

NOTICE OF PRIVACY PRACTICES FOR HEALTH INFORMATION

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

If you have questions, please contact our Privacy Officer at (702) 878-0393.

We are required by law to give you this notice of our legal duties and privacy practices; keep medical information about you private; and follow the terms of the notice that is currently in effect. We may change our policies at any time. Changes will apply to medical information we already hold, as well as new information after the change occurs. Before we make a significant change in our policies, we will change our notice and post the new notice in prominent locations in this office. We are required to provide you with a copy of our current notice and you will be asked to acknowledge in writing your receipt of this notice.

We understand that medical information about you is personal, and we are committed to protecting this information. The information privacy practices will be followed by:

- All physicians who treat you in this office
- All employees of this office
- Any business associate or partner with whom we share health information

PATIENT'S RIGHTS

You have the right to look at or get copies of your health information, with limited exceptions. You must make a request in writing to obtain access to your health information. We may charge you a reasonable fee for providing you copies of your health information.

You have the right to request that we place additional restrictions on our use or disclosure of your health information. Your request must be made in writing. In your request, you must tell us:

- What information you want restricted
- Whether you want to restrict our use, disclosure, or both
- To whom you want the restriction to apply, and
- An expiration date

If we believe that the restriction is not in the best interest of either party, or if we cannot reasonably accommodate the request, we are not required to agree to the additional restriction. If the restriction is agreed upon, we will not use or disclose your information, unless it is necessary to provide emergency treatment. You may revoke a previously agreed upon restriction, at any time, in writing.

You have the right to request an amendment to your health record. To request an amendment, your request must be made in writing, and you must provide a reason that supports your request. We are not required to agree to the amendment.



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Las Vegas, NV 89133-6550
(702) 878-0393

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