



Public Employees' Benefits Program

3427 Goni Road, Suite 109

Carson City, NV 89706

<https://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.

Pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), this Notice explains how medical information concerning your health and benefits plan sponsored by the Public Employees' Benefits Plan (hereafter referred to as "PEBP" or "the Plan") may be used and disclosed, and how you can get access to your information.

HIPAA REQUIRES THE PLAN TO:

- Implement and maintain reasonable measures to maintain the privacy of your protected health information (hereafter referred to as "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.
- 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.

- **Lawful Reproductive Health Care.** PEBP will not use or disclose PHI for the purposes of conducting a criminal, civil, or administrative investigation of or imposing criminal, civil, or administrative liability on any person for the mere act of seeking, obtaining, providing, or facilitating lawful reproductive health care, nor will we disclose PHI for the purpose of identifying any person for the purpose of conducting such an investigation or imposing such liability.

Reproductive health care is health care that affects the health of an individual in all matters relating to the reproductive system and its functions and processes, including but not limited to lawfully obtained contraception (including emergency contraception); management of pregnancy and pregnancy-related conditions including miscarriage and pregnancy termination; fertility or infertility diagnosis and treatment; assistive reproductive technology; and other diagnoses, treatment and care that affect the reproductive system.

Reproductive health care is lawful when it is legal pursuant to the law of state in which it is provided under the circumstances in which it is provided. For example, if a resident of one state travels to another state to receive reproductive health care

that is legal in the state where it is provided, it is lawful reproductive health care.

Reproductive health care is also lawful when it is protected, required, or authorized by federal law, including the United States Constitution, under the circumstances in which it is provided, regardless of the state in which it is provided. An example is the use of contraception, which is protected by the Constitution, and thus lawful reproductive health care.

PEBP will apply a presumption that reproductive health care provided by a health care provider is lawful unless it has actual knowledge or factual information that it is unlawful. An example of such knowledge or information would be if evidence is provided that the reproductive health care was provided by an unlicensed person where the law requires that it be provided by a licensed health care provider.

When PEBP receives a request for PHI potentially related to reproductive health care for health oversight activities, judicial or administrative proceedings, law enforcement, or disclosures to coroners or medical examiners, it will require the requester to sign an attestation that clearly states that the requested use or disclosure is not for the prohibited purposes described above. Such attestation includes an acknowledgement that criminal penalties may apply if the PHI is requested for a prohibited purpose.

Examples of PHI being used or disclosed for purposes other for investigating or imposing liability for the mere act of seeking, obtaining, providing, or facilitating reproductive health care, and thus where PEBP may use or disclose PHI, include defending any person in a criminal, civil, or administrative proceeding where liability could be imposed on that person for providing reproductive health care, or when PHI is sought to conduct an audit for health oversight purposes not related to reproductive health care.

- **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.

If PEBP receives written records for SUD treatment because of a consent for use and disclosure for the purposes of treatment, payment, and health care operations, it will redisclose the records only in accordance with the HIPAA, and not for use or testimony in civil, criminal, administrative, or legislative proceedings against patients absent patient consent or a court order. Patient consent for the use of disclosure or SUD records for civil, criminal, administrative, or legislative proceedings cannot be combined with patient consent for any other use or disclosure. Additionally, 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.

How to make a complaint about the Plan's handling of your PHI.

- PEBP does not discriminate based on sex, age, race, color, disability, or national origin. If you 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/portal/lobby.jsf>, or by mail or phone at:

Office of Civil Rights
Dept. of Health & Human Services 907 7th St., Ste. 4-100
San Francisco CA 94103 (800) 368-1019 Phone
(415) 437-8329 Fax
TDD (800) 537-7697
<http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>

PEPB reserves the right to amend the terms of this HIPAA Privacy Notice as necessary. If substantive changes are made, copies of revised notices will be mailed to all participants and posted on the PEBP website.

**This HIPAA Privacy Notice is effective January 15, 2025, 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: የሚገኘውን ቁንቃ አማርኛ ከሆነ የትራንስ እርዳታ ይጠናቸዋል፡፡ በላይ ላይማጥናት ተዘጋጀተዋል፡ ወደ ማክተላው ቁጥር የሆነውን 1-800-326-5496 (ማስታወሻ ለተሳናቸው: 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 متوافر لك بالمجان. اتصل برقم 1 - 800 - 623 - 6945 رق هاتف الصم والبكم 1: - 800 - 545 - (9728).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-326-5496 (телефон: 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 totogi, 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 lengguahé nga awanan bayadna, ket sidadaan para kenyam. Awagan ti 1-800-326-5496 (TTY: 1-800-545-8279).