



Public Employees' Benefits Program

3427 Goni Road, Suite 109

Carson City, NV 89706

<https://www.pebp.nv.gov>

Email: memberservices@peb.nv.gov

Phone: 775-684-7000 or 702-486-3100

HIPAA PRIVACY NOTICE

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

This notice is issued by the Nevada Public Employees' Benefits Plan (PEBP or "the Plan") pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

HIPAA REQUIRES THE PLAN TO:

- Implement and maintain reasonable measures to maintain the privacy of your protected health information (PHI);
- Provide you with this notice of the Plan's legal duties and privacy practices related to its use of PHI;
- Notify you of a breach impacting your PHI that is not otherwise secured; and
- Abide by the terms of this notice.

THIS NOTICE PROVIDES YOU WITH INFORMATION REGARDING:

- The Plan's use and disclosure of your PHI;
- Your rights to your health information;
- The Plan's treatment of specific categories of PHI; and
- How to make a complaint about the Plan's handling of your PHI.

The Plan's use and disclosure of your PHI:

- The Plan may use and disclose your health information for treatment and share it with professionals who are treating you.
- The Plan may use your health information to determine if you are eligible for services and to pay for your services.
- The Plan may use and disclose your health information as necessary for the operation of the Plan.
- The Plan may use or disclose your health information to comply with state and federal laws, including verification that we're complying with federal privacy law.
- The Plan may disclose your PHI to a health oversight agency for activities authorized by law, such as audits, investigations, inspections and licensure actions or for activities involving government oversight of the health care system.
- The Plan may disclose your PHI for special government functions, such as military, national security, and presidential protection services.
- The Plan may disclose your health information for public health and safety activities. These activities may include preventing disease; reporting suspected abuse, neglect or domestic violence; and reporting reactions to medications or problems with products.
- The Plan may disclose your health PHI to respond to lawsuits and legal actions, in response to court or administrative orders, or in response to subpoenas.
- The Plan may disclose your PHI for certain law enforcement purposes, workers' compensation, and other government requests, including complying with reporting requirements, court orders, warrant, or similar legal processes; or to answer certain requests for information concerning accidents and crimes. This also includes health information for a coroner, medical examiner, or funeral director when a member dies.
- The Plan may use or disclose your health information for research.
- The Plan may disclose your health information for organ procurement.

Your rights to your health information:

- You have the right to obtain an electronic or paper copy of your health information. Contact PEBP if you would like to request your PHI. We may charge you a fee for copying and postage, based on our actual cost.
- You have the right to request that we amend or correct your health information. To be considered, your amendment request must be in writing, must be signed by you or your representative, and must state the reasons for the amendment/correction request.
- You have the right to request restrictions or limitations on sharing your PHI for treatment, payment, and health care operations. The Plan is not required to agree with the request if the request would affect your care.

- You have the right to request that we contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- You have the right to receive a paper copy of this notice, upon request.
- You have the right to request and obtain a list of disclosures made of your personal health information for the previous six years with exception of disclosures made for treatment, payment, or health care operations. Contact PEBP if you would like to request a list of disclosures. We may charge you a fee for copying and postage, based on our actual cost.
- You have the right to select someone to act on your behalf to discuss your health care information and to exercise your rights described in this notice.
- You have the right to share or not share information with family, friends, or county/city officials in the case of a disaster. If you are not able to express your preference, for example if you are unconscious, we may share your information if we believe it is in your best interest. We may also share your information when necessary to lessen a serious and imminent threat to health or safety.
- You have the right to file a complaint in writing with the Secretary of the U.S. Department of Health and Human Services in Washington, D.C., within 180 days of a violation of your rights. There will be no retaliation for filing a complaint.

The Plan’s treatment of specific categories of PHI:

When PEBP receives a valid authorization for its use or disclosure of PHI, such use or disclosure will be consistent with such authorization. If you have authorized PEBP to use or disclose your PHI for a purpose that requires authorization, you may revoke your authorization in writing at any time. If you revoke your authorization, the Plan will no longer be able to use or disclose PHI about you for the reasons covered by your written authorization. However, the Plan will be unable to take back any disclosures it has already made with your permission. The following situations require your authorization:

- **Substance Use Disorder Patient Records.** Substance Use Disorder (SUD) patient records generated in a “Part 2 Program,” i.e., a federally assisted program, which includes a broad range of activities, such as management by a federal office or agency, receipt of any federal funding, or registration to dispense controlled substances related to the treatment of SUDs, are generally confidential and cannot be used to investigate or prosecute the patient without written patient consent or a court order after notice and an opportunity to be heard is provided to the individual or the holder of the record, as provided under law. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested SUD record is used or disclosed.

If PEBP receives or maintains information related to SUD treatment because of a general consent for use and disclosure for the purposes of treatment, payment, and health care operations, it may use and disclose your SUD records for the purposes of treatment, payment, and health care operations, consistent with such consent until it receives notification that you have revoked such consent in writing. Additionally, PEBP will redisclose the records only in accordance with this notice, and not for use or testimony in civil, criminal, administrative, or legislative proceedings absent written patient consent or a court order. A separate patient consent for the use and disclosure of SUD counseling notes is required. Each disclosure made with patient consent must include a copy of the consent or a clear explanation of the scope of the consent. SUD patient records may be disclosed without patient consent to public health authorities, provided that the records are de-identified according to HIPAA standards.

- **Psychotherapy notes.** The Plan does not routinely obtain psychotherapy notes. However, if it is necessary to use or disclose them, it must obtain your written authorization. The Plan may use and disclose such notes when needed by the Plan to defend itself against litigation filed by you. Psychotherapy notes are separately filed notes about your conversations with your mental health professional during a counseling session. They do not include summary information about your mental health treatment.

[How to make a complaint about the Plan's handling of your PHI:](#)

If you have a complaint about how your PHI has been handled, or believe that PEBP has discriminated based on sex, age, race, color, disability, or national origin, you can file a complaint with:

PEBP Civil Rights Coordinator
3427 Goni Road, Suite 109
Carson City, NV 89706
Phone: 775-684-7000, 702-684-3100, 1-800-326-5496
Fax: 775-684-7028

If you need help filing a complaint, contact PEBP's Civil Rights Coordinator.

You can also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>, or by mail or phone at:

Office for Civil Rights
U.S. Department of Health and Human Services
90 7th Street, Suite 4-100
San Francisco, CA 94103
Customer Response Center: (800) 368-1019
Fax: (202) 619-3818
TDD: (800) 537-7697
Email: ocrmail@hhs.gov

PEPB reserves the right to amend the terms of this notice as necessary. If substantive changes are made, copies of the revised notice will be posted on the PEBP website and included in the next annual mailing to PEBP members.

**This HIPAA Privacy Notice is effective February 11, 2026,
and replaces all prior such notices.**

Language Assistance is Available

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-326-5496 (TTY: 1-800-545-8279).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-326-5496 (TTY: 1-800-545-8279).

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-800-326-5496 (TTY: 1-800-545-8279)。

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-326-5496 (TTY: 1-800-545-8279) 번으로 전화해 주십시오.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-326-5496 (TTY: 1-800-545-8279).

ማስታወሻ: የሚናገሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶቻችን በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-800-326-5496 (ማስማት ለተሰናዥው: 1-800-545-8279)።

เรียน: ถ้าคุณพูด ภาษา ไทยคุณสามารถ ใช้บริการช่วยเหลือทางภาษา ได้ฟรี โทร 1-800-326-5496 (TTY: 1-800-545-8279)

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-800-326-5496 (TTY: 1-800-545-8279)まで、お電話にてご連絡ください。

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1 - 800 - 623 - 6945 رقم هواتف الصم والبكم 1: - 800 - 545 - 9728).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-326-5496 (телетайп: 1-800-545-8279).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-326-5496 (ATS : 1-800-545-8279).

MO LOU SILAFIA: Afai e te tautala Gagana fa'a Sāmoa, o loo iai auaunaga fesoasoan, e fai fua e leai se totoji, mo oe, Telefoni mai: 1-800-326-5496.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-326-5496 (TTY: 1-800-545-8279).

PAKDAAR: Nu saritaem ti Ilocano, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyan. Awagan ti 1-800-326-5496 (TTY: 1-800-545-8279).