



Meridian
HEALTH

Meridian Health
1325 Airmotive Way
Suite 240
Reno, Nevada 89502
(775) 737-9001 phone
(775) 870-1628 fax

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.

Notice of Privacy Practices

The following is the Notice of Privacy Practices for Meridian Health. HIPAA is a federal law that requires us to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy policies with respect to your protected health information. We are required by law to abide by the terms of this Notice of Privacy Practices.

What is Medical Information?

The term “medical information” is synonymous with the terms “personal health information” and “protected health information” for purposes of this Notice. It essentially means 1.) any individually identifiable health information (either directly or indirectly identifiable), whether oral or recorded in any form or medium, that is created or received by a health care provider (me), health plan, or others and 2.) relates to the past, present, or future physical or mental health or condition of any individual (you); the provision of health care (e.g., mental health) to an individual (you); or the past, present or future payment for the provision of health care to an individual (you).

We are mental health providers. More specifically, *we are Licensed Marriage and Family Therapist or Certified Professional Counselors, licensed by the State of Nevada through the Board of Marriage and Family Therapy.* We create and maintain treatment records that contain individually identifiable health information about you. These records are generally referred to as “medical records” or “mental health records,” and this notice, among other things, concerns the privacy and confidentiality of those records and the information contained therein.

Uses and Disclosures Without Your Authorization-For Treatment, Payment, or Health Care Operations:

Federal privacy rules (regulations) allow health care providers (the agency) who have a direct treatment relationship with the patient (you) to use or disclose the patient’s personal health information, without the patient’s written authorization, to carry out the health care provider’s own treatment, payment, or health care operations. We may also disclose your protected health information for the treatment activities of any health care provider. This too can be done without your written authorization.



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An example of a use or disclosure for treatment purposes: If we decide to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your personal health information, which is otherwise confidential, in order to assist us in the diagnosis or treatment of our mental health condition

Disclosures for treatment purposes are not limited to the minimum necessary standard because physicians and other health care providers need access to the full recorder and/or full and complete information in order to provider quality care. The word “treatment” includes, among other things, the coordination and management of health care amount health care providers or by a health care provider with a third party, consultations between health care providers, and referrals of a patient for health care from one health care provider to another.

An example of a use or disclosure for payment purposes: If your health plan requests a copy of your health recorders, or a portion thereof, in order to determine whether or not payment is warranted under the terms of your policy or contract, we are permitted to use and disclose your personal health information.

An example of a use or disclosure for health care operations purposes: If your health plan decides to audit our practice in order to review our competence and our performance, or to detect possible fraud or abuse, your mental health records may be used or disclosed for those purposes.

PLEASE NOTE: We, or someone in the practice acting with agency authority, may contact you to provide appointment reminders, discuss your account or payment purposes or information about treatment alternatives or health-related benefits and services that may be of interest to you. Your prior written authorization is not required for such contact.

Other Uses and Disclosures Without Your Authorization:

We may be required or permitted to disclose your personal health information (e.g., your mental health records) without your written authorization. The following circumstances are examples of when such disclosures may or will be made:

- If disclosure is compelled by a court pursuant to an order of that court**
- If disclosure is compelled by a board, commission, or administrative agency for purposes of adjudication pursuant to its lawful authority**
- If disclosure is compelled by a party to a proceeding before a court or administrative agency pursuant to a subpoena, subpoena duces tecum (e.g., a**



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subpoena for mental health records), notice to appear, or any provision authorizing discovery in a proceeding before a court or administrative agency

- If disclosure is compelled by a board, commission, or administrative agency pursuant to an investigative subpoena issues pursuant to its lawful authority**
- If disclosure is compelled by an arbitrator or arbitration panel, when arbitration is lawfully requested by either party, pursuant to a subpoena duces tecum (e.g., a subpoena for mental health records), or any other provision authorizing discovery in a proceeding before an arbitrator or arbitration panel**
- If disclosure is compelled by a search warrant lawfully issued to a governmental law enforcement agency.**
- If disclosure is compelled by the patient or the patient's representative pursuant to Nevada Code or by corresponding federal statues or regulations (e.g., the federal Privacy Rule, which requires this notice)**
- If disclosure is compelled for by the Nevada Child Abuse and Neglect Reporting Law (for example, if we have a reasonable suspicion of child abuse or neglect)**
- If disclosure is compelled for by the Nevada Elder/Dependent Abuse and Neglect Reporting Law (for example, if we have a reasonable suspicion of elder or dependent adult abuse or neglect)**
- If disclosure is compelled or permitted by the fact that you are in such mental or emotional condition as to be dangerous to yourself or to the person or property of others, and if we determine that disclosure is necessary to prevent the threatened danger**
- If disclosure is compelled or permitted by the fact that you tell us of a serious threat (imminent) of physical violence to be committed by you against a reasonable identifiable victim or victims**
- If disclosure is compelled or permitted, in the event of your death, to the coroner in order to determine the cause of your death**

As indicated above, we are permitted to contact you without your prior authorization to provide appointment reminders or information about money owed, alternatives or other health-related benefits and services that may be of interest to you. Be sure to let us know where and by what means (e.g., telephone, text, letter, email or fax) you may be contacted.

If disclosure is required or permitted to a health oversight agency for oversight activities authorized by law, including but not limited to, audits, criminal or civil investigations, or licensure or disciplinary actions. *The Nevada Board of Marriage and Family Therapy*, who



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license marriage and family therapists and certified professional counselors, is an example of a health oversight agency.

If disclosure is compelled by the U.S. Secretary of Health and Human Services to investigate or determine my compliance with privacy requirements under the federal regulations (the Privacy Rule).

If disclosure is otherwise specifically required by law.

PLEASE NOTE: The above list is not an exhaustive list but informs you of most circumstances when disclosures without your authorization may be made. Other uses and disclosures will generally (but not always) be made only with your written authorization, even though federal privacy regulations or state law may allow additional uses or disclosures without your written authorization. Uses or disclosures made with your written authorization will be limited in scope to the information specified in the authorization form, which must identify the information “in a specific and meaningful fashion.” You may revoke your written authorization at any time, provided that the revocation is in writing and except to the extent that we have taken action in reliance on your written authorization. Your right to revoke an authorization is also limited if the authorization was obtained as a condition of obtaining insurance coverage of you.

If Nevada law protects your confidentiality or privacy more than the federal “Privacy Rule” does, or if Nevada law gives you greater rights than the federal rule does with respect to access to your records, we will abide by Nevada law.

In general, uses or disclosures by the agency of your personal health information (without your authorization) will be limited to the minimum necessary to accomplish the intended purpose of the use or disclosure. Similarly, when we request your personal health information from another health care provider, health plan or health care clearinghouse, we will make an effort to limit the information requested to the minimum necessary to accomplish the intended purpose of the request. As mentioned above, in the section dealing with uses or disclosures for treatment purposes, the “minimum necessary” standard does not apply to disclosures to or requests by a health care provider for treatment purposes because health care providers need complete access to information to provide quality care.

Your Rights Regarding Protected Health Information:

You have the right to request restrictions on certain uses and disclosures of protected health information about you, such as those necessary to carry out treatment, payment, or health care



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operations. We are not required to agree to your requested restriction. If we do agree, we will maintain a written record of the agreed upon restriction.

You have the right to receive confidential communications of protected health information from us by alternative means or at alternative locations.

You have the right to inspect and copy protected health information about you by making a specific request to do so in writing. This right to inspect and copy is not absolute-in other words, we are permitted to deny access for specific reasons. For instances, you do not have this right of access with respect to my “psychotherapy notes.” The term “psychotherapy notes” means notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversations during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual’s medical (includes mental health) record. The term excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, result of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.

You have the right to amend protected health information in our records by making a request to do so in a writing that provides a reason to support the requested amendment. This right to amend is not absolute-in other words, we are permitted to deny the requested for specific reasons. For instance, we do not have to account for disclosures made to carry out our own treatment, payment, or health care operations. We also do not have to account for disclosures of protected health information that are made with your written authorization, since you have a right to receive a copy of any such authorization you might sign.

You have access to a copy of this notice on the Meridian Health website: (www.meridianhealthnv.com). A copy can be provided if you do not have access to the internet.

PLEASE NOTE: In order to avoid confusion or misunderstanding, we ask that if you wish to exercise any of the rights enumerated above, that you put your request in writing and deliver or send the writing to our agency. If you wish to learn more detailed information about any of the above rights, or their limitations, please let us know. We are willing to discuss any of these matters with you. As mentioned elsewhere in this document, Darcie Krivac is the Privacy Officer of this practice.



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My Duties: We are required by law to maintain the privacy and confidentiality of your personal health information. This notice is intended to let you know of my legal duties, your rights, and my privacy practices with respect to such information. We are required to abide by the terms of the notice currently in effect. We reserve the right to change the terms of this notice and/or our

privacy practices and to make the changes effective for all protected health information that we maintain, even if it was created or received prior to the effective date of the notice revision. If we make a revision to this notice, we will make the notice available at the office upon request or after the effective date and we will post the revised notice in a clear and prominent location.

As the Privacy Officer of this practice, we have a duty to develop, implement, and adopt clear privacy policies and procedures for the practice and we have done so. We are the individuals who are responsible for assuring that these privacy policies and procedures are followed not only by us, but by any employees or contractors that work for us or that may work for us in the future. We have trained or will train any employees that may work for us so that they understand our privacy policies and procedures. In general, patient records, and information about patients, are treated as confidential in our practice and are released to no one without the written authorization of the patient, except as indicated in this notice or except as may be otherwise permitted by law. Patient records are kept secured so that they are not readily available to those who do not need them.

Because Darcie Krivac is the contact person for this practice, you may complain to her and to the Secretary of the U.S. Department of Health and Human Services if you believe your privacy rights may have been violated either by me or by those who are employed by Meridian Health. You may file a complaint with Darcie by simply providing her with a written document that specifies the manner in which you believe the violation occurred, the approximate date of such occurrence, and any details that you believe will be helpful to her. The practice telephone number is (775) 737-9001. We will not retaliate against you in any way for filing a complaint with our agency or with the Secretary. Complaints to the Secretary must be filed in writing. A complaint to the Secretary can be sent to the following:

Office for Civil Rights

U.S. Department of Health and Human Services

50 United Nations Plaza-Room 322

San Francisco, CA 94102



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If you need or desire further information related to this Notice or its contents, or if you have any questions about this Notice or its contents, please feel free to contact us. As the Contact person for this practice, Darcie will do her best to answer your questions and to provide you with additional information.

This notice first became effective on June 1, 2016.

Revised on February 1, 2022

Revised on June 6, 2022

Revised on April 27, 2023

Revised on October 1.2023