

Steve Sisolak  
Governor

Richard Whitley, MS  
Director



DEPARTMENT OF  
HEALTH AND HUMAN SERVICES  
Division of Child and Family Services  
*Helping people. It's who we are and what we do.*

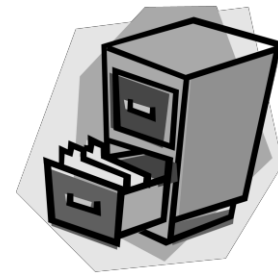


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Administrator

## Notice of Privacy Practices for the Division of Child and Family Services

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.**

Your health information is personal and private. The law says that we (the Division of Child and Family Services - DCFS) must protect this information. When you first asked for our assistance, you gave us information that helped us decide how we could best be of help to you and what services you qualified for. This information became part of your file, which we keep in our offices and our electronic medical system. Also, in your file is information that is given to us by hospitals, doctors, and other people who treat you. A federal law named the Health Insurance Portability and Accountability Act, (HIPAA) says that we must give you this notice to help you understand what our legal duties are and how we will protect your health information.



### ***When is it okay for DCFS to share your health information?***

When you sign a HIPAA release form that tells us it is okay to share your health information with someone, we are then allowed to share it with the person(s) or entities that you specify. You can cancel this at any time by notifying us in writing, except if we have already shared the information. We never use your information for marketing or share things such as psychotherapy notes without your written approval.

### ***Is it ever ok to share your health information without written or verbal approval?***

Your information can be shared without your specific written or verbal approval when we need to approve or pay for the services that you and/or your child/youth receives through DCFS. We can also share it internally at DCFS when we perform confidential quality reviews on our programs to try to make them better. Under the law, these uses are called treatment, payment, and health care operations.

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The law says that there are some other situations when we may need to share information without your written or verbal approval. Here are some examples:

**For your medical treatment and payment**

- **When you need emergency care**
- To tell you about treatment choices
- **To remind you about appointments**
- To help our business partners do their work for example, for Medicaid billing purposes. It is important to note that **business partners are also required to keep your medical information confidential.**
- **To help review program quality**

**For public health reasons**

- To help researchers study community health concerns or problems, for example, health research studies at University of Nevada Reno, or University of Nevada Las Vegas. When possible, your personal identifying information will not be shared, and researchers are also required to keep your medical information confidential.
- To help public health officials stop the spread of disease or prevent an injury
- To protect you or another person if we think that you are in danger

**For your personal reasons**

- To tell your family and others who help with your care things they need to know
- To be listed in a patient directory
- To tell a funeral director of your death
- If you have signed organ donation papers, to make sure your organs are donated according to your wishes

**Other special uses**

- To help the police, courts and other agencies who enforce the law, for example, when information is needed in order to provide appropriate services.
- To obey laws about reporting abuse and neglect
- To report information to the military
- To help government agencies review our work and investigate problems
- To obey court orders

### ***What are your rights under the law?***

- You can ask us not to share your information in some situations. However, the law says that we do not always have to agree with you.
- If you are reading this notice on the internet or on a bulletin board, you can ask for a paper copy of your own.
- You can ask to look at your health information and get a copy of it. You may be charged a fee for the copies based on Division policy. Keep in mind, that we do not have a complete medical record about you. If you want a copy of your complete medical record, you can ask your doctor or provider of health care.
- If you think that something is missing or is wrong in your health record that we have, you can ask us to make changes.
- You can ask to have a copy of your health information provided in electronic format if it is available.
- You can ask us for a list of the times (after April 14, 2003) that we have shared your health information with someone else. This will not include the times we have shared your information for the purposes of treatment, payment, or health care operations. Please know,
  - (a) Pursuant to NRS 629.051 and NRS 629.053:
    - (1) The health care records of a person who is less than 23 years of age may not be destroyed; and
    - (2) The health care records of a person who has attained the age of 23 years may be destroyed for those records which have been retained for at least 5 years or for any longer period provided by federal law; and, unless a longer period is provided by federal law, the health care records of a patient who is 23 years of age or older may be destroyed after 5 years.
- You may ask to restrict the release of your health information to a health plan when you have paid out of pocket in full for items or services.
- You can ask us to mail health information to an address that is different from your usual address or to deliver the information to you in another way.

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## **What are DCFS' responsibilities under the law?**

- We must keep your health information private except in situations like the ones listed in this notice.
- We must give you this notice that explains our legal duties about privacy.
- We must follow what we have told you in this notice.
- We must accommodate reasonable requests to send your health information to a different address or to deliver it in a way other than regular mail.
- We must notify you if there is a breach of your unsecured health information.
- We will only use or share the minimum amount of your health information necessary to perform our duties.
- We must tell you if we cannot agree when you ask us to limit how your information is shared.

## **Contacting You by Email and/or Cell Phone**

If you agree, in addition to contacting you by telephone and USPS mail, we may use your email address and/or cell phone number, to contact you. For example, we may also use this information to send you appointment reminders and other communications such as surveys as well as communications relating to your care and treatment via email, phone call, or text message. You may receive these e-communications from any of the programs you are enrolled in below and/or from the DCFS Planning and Evaluation Unit (PEU).

- Children's Clinical Services
- Desert Willow Treatment Center
- Early Childhood Mental Health Services
- Mobile Crisis Response Team
- PRTF North
- PRTF Enterprise
- PRTF Oasis
- Outpatient
- Wraparound in Nevada



## **What if you have a complaint?**

If you think that we have not kept our promise to protect your health information, you may complain to us or to the Federal Department of Health and Human Services. There will be no negative repercussions or retaliation towards you, your child/youth, and/or your family if you exercise your right to file a complaint against DCFS.

## **Contact Information**

<p>If you have any questions or complaints about our privacy rules, please contact us at: DCFS Kathryn Martin Waldman, Privacy Officer 6171 W. Charleston Blvd. Las Vegas, NV 89146 702-486-7741 kathrynmartin@dcfs.nv.gov</p>	<p>Or contact the Dept. of Health and Human Services at: Office for Civil Rights 90 7<sup>th</sup> Street, Suite 1-100 San Francisco, CA 94103 (415) 437-8310. (415) 437-8311 (TDD)</p>
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Based on the changes to Federal or State law, the Division has the right to change this notice and change the way your health information is protected. If that happens, we will make corrections and send a new notice to you by mail and we will post it in our offices and on our website at: [www.dcf.nv.gov](http://www.dcf.nv.gov).