## PROCEDURE:

1. NUI staff will place a reminder phone call to client/patient prior to their scheduled appointment. A message will be left regarding the reminder if the individual cannot be reached by phone.
2. It is the client/patient's responsibility to provide NUI with their most current contact information.
3. If the client/patient must cancel the appointment, the cancellation notice must be given a minimum of 2 hours before the appointment, or it will be considered a no show.
4. An attempt will be made to contact each client/patient after they have had a no show appointment. Steps include:
5. Front desk staff will call the individual and give them a verbal reminder of the no show policy.
6. If NUI staff cannot reach the individual by phone, a letter summarizing the policy will be sent to them.
7. Documentation of the contact – a written statement of the telephone call or a copy of the letter will be recorded in the client/patient's medical record.
8. If a patient has a second no show appointment within a 90-day time period they will receive a letter in the mail which indicates they will not be seen at NUI for the next 90 days. Prescription refills will be authorized for 30 days from the date of the letter, but will not extend beyond that 30-day period.
9. Patients will be given verbal prompts regarding NUI no show policy and the policy will be prominently displayed at various locations in the clinic.