



7220 S Cimarron Rd. Suite 270 Las Vegas, NV 89113

Tel: (702) 912-4100

Fax: (702) 912-4101

www.nvpaincare.com

URGENT INFORMATION: PLEASE READ

Dear Patient:

I write to inform you of a new law that may impact your next physician visit. As most people are aware, there has been an epidemic of deaths due to narcotic pain medications both in the USA and Nevada. To change this, the Nevada legislature and Governor Brian Sandoval signed Assembly Bill 474 which will add several new regulations into effect starting January 1, 2018. Because of these laws, and the penalties which physicians face if they don't comply, patients who get pain medications for both acute and chronic pain may notice some changes in their care and will alter patient care as it relates to the prescribing of controlled substances.

Here are some of the changes you may experience under this new law:

First off, before anyone is prescribed an initial narcotic pain medication for any reason, your physician will need to run a report on you checking the state database to look up your history of using controlled medications. Your physician will also need to have you sign an informed consent form that should include information on risks of taking narcotics, proper use of the medication and other options to control your pain. Finally, your physician will also need to evaluate your risk of addiction or dependency. Initial prescriptions for acute pain can only be prescribed for 14 days. If you require pain medications for more than 30 days, your doctor will need to then have you sign a Prescription Medication Agreement. The agreement should include the goals of using your controlled medication and discuss other rules your physician will have for your prescription medications. Rules will likely include using a single pharmacy, no sharing of your medications with others and use of other prescribed controlled substances, marijuana and illegal drugs amongst others. In our practice, we've been starting to gear up for these laws. In some cases, this is helping us re-evaluate many patients, including getting additional testing and referring patients to specialists to discuss alternative treatment options. While the focus of these laws has been on narcotic pain medications, many of these new regulations also apply to other controlled prescriptions. These include medications such as Xanax, valium, and stimulants for ADHD (Adderall, Ritalin). If you are a patient on these medications, you will likely have to work with your doctor on many of these same agreements and risk of abuse assessments. Your provider may also require you to submit to screenings and other diagnostic tests.



7220 S Cimarron Rd. Suite 270 Las Vegas, NV 89113

Tel: (702) 912-4100

Fax: (702) 912-4101

www.nvpaincare.com

These new mandated requirements have been put in place to provide guidance to health care providers, to inform and empower you the patient to take an active role in your treatment, and to reduce the opioid epidemic in Nevada.

We appreciate your patience with us as we work through implementation of this new law. During this process, we are committed to continuing to provide you with the best possible patient care.

If you have any questions about these new requirements or our practices policies and procedures, please contact us at 702-912-4100, talk to us at your appointment, or visit prescribe365.nv.gov.

Sincerely,

Nevada Pain Care



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY!

Effective Date: August 28, 2020

The Practice of Nevada Pain Care is required by applicable federal and state laws to maintain the privacy of your health information. Protected health information (PHI) is the information we create and maintain in the course of providing our services to you. Such information may include documentation of your symptoms, examination and test results, diagnoses and treatment protocols. It also may include billing documents for those services. We are permitted by federal privacy law (the Health Insurance Portability & Accountability Act of 1996 (HIPAA)), to use and disclose your PHI, without your written authorization, for purposes of treatment, payment, and health care operations.

Examples of Using your Health Information for Treatment Purposes:

- Our medical assistant obtains treatment information about you and records it in your medical record.
- During the course of your treatment, the physician determines he will need to consult with a specialist. He will share the information with the specialist and obtain his/her input.
- We may contact you by phone, at your home, if we need to speak to you about a medical condition or to remind you of medical appointments.

Example of Using Your Health Information for Payment Purposes:

- We submit requests for payment to your health insurance company. We will respond to health insurance company requests for information about the medical care we provided to you.

Example of Using Your Health Information for Health Care Operations:

- We may use or disclose your PHI in order to conduct certain business and operational activities, such as quality assessments, employee reviews, or student training. We may share information about you with our Business Associates, third parties who perform these functions on our behalf, as necessary to obtain their services.



NOTICE OF PRIVACY PRACTICES

Your Health Information Rights

The health and billing records we maintain are the physical property of the Practice. The information in them, however, belongs to you. You have a right to:

- Obtain a paper copy of our current Notice of Privacy Practices for PHI (“the Notice”);
- Receive Notification of a breach of your unsecured PHI
- Request restrictions on certain uses and disclosures of your health information. We are not required to grant most requests, but we will comply with any request with which we agree. We will, however, agree to your request to refrain from sending your PHI to your health plan for payment or operations purposes if at the time an item or service is provided to you, you pay in full and out of pocket.
- Request that your health care record be amended to correct incomplete or incorrect information by delivering a written request to our Practice. We may deny your request if you ask us to amend information that (a) was not created by us (unless the person or entity that created the information is no longer available to make the amendment), (b) is not part of the health information kept by the Practice, (c) is not part of the information that you would be permitted to inspect and copy, or (d) is accurate and complete. If your request is denied, you will be informed of the reason for the denial and will have an opportunity to submit a statement of disagreement to be placed in your record.
- Request that communication of your health information be made by alternative means or at alternative locations by delivering a written request to our Practice.
- Obtain a list of instances in which we have shared your health information with outside parties, as required by the HIPAA Rules.
- Revoke any of your prior authorizations to use or disclose information by delivering a written revocation to our Practice (except to the extent action has already been taken based on a prior authorization).

Our Responsibilities

The Practice is required to:

- Maintain the privacy of your health information as required by law
- Notify you following a breach of your unsecured PHI
- Provide you with a notice (‘Notice’) describing our duties and privacy practices with respect to the information we collect and maintain about you and abide by the terms of the Notice
- Notify you if we cannot accommodate a request restriction or request, and
- Accommodate your reasonable requests regarding methods for communicating with you about your health information and comply with your written request to refrain from disclosing your PHI to your health plan if you pay for an item or service we provide you in full and out-of-pocket at the time of service.



NOTICE OF PRIVACY PRACTICES

We reserve the right to amend, change, or eliminate provisions of our privacy practices and to enact new provisions regarding the PHI we maintain about you. If our information practices change, we will amend our Notice. You are entitled to receive a copy of the revised Notice upon request by phone or by visiting our website or Practice.

Other Uses and Disclosures of your PHI

Communication with Family

- Using our best judgement, we may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or payment for care, if you do not object or in an emergency. We may also do this after your death, unless you tell us before you die that you do not wish us to communicate with certain individuals.

Notification

- Unless you object, we may use or disclose your PHI to notify, or assist in notifying, a family member, personal representative, or other person responsible for your care about your location, your general condition, or your death.

Research

- We may disclose information to researchers if an institutional review board has reviewed the research proposal and established protocols to ensure the privacy of your PHI. We may also disclose your information if the researchers require only a limited portion of your information.

Disaster Relief

- We may use and disclose your PHI to assist in disaster relief efforts.

Organ Procurement Organizations

- Consistent with applicable law, we may disclose your PHI to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation/transplant.



NOTICE OF PRIVACY PRACTICES

Food and Drug Administration (FDA)

- We may disclose to the FDA your PHI relating to adverse events with respect to food, supplements, products and product defects, or post-marketing surveillance information to enable product recalls, repairs, replacements.

Workers Compensation

- If you are seeking compensation from Workers Compensation, we may disclose your PHI to the extent necessary to comply with law relating to Workers Compensation.

Public Health

- We may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury, or disability; to report reactions to medications or problems with products; to notify people of recalls; or to notify a person who may have been exposed to a disease or who is at risk for contracting or spreading a disease or condition.

As Required by Law

- We may disclose your PHI as required by law, or to appropriate public authorities as allowed by law to report abuse or neglect.

Employers

- We may release health information about you to your employer if we provide health care services to you at the request of your employer, and the health care services are provided either to conduct an evaluation relating to medical surveillance of the workplace or to evaluate whether you have a work-related illness or injury. In such circumstances, we will give you written notice of the release of information to your employer. Any other disclosures to your employer will be made only if you execute a specific authorization for the release of information to your employer such as in needing FMLA paperwork.

Law Enforcement

- We may disclose your PHI to law enforcement officials (a) in response to a court order, court subpoena, warrant or similar judicial process; (b) to identify or locate a suspect, fugitive, material witness, or missing person; (c) if you are a victim of a crime and we are unable to obtain your agreement; (d) about criminal conduct on our premises, and € in other limited emergency circumstances where we need to report a crime.



NOTICE OF PRIVACY PRACTICES

Health Oversight

- Federal law allows us to release your PHI to appropriate health oversight agencies or for health oversight activities such as state and federal auditors.

Judicial/Administrative Proceedings

- We may disclose your PHI in the course of any judicial or administrative proceedings as allowed or required by law, with your authorization, or as directed by a proper court order.

For Specialized Governmental Functions or Serious Threat

- We may disclose your PHI for specialized government functions as authorized by law such as to Armed Forces personnel, for national security purposes, to public assistance program personnel, or to avert a serious threat to health or safety. We may disclose your PHI consistent with applicable law to prevent or diminish a serious, imminent threat to the health or safety of a person or the public.

Correctional Institutions

- If you are an inmate of a correctional institution, we may disclose to the institution or its agents the PHI necessary for your health and the health and safety of other individuals.

Coroners, Medical Examiners, and Funeral Directors

- We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information about our Patients to funeral directors as necessary for them to carry out their duties.

Website

- You may access a copy of this Notice electronically on our website.

Other uses and disclosures of your PHI not described in this Notice will only be made with your authorization, unless otherwise permitted or required by law. Most uses and disclosure of psychotherapy notes, uses and disclosures of your PHI for marketing purposes, and disclosures of your PHI that constitute a sale of PHI will require your authorization. You may revoke any authorization at any time by submitting a written revocation request to the Practice (as previously provided in this Notice under “Your Health Information Rights.”)



NOTICE OF PRIVACY PRACTICES

To Request Information, exercise a Patient Right, or File a Complaint

If you have questions, would like additional information, want to exercise a Patient Right described above, or believe your (or someone else's) privacy rights have been violated, you may contact the Practices Privacy Officer at 702-912-4100, or in writing to us at:

Nevada Pain Care
ATTN: Privacy Officer
7220 S Cimarron Rd, Suite 270
Las Vegas, NV 89113

Please note that all complaints must be submitted in writing to the Privacy Officer at the above address. You may also file a complaint with the Secretary of Health and Human Services (HHS), Office for Civil Rights (OCR). Your complaint must be filed in writing, either on paper or electronically, by mail, fax, or e-mail. More information regarding the steps to file a complaint can be found at: www.hhs.gov/ocr/privacy/hipaa/complaints.

- We cannot, and will not, require you to waive the right to file a complaint with the Secretary of HHS as a condition of receiving treatment from the Practice.
- We cannot, and will not, retaliate against you for filing a complaint with.



NOTICE OF PRIVACY PRACTICES

I acknowledge that I have been provided with a copy of the Practice's Notice of Privacy Practices.

Print Name

Patient (or Patient Representative*) Signature

Date

For Practice Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- ☐ Individual refused to sign
- ☐ Communication barriers prohibited obtaining the acknowledgement
- ☐ An emergency situation prevented us from obtaining acknowledgement
- ☐ Other (Please Specify) _____

*If Patient Representative is signing, legal documentation must be included designating authority to sign or receive information. This form must be maintained for 6 years.