

**Nevada Health Centers, Inc.**  
**Administrative Office**

3325 Research Way, Carson City, NV 89706 • 775.887.1590

Dear Patient:

The protection of your health information is important to us at Nevada Health Centers, Inc. (NVHC). As a requirement of the Health Insurance Portability and Accountability Act (HIPAA), NVHC has developed a Notice of Privacy Practices. We encourage you to thoroughly review the document and become familiar with how your personal health information will be used and safeguarded, as well as your rights regarding the protection of your personal data. The information in this notice is effective April 14, 2003.

Protected health information is individually identifiable health information. This information includes demographics, for example, age, address, e-mail address, and relates to your past, present, or future physical or mental health or condition and related health care services. NVHC is required by law to do the following:

- Make sure that your protected health information is kept private.
- Give you notice of our legal duties and privacy practices related to the use and disclosure of your protected health information.
- Follow the terms of the notice currently in effect.
- Communicate any changes in the notice to you.

NVHC reserves the right to change this notice. Its effective date is at the top of the first page and at the bottom of the last page. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. A laminated copy of this notice is available in the clinic. You may obtain a Notice of Privacy Practices by accessing the NVHC web site, [nvhealthcenters.org](http://nvhealthcenters.org), or by calling the Privacy Officer and requesting a copy to be mailed to you, or by asking for a copy at the clinic.

You are being asked to sign to acknowledge receipt of information about NVHC Notice of Privacy Practices.

If you have any questions about the privacy notice, feel free to ask at the clinic or contact the NVHC Privacy Officer at Carson City Administration Office, 3325 Research Way, Carson City, NV 89706, or by phone at 775.887.1590. For additional information regarding your privacy rights, you may also visit the Nevada Health Centers web site at [nvhealthcenters.org](http://nvhealthcenters.org).

Sincerely,

Bill Cohen  
HIPAA Privacy Officer

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| <b>Nevada Health Centers, Inc.</b><br><b>Acknowledgement of Receipt Of Documents</b>  |                                   |
| I hereby acknowledge that I have received or read the following documentation:  |                                   |
| <ul style="list-style-type: none"><li>• <b>HIPAA (<i>Health Insurance Portability and Accountability Act</i>)</b></li></ul> |                                   |
| _____<br>Signature of Patient or Personal Representative  | _____<br>*Relationship to Patient |
| _____<br>Print Name   | _____<br>Date                     |
| Nevada Health Center Clinic: _____  |                                   |