

This notice describes how information about you may be used and disclosed at Community Outreach Medical Center (COMC) and how you can get access to this information.

PURPOSE

This notice describes how we may use and disclose your Protected Health Information to carry out treatment, payment or healthcare operations and for other purposes permitted by law. It also describes your rights and certain obligations we have to use and disclose your health information. "Protected Health Information" or (PHI) is information that may identify the patient and relates to the patient's past, present or future physical or mental health, and may include name, address, phone numbers and other identifying information. COMC understands that medical information about you and your health is personal and confidential, and we are committed to protecting its privacy.

OUR RESPONSIBILITY TO YOU

We are required to (i) maintain the privacy of your PHI, (ii) give you this Notice describing our legal duties and privacy practices with respect to your PHI, and (iii) follow the terms of the Notice that is currently in effect. (iiii) Notify you if a breach of your health information occurs. We reserve the right to (i) change the privacy practices, (ii) change the Notice, and (iii) make the changed or revised Notice effective for PHI we already have, as well as any we receive in the future. A current version of this Notice, with required revisions, if any, may be obtained for our website, www.nvcomc.org and will be posted in our facility.

WHO WILL FOLLOW THIS NOTICE

This notice describes the practices of all COMC personnel, volunteers, contractors, trainees or others who work, provide healthcare services or might have access to your health information at COMC.

HOW WE MAY DISCLOSE YOUR PHI

The following describe different ways we may use and disclose your PHI under applicable laws. Not every use or disclosure will be listed, but the major categories are covered below:

Treatment: Certain information obtained by a nurse, doctor, therapist, or other healthcare worker will be put into your record and used to plan and manage your treatment. We may provide reports or other information to your doctor or other authorized person who are involved in your care, including healthcare providers outside of COMC. Most uses and disclosures of Psychotherapy Notes will require your authorization when appropriate.

Appointment Reminders: General health information may be utilized or disclosed in order to confirm upcoming appointments or send appointment reminders for clinical visits and/or treatments.

Health Information Exchange: We make your PHI available electronically through an electronic health information exchange to other healthcare providers and health plans that request your information for their treatment and payment purposes. Participating in an electronic health information exchange may also let us see their information about you for our treatment and payment processes.

Patient Directory: Unless you tell us not to, we may use and disclose your name, program and religious affiliation. If you are a patient receiving behavioral health services, you will not be part of the Patient Directory while you are a patient, and we will not provide directory information to people who ask for you by name, unless you specifically tell us to or we are legally obligated to do so.

Fundraising and Marketing: We may contact you as part of COMC fundraising or marketing efforts. You have the right to opt-out of fundraising communication and may do so by calling our offices at (702) 657-3873. Your PHI will not be used or disclosed for marketing purposes without your authorization.

Notification: To notify a family member or designee (as indicated on the *Patient Registration Form*) involved in your care or payment, your location and general condition unless you otherwise advise us not to do so.

Organ and Tissue Donation: To organ donation agencies for the purpose of tissue or organ donation in certain circumstances and as required by law.

Coroners, Medical Examiners, Funeral Directors: To Coroners, Medical examiners, and Funeral Directors, to the extent allowed by law, so that they may carry out their duties.

Workers' Compensation: To comply with workers' compensation programs.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order.

Public Health Risks: We may disclose your PHI to prevent or control disease, injury, or disability; to report births and deaths; to report child abuse or neglect; to report reactions to medications or problems with products; to notify people of recall of products they may be using; to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and/or to notify the appropriate government authority if we believe a participant has been the victim of abuse, neglect or domestic violence.

Law Enforcement: We may release medical information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant summons or similar process; to identify or locate a suspect, fugitive, material witness, or missing persons; about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; about a death we believe may be the result of criminal conduct; about criminal conduct at the clinic, and, in emergency circumstance to report a crime, the location of a crime or victims, or the identity, description or location of the person who committed the crime.

As required by Law: To law enforcement as authorized or required by law.

Correctional Institution: To the institution or law enforcement for your health or the health and safety of others, if you are an inmate or a correctional institution or under the custody or law enforcement.

Military and Veterans: In order to meet the requirements by military command authorities, we may disclose or release medical information about you if you are or were a member of the armed forces.

National Security: To authorized federal officials for intelligence, counterintelligence and other national security activities.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights relating to your PHI:

- ✓ To receive a copy of this Notice.
- ✓ To have access to your information.
- ✓ To request that we amend your record, if you feel the information is incomplete or incorrect.
- ✓ To restrict your information or the use of your information.
- ✓ To obtain a record of certain disclosures of your PHI.

ACKNOWLEDGMENT

You will be asked to sign an Acknowledgment of receipt of this Notice. The delivery of your healthcare services will in no way be conditioned upon the signing of the Acknowledgment.

QUESTIONS OR COMPLAINTS

If you believe we have not properly protected your privacy, violated your privacy rights, or you disagree with a decision we made about access to your protected health information, you may contact the COMC Privacy Officer in writing within 90 days of discovery. You may also send a written complaint to U.S. Department of Health and Human Services within 180 days of discovery.

Community Outreach Medical Center
Privacy Officer
1090 E. Desert Inn, Suite 200
Las Vegas, NV 89109
(702) 657-3873

U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201
1 (877) 696-6775