



**STATE OF NEVADA
HEALTH INFORMATION TECHNOLOGY
REGULATORY AND POLICY INVENTORY**

A report to:
Nevada Department of Health and Human Services
Office of Health Information Technology

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Introduction

This report has been prepared to assist the Nevada Department of Health and Human Services, Office of Health Information Technology, with the development of proposed legislation deemed necessary to implement the provisions of the American Recovery and Reinvestment Act (ARRA) Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH) in Nevada. The terms and conditions of the HITECH State Health Information Exchange (HIE) Cooperative Agreement awarded to the State of Nevada require harmonization of regulatory and policy requirements to enable the deployment of health information technology (HIT) to meet meaningful use requirements. In addition, the HIE Cooperative Agreement requires the State to conduct an inventory of the regulatory framework for facilitating HIE, including an analysis of existing state laws.

Existing provisions of Nevada Revised Statutes (NRS) which relate to health information are summarized in the report. A complete list of the existing provisions of NRS which relate to health information is included as Appendix A. Also included in this report is an overview of various policy issues involved in HIT legislation, including the manner in which other states are addressing them.

While this report represents a general statewide assessment of HIT regulatory and policy issues, a comparable Medicaid-specific inventory was not done, due to time and fiscal constraints. Nevada Medicaid plans to use the results of this inventory in determining further harmonization of its own NRS regulatory provisions and program policies necessary to meet Medicaid HIT requirements.

Nevada Revised Statutes Sections Related to Health Information

Nevada currently has numerous state laws relating to the creation, maintenance and transmission of health information and the privacy and security of such information. These statutory provisions are located in various chapters of NRS and set forth different circumstances under which personal health information (PHI) can be exchanged. These provisions of NRS contain variations in allowable and mandatory disclosures, depending on the type of information, the recipient of the information and the purpose for which it is being exchanged. Nevada does not provide a single, consistent approach to the privacy and security of health information.

The vast majority of NRS provisions related to health information do not specifically address electronic health records (EHRs), and the few sections that do are discussed below. Therefore, drafting HIT legislation and regulations provides an opportunity for the State of Nevada to establish clear provisions for the adoption and use of EHRs. In doing so, the State will need to determine which existing provisions of NRS governing health information generally are suitable for electronic health information and which provisions need to be revised. To a great degree, that will depend on the policy decisions the State makes as it develops proposed legislation and regulations to implement the

provisions of the HITECH Act in Nevada. Thus, the drafters of such legislation will need to consider the provisions of NRS discussed below to ensure they are consistent with the language included in any proposed legislation.

The laws relevant to the establishment of HIE and to health information generally can be grouped into the following ten categories: (1) Confidentiality of and Access to Medical Records; (2) Electronic Transmission of Health Information; (3) Maintenance of Medical Records; (4) Prescriptions and Dangerous Drugs; (5) Security of Personal Information; (6) Electronic Records and Transactions; (7) Creation of Medical Records; (8) Medical Records as Evidence in Legal Proceedings; (9) Billing and Medical Records; and (10) Miscellaneous Provisions. The NRS provisions in each of these categories are summarized below, and the full text of the relevant NRS sections are included in Appendix A.

1. Confidentiality of and Access to Medical Records

The provisions of NRS 629.061 require a provider of health care or a person who owns or operates an ambulance to make health care records of a patient available for inspection by certain persons. Additional provisions of chapter 629 of NRS require a provider of health care to provide health care records to law enforcement agents, district attorneys, and the Department of Corrections under certain circumstances.

Pursuant to NRS 449.720, with a few specific exceptions, all communications and records concerning a patient of a medical facility, facility for the dependent or home for individual residential care are confidential.

The provisions of NRS specify various instances in which medical records must be submitted or must be accessible for examination. These include medical records being submitted to a court; accessible in cases in which a hospital has a lien on a judgment or settlement; provided to adoptive parents; provided to providers of family foster care; available for inspection in criminal cases involving the abuse of older or vulnerable persons; provided to various entities responsible for investigating the abuse or neglect of a child; accessible in cases involving viatical settlements; being accessible in cases involving personal injury claims under a policy of motor vehicle insurance; and accessible by a quality improvement committee of a managed care organization. These provisions also set forth procedures for: the Department of Corrections accessing records of the Division of Mental Health and Developmental Services of the Department of Health and Human Services; access to information related to compensation for certain victims of crimes; the Department of Health and Human Services sharing information among its Divisions and with certain agencies of local governments; the inspection of ambulance or firefighter records by health authorities; and examinations of health insurers and health maintenance organizations by the Commissioner of Insurance.

There are specific provisions in NRS governing the confidentiality of: records containing genetic information; records concerning recipients of governmental assistance; records of clients of the Division of Mental Health and Developmental Services of the Department

of Health and Human Services; records of narcotic addicts; records related to cancer; and records of treatment facilities for alcohol or drugs. In addition, various provisions of NRS set forth specific rules governing the accessibility of records related to: an investigation of communicable disease, infectious disease, or exposure to biological, radiological or chemical agents; birth defects; the use of alcohol or substance abuse during pregnancy; medical records involved in industrial insurance; and records of medical laboratories.

2. Electronic Transmission of Health Information

Pursuant to NRS 439.538, if a covered entity transmits electronically individually identifiable health information in compliance with the provisions of HIPAA, the covered entity is, for purposes of the electronic transmission, exempt from any state law that contains more stringent requirements or provisions concerning the privacy or confidentiality of individually identifiable health information. In addition, this section provides that a covered entity that makes individually identifiable health information available electronically shall allow any person to opt out of having his or her individually identifiable health information disclosed electronically to other covered entities, except under certain circumstances.

3. Maintenance of Medical Records

Additional provisions of NRS deal with the maintenance of medical records. These provisions require certain medical records to be maintained for offenders in prison and persons involved in outdoor youth programs. Physicians and other providers are required to maintain certain records concerning abortions and products made from blood. NRS also makes it unlawful to retain genetic information that identifies a person under certain circumstances.

NRS also sets forth specific rules concerning the length of time providers of health care are required to retain health care records. In addition, the Health Division of the Department of Health and Human Services is authorized to take control of and ensure the safety of the medical records of certain facilities.

4. Prescriptions and Dangerous Drugs

Several of the provisions of NRS governing the dispensing of prescriptions and dangerous drugs will need to be updated so that they are applicable to electronic health information and records, as well as permit the electronic prescribing (e-prescribing or eRx) of medications, excluding controlled substances, to meet federal meaningful use requirements. For example, NRS 453.256 prohibits a controlled substance included in schedule II from being dispensed without the written prescription of a practitioner unless there is an emergency or a facsimile machine is used. There are also several provisions of NRS which refer to “written orders,” “in writing,” “written documentation” and “signatures.”

The provisions of NRS 453.385 require the State Board of Pharmacy to adopt by regulation requirements for transmitting a prescription for a controlled substance to a pharmacy. The regulations adopted for the electronic transmission or transmission by a facsimile machine must not be more stringent than federal law governing such transmission. In addition, NRS 639.2353 provides that a prescription for a controlled substance must not be given by electronic transmission or transmission by a facsimile machine unless authorized by federal law. NRS also contains specific provisions governing the confidentiality of and access to prescriptions.

5. Security of Personal Information

Chapter 603A of NRS contains various provisions to protect personal information, including PHI. These provisions set forth requirements for certain entities that deal with nonpublic personal information. This includes a natural person's first name or first initial and last name in combination with any one or more of the following data elements, when the name and data elements are not encrypted: (1) social security number; (2) driver's license number or identification card number; or (3) account number, credit card number or debit card number, in combination with any required security code, access code or password that would permit access to the person's financial account.

6. Electronic Records and Transactions

The provisions of chapter 719 of NRS contain the Uniform Electronic Transactions Act. These provisions govern electronic transactions, including electronic records and electronic signatures. The provisions of chapter 720 of NRS govern the use of digital signatures.

7. Creation of Medical Records

Various provisions of NRS concerning medical records require certain information to be included in a person's medical record.

8. Medical Records as Evidence in Legal Proceedings

Various provisions of NRS address the use of medical records as evidence in legal proceedings.

9. Billing and Medical Records

Various provisions of NRS set forth requirements regarding billing, billed charges and Uniform Billing and Claims Forms.

10. Miscellaneous Provisions

Miscellaneous provisions of NRS address: health information that must be provided to schools, child care facilities and accommodation facilities; information submitted by

providers to Medicaid; reports concerning cases of epilepsy and persons diagnosed with birth defects or who had adverse birth outcomes; information about births or deaths provided to the State Registrar; requirements of medical certificates of death; documentation required for an abortion; discharge forms used by hospitals; and information required to be submitted by a managed care organization to an external review organization.

Policy Issues Involved in Health Information Technology (HIT) Legislation

The State of Nevada will be faced with many policy decisions as it develops HIT legislation and establishes a legal framework for implementing the provisions of the HITECH Act in Nevada. It would be prudent for the State to consider legislation introduced or enacted in other states as it determines the most effective way to develop HIT legislation in this State.

There are four main policy areas involved in the development of an HIT framework and HIT legislation: 1. Health Information Exchange; 2. Health Record or Data Repository; 3. Electronic Health Records; and 4. Privacy and Security of Electronic Health Records. Some of the issues involved in each of these policies areas are discussed below.

Many of the policy issues related to the effective use of HIT in Nevada might be best addressed in regulation, avoiding the need to amend NRS to accommodate rapidly changing technology and changes to federal law and regulations. In addition, addressing issues in regulation may better enable all stakeholders, such as consumers, providers, payers, state agencies, local governments, and the Nevada System of Higher Education, to participate in the process and provide valuable input and feedback. This is also consistent with the transparent process requirements of the State HIE Cooperative Agreement.

1. Health Information Exchange

Nevada will need to establish an HIE governance structure to enable and support the adoption of electronic health records. The State will first need to determine whether the HIE will be established in NRS or by the Department of Health and Human Services pursuant to regulations. In addition, the State will need to determine the designated entity responsible for operating and managing the HIE and whether this entity will be for-profit or nonprofit. The State will then need to determine the requirements for the governing body of the designated entity and the duties of the designated entity. Nevada could enact legislation similar to that enacted in other states and make oversight of the HIE the responsibility of the Director of the Department of Health and Human Services or another state officer or entity. As in other states, the Director or another state officer or entity could also be responsible for promulgating regulations related to the HIE, including regulations to ensure accountability and safeguard information. A committee or board could be appointed to advise and assist the Director or other state officer or entity. It is worth noting that Nevada has engaged in ongoing planning efforts to implement the

Affordable Care Act (ACA) requirements, and this process is expected to influence these kinds of decisions. Finally, there could be a requirement regarding interoperability of the HIE with other states and the nationwide health information network being developed. Various states have enacted legislation related to HIE which vary in their specificity and in the manner in which they establish and regulate HIEs.

Alaska (Senate Bill 133 from 2009) requires the Alaska Department of Health and Social Services to establish the HIE system and sets forth general requirements by statute. Alaska also requires the Commissioner of the Department of Health and Social Services to designate a qualified entity which may be a private for-profit or nonprofit entity. The advisory or governing body of the designee is required to include certain persons.

Colorado (Senate Bill 196 from 2007) requires the Colorado Health Information Technology Advisory Committee to pursue an interstate compact including an agreement regarding health information exchange and health information technology interoperability with certain states.

Connecticut (Senate Bill 1484 from 2007) established a Connecticut Health Information Network Governing Board to oversee the Connecticut Health Information Network which is responsible for securely integrating state health and social services data consistent with state and federal privacy laws.

Indiana (Senate Bill 511 from 2007) established the Indiana Health Informatics Corporation for the purpose of ensuring and improving the health of the citizens of Indiana by encouraging, facilitating, and assisting in the development and operation of a statewide system for the electronic exchange of health care information and other health informatics functions in Indiana. The Corporation is required to: define a vision for a statewide health information exchange system to electronically exchange health care information between entities in a health care system; prepare a plan to create a statewide health information system; encourage, facilitate, and assist in the development of the statewide health information exchange system; and respond to changes in the market related to a statewide HIE.

Iowa (House Bill 2539 from 2008) requires the Iowa Department of Public Health to direct a public and private collaborative effort to promote the adoption and use of health information in Iowa. The Department of Public Health is required to coordinate the development and implementation of an interoperable electronic health records system, telehealth expansion efforts, the health information technology infrastructure, and other health information technology initiatives in Iowa.

Maryland (House Bill 706 from 2009) requires the Maryland Health Care Commission and the Health Services Cost Review Commission to designate a health information exchange for the state.

Minnesota (House Bill 1078 from 2007) requires the Minnesota Commissioner of Health to establish a Health Information Technology and Infrastructure Advisory Committee to advise the Commissioner on certain matters.

New Jersey (Assembly Bill 4044 from 2007) established the Office for the Development, Implementation, and Deployment of Electronic Health Information Technology or e-HIT and created the New Jersey Health Information Commission. E-HIT in collaboration with the New Jersey Health Information Commission is required to develop, implement and oversee the operation of a statewide health information technology plan.

Oklahoma (Senate Bill 1420 from 2008) requires the Oklahoma State Board of Health to adopt and distribute a standard authorization form for the exchange of health information. The exchange of health data under the authorization form, when used in accordance with the Board's instructions, is immunized from liability in action upon state privacy or privilege law that may be claimed to arise from the exchange of such information.

Rhode Island (House Bill 7409 from 2008) established a statewide HIE under state authority. The Director of the Rhode Island Department of Health is required to develop regulations regarding the confidentiality of patient participant information received, accessed or held by the HIE and is authorized to promulgate such other regulations as the Director deems necessary or desirable. The Department of Health is required to promulgate rules and regulations for the establishment of an HIE Advisory Commission that will be responsible for recommendations relating to the use of, and appropriate confidentiality protections for, the confidential health care information of the HIE, subject to regulatory oversight by the Department of Health.

Texas (House Bill 1066 from 2007) established the Texas Health Services Authority (Corporation) as a public-private collaborative to serve as a catalyst for the development of a seamless electronic health information infrastructure. The Corporation is required to promote, implement, and facilitate the voluntary and secure electronic exchange of health information and create incentives. The Corporation will be governed by a board of 11 directors appointed by the Governor. The Corporation may: establish statewide HIE capabilities; seek funding; support RHIO initiatives; and identify standards.

Utah (House Bill 47 from 2008) authorizes the Utah Department of Health to adopt standards for the electronic exchange of health information and authorizes the Department of Health to require individuals who elect to participate in an electronic exchange of clinical health information to use the standards adopted by the Department.

Wisconsin (Assembly Bill 779 from 2009) allows the Secretary of the Wisconsin Department of Health Services to designate a nonprofit corporation which satisfies certain criteria or to organize and maintain a corporation for purposes related to the development and maintenance of an electronic health information exchange. If the Secretary organizes the corporation, the secretary must appoint as initial members of the board of directors the same categories of individuals as are required for a corporation to be a state designated entity under the HITECH Act.

2. Health Record or Data Repository

Nevada will need to determine the manner in which the health record or data repository will be created, either in statute or in regulation. It will also need to determine which providers, if any, will be required to provide information to the repository. It may also determine that specific providers are authorized to provide such information. The State may also consider the possibility of imposing a civil or criminal penalty for not complying with any requirements regarding the health record/data repository. Finally, the State may want to specify that a provider is not subject to antitrust or unfair competition liability for providing information to the repository.

The State will also need to make policy decisions regarding the information to be included in the health record/data repository and access to that information. First, the State will need to determine whether patient consent regarding opting in or opting out of repository, along with allowing the exchange of their health information with providers and payers. In other words, whether patients will automatically have their records stored in the repository unless they opt out or whether their records will only be included if they opt in. If patients are required to opt in, the State may consider including provisions for a core or basic set of information to be included in HIE which may be accessed in an emergency or a “break glass” provision. If so, the State will need to determine what will be included in this core or basic set of information. Other issues which may be addressed include whether patients can change their minds and opt out of HIE or the repository at any time, whether information will be accessible for mandated public health purposes without patients opting in, and whether patients will be able to choose specific information to share. In addition, the State will need to determine whether individually identifying health information can be released or published from the HIE system for any use other than treatment or billing of the patient who is the subject of the information, and what persons and entities can access such information. The State may consider specifying that patient specific information in the repository may only be disclosed in accordance with the provisions of HIPAA. The State may also consider whether providers can only access records of current patients, whether providers are required to “break glass” to obtain data on a patient they have not yet treated, and whether patients can access their information at no cost.

In addition, the State might include in the statutes or regulations related to the health record/data repository provisions related to immunity from liability. These provisions might provide for immunity from liability for a health care provider or other authorized person or entity that releases or accesses a patient’s health record in good faith. In addition, the State might want to impose a civil or criminal penalty for releasing information in bad faith. The State might specify that a health care provider is immune from liability for a decision based on a record from the repository. Finally, the State might include provisions setting forth immunity from liability for a provider of health care for any harm caused by the exclusion of information from the repository.

Various states have already enacted legislation concerning the establishment and operation of health record/data repositories which may provide some model language depending on the policy decisions made in this State. Also, the Health Record Baking Alliance is expected to issue suggested provisions later this year. Another resource for consideration is the proposed Independent Health Record Trust Act of 2007 (http://www.cerner.com/public/Cerner_3.asp?id=26400).

Alaska (Senate Bill 133 from 2009) requires the Alaska Department of Health and Social Services to establish and implement a statewide electronic health information exchange system and sets forth the requirements for the system.

Connecticut (Senate Bill 1484 from 2007) requires the Connecticut Department of Public Health to develop electronic data standards to facilitate the development of a state-wide, integrated electronic health information system for use by health care providers and institutions that are funded by the State. The electronic data standards shall: (1) include provisions relating to security, privacy, data content, structures and format, vocabulary and transmission protocols; (2) be compatible with any national data standards in order to allow for interstate interoperability; (3) permit the collection of health information in a standard electronic format; and (4) be compatible with the requirements for an electronic health information system.

Florida (Senate Bill 162 from 2009) authorizes a health care provider to release or access an identifiable health record of a patient without the patient's consent for use in the treatment of the patient for an emergency medical condition when the health care provider is unable to obtain consent due to the patient's condition or the nature of the situation requiring immediate medical attention.

Mississippi (House Bill 941 from 2010) specifies that no person will be subject to antitrust or unfair competition liability based on membership or participation in the Mississippi Health Information Network, which provides an essential governmental function for the public health and safety. Mississippi also provides that patient specific health information may be disclosed only in accordance with the provisions of HIPAA.

New Hampshire (House Bill 542 from 2009) authorizes health care providers and business associates of health care providers to disclose an individual's protected health information to a HIE. New Hampshire specifically provides that a health care provider may not be required to participate in a HIE as a condition of payment or participation. New Hampshire also requires an individual to be given an opportunity to opt out of sharing protected health information through a health information exchange.

New Mexico (Senate Bill 278 from 2009) provides that information in an individual's electronic medical record may be disclosed to a provider that has a need for information about the individual to treat a condition that poses an immediate threat to the life of any individual and that requires immediate medical attention. New Mexico also provides that if a person requests to exclude all of his or her information from the record locating

service, a provider is not liable for any harm to the individual caused by the exclusion of the information.

North Dakota (Senate Bill 2237 from 2009) provides that a health care provider who makes good-faith health care decisions in reliance on the provisions of an apparently genuine health care record received from the registry is immune from criminal and civil liability.

In Rhode Island (House Bill 7409 from 2008), patients and health care providers have the choice of participating in the HIE. A patient's information may only be accessed, released or transferred from the HIE in accordance with an authorization form signed by the patient or the patient's authorized representative, except: (1) to a health care provider who believes in good faith that the information is necessary for diagnosis or treatment of that person in an emergency; (2) to public health authorities to carry out certain functions; and (3) to the Regional Health Information Organization to oversee the HIE. Rhode Island provides that a health care provider who relies in good faith upon any information provided through the HIE in his or her treatment of a patient is immune from criminal and civil liability arising from any damages caused by such good faith reliance.

3. Electronic Health Records

The issues Nevada might address concerning EHRs include who, if anyone, will be required to create and use EHRs and whether there will be a civil or criminal penalty for not complying. In addition, the State may establish in statute or regulation the requirements for maintaining EHRs and determine whether there will be a civil or criminal penalty for failing to maintain the records in accordance with law or regulation. Following the examples set by other states, the Director of the Department of Health and Human Services or another state officer or entity might be required to set forth in regulation the format which must be used for creating electronic health records. Finally, the State will need to address issues of e-prescribing, including whether it will require the use of an electronic prescription drug program for transmitting prescriptions and prescription-related information. In addressing e-prescribing issues, the policymakers and drafters should closely examine the existing provisions of NRS related to prescriptions and dangerous drugs discussed above should be closely examined as the proposed legislation is drafted to ensure that any necessary amendments are made to the existing provisions of NRS.

Several other states have enacted legislation to address EHRs and e-prescribing issues in various ways.

Florida (House Bill 1155 from 2007) requires the Florida Health Care Administration to create an e-prescribing clearing house and to monitor and report on implementation of electronic prescribing.

Maryland (House Bill 706 from 2009) requires the Maryland Health Care Commission to adopt regulations that require state-regulated payors to provide incentives to health care

providers to promote the meaningful use of electronic health records. In addition, on or after January 2, 2015, each health care provider using an electronic health record that seeks payment from a state-regulated payor shall use electronic health records that meet certain requirements.

Massachusetts (House Bill 4141 from 2007) creates an electronic health records systems task force that is required to: (1) develop an electronic health records system that links multiple settings including, but not limited to, the MassHealth and SCHIP programs, programs administered by the commonwealth connector, and programs serving children in foster care, that utilize health records, and that is consistent with requirements for community health records and electronic prescribing; and (2) evaluate the economic model and the anticipated benefits of electronic health records.

Minnesota (House Bill 1078 from 2007) requires all hospitals and health care providers to have in place by January 1, 2015, an interoperable electronic health records system. The Minnesota Commissioner of Health is required to develop uniform standards for the system. Minnesota (Senate Bill 3780 from 2008) also requires all hospitals and health care providers, when implementing an interoperable health records system, to use an electronic health record that is certified by the Certification Commission for Healthcare Information Technology or its successor. In addition, Minnesota has established an e-prescribing program. Effective January 1, 2011, all providers, group purchasers, prescribers, and dispensers are required to establish and maintain an e-prescribing program.

New Hampshire (House Bill 134 from 2007) requires electronic prescriptions to include a minimum set of data and prohibits the use of prescription information for any purpose other than transmission of prescriptions, prescription refills and clinical information displayed to the prescriber or pharmacist by entities that have access to the data solely for the purpose of transmitting or facilitating the transmission of prescriptions between the prescriber and the pharmacy.

New Mexico (Senate Bill 278 from 2009) provides that if a law or rule requires a medical record to be in writing, or if a law or rule requires a signature pertaining to a medical record, an electronic medical record or an electronic signature satisfies that law or rule, except for a court rule. Similar provisions are included for retaining electronic medical records.

South Carolina (Senate Bill 610 from 2007) authorizes and establishes procedures for e-prescribing, including contents of the prescription, acceptable methods of electronic prescription transmission, criteria and safeguards for the electronic equipment utilized to electronically transmit prescriptions, patient's confidentiality, and sanctions for violations.

Utah (House Bill 128 from 2009) requires a practitioner to provide each existing patient of the practitioner with the option to participate in electronic prescribing, if the practitioner prescribes a drug or device for the patient on or after July 1, 2012.

4. Privacy and Security of Electronic Health Records

As mentioned above, there are existing provisions of NRS dealing with the privacy of health records and access to such records. These existing provisions will also be applicable to electronic health records. Nevada may want to consider enacting additional provisions to ensure the integrity and confidentiality of EHRs, and to address privacy and confidentiality concerns expressed by both patients and providers. These provisions might include requiring the HIE and health record/data repository to maintain an audit log of health care providers who access personal health information. In addition, the State might enact provisions to require health care facilities and providers to prevent unlawful or unauthorized access to, or use or disclosure of, a patient's electronic health records. Finally, as has been done in other states, the State could require the Director of the Department of Health and Human Services or another state officer or entity to promulgate regulations to ensure the security of electronic health records, including information in the HIE and the health record repository. These regulations could also ensure that privacy concerns such as those raised by the ACLU in its January 9, 2010 and April 20, 2010 memos to the Nevada HIT Blue Ribbon Task Force are addressed.

Various states have already enacting statutory provisions regarding the privacy and safety of electronic health records.

Alaska (Senate Bill 133 from 2009) requires the Alaska Department of Health and Social Services to establish appropriate security standards to protect the transmission and receipt of individually identifiable information contained in the statewide electronic health information exchange system and sets forth the requirements for the security standards.

California (Senate Bill 541 from 2008) requires health facilities, clinics, hospices, and home health agencies to prevent unlawful or unauthorized access to, or use or disclosure of, a patient's medical information, as defined. The bill authorizes the department to assess an administrative penalty of up to \$25,000 per patient for a violation of these provisions, and up to \$17,500 for each subsequent accessing, use, or disclosure of that information. This bill imposes specified reporting requirements on a health facility or agency with respect to unlawful or unauthorized access to, or use or disclosure of, a patient's medical information, and authorizes the State Department of Public Health to assess a penalty for the failure to report, in the amount of \$100 for each day that the unlawful or unauthorized access, use, or disclosure is not reported, up to a maximum of \$250,000. The bill authorizes a licensee to dispute a determination of the Department regarding a failure to make a report required by the bill.

Louisiana considered, but did not enact, a bill (House Bill 1073 from 2008) that would have required the Health Information Exchange to maintain an audit log of health care providers who access personal health information, and specified what that log must include.

New Hampshire (House Bill 542 from 2009) requires a HIE to maintain an audit log of health care providers who access protected health information. New Hampshire is considering a bill (House Bill 1649 from 2010) setting forth the details of a patient report based on the audit trail of who accessed the patient's health care records.

New Mexico (Senate Bill 278 from 2009) requires an audit log and sets forth the requirements for the log.

In Rhode Island (House Bill 7409 from 2008), the HIE must be subject to at least the following security procedures:

- (a) Authenticate the recipient of any confidential health care information disclosed by the HIE pursuant to this chapter pursuant to rules and regulations promulgated by the agency.
- (b) Limit authorized access to personally identifiable confidential health care information to persons having a need to know that information; additional employees or agents may have access to de-identified information;
- (c) Identify an individual or individuals who have responsibility for maintaining security procedures for the HIE;
- (d) Provide an electronic or written statement to each employee or agent as to the necessity of maintaining the security and confidentiality of confidential health care information, and of the penalties provided for in this chapter for the unauthorized access, release, transfer, use, or disclosure of this information; and
- (e) Take no disciplinary or punitive action against any employee or agent for bringing evidence of violation of this chapter to the attention of any person.

Conclusion

Nevada does not have a comprehensive statutory framework in place to address health information and HIT issues. Instead, the existing statutes concerning these issues are scattered throughout NRS, and have often been adopted and amended independently of each other. In addition, these statutes, for the most part, do not specifically address issues involving electronic health information. In enacting HIT legislation in Nevada, it will be prudent for Nevada policymakers and drafters to examine the existing provisions of NRS related to health information set forth in this report, to ensure that these provisions are consistent with the new provisions being added by the proposed legislation. In addition, legislation adopted in other states and summarized in this report may serve as useful models for policymakers and drafters as they decide what provisions to include in Nevada's statutes and regulations to implement the federal HITECH Act in this State.

Appendix A

NRS Sections Related to Health Information

Definitions

NRS 422.510: “Records” means medical, professional or business records relating to the treatment or care of a recipient, or to a good or a service provided to a recipient, or to rates paid for such a good or a service, and records required to be kept by the [State] Plan [for Medicaid].

NRS 629.021: “Health care records” means any reports, notes, orders, photographs, X rays or other recorded data or information whether maintained in written, electronic or other form which is received or produced by a provider of health care, or any person employed by a provider of health care, and contains information relating to the medical history, examination, diagnosis or treatment of the patient.

Access to Medical Records/Confidentiality of Medical Records

NRS 41.200: 1. If an unemancipated minor has a disputed claim for money against a third person, either parent, or if the parents of the minor are living separate and apart, then the custodial parent, or if no custody award has been made, the parent with whom the minor is living, or if a general guardian or guardian of the estate of the minor has been appointed, then that guardian, has the right to compromise the claim. Such a compromise is not effective until it is approved by the district court of the county where the minor resides, or if the minor is not a resident of the State of Nevada, then by the district court of the county where the claim was incurred, upon a verified petition in writing, regularly filed with the court.

2. The petition must set forth:

(a) The name, age and residence of the minor;

(b) The facts which bring the minor within the purview of this section, including:

(1) The circumstances which make it a disputed claim for money;

(2) The name of the third person against whom the claim is made; and

(3) If the claim is the result of an accident, the date, place and facts of the

accident;

(c) The names and residence of the parents or the legal guardian of the minor;

(d) The name and residence of the person or persons having physical custody or control of the minor;

(e) The name and residence of the petitioner and the relationship of the petitioner to the minor;

(f) The total amount of the proceeds of the proposed compromise and the apportionment of those proceeds, including the amount to be used for:

(1) Attorney’s fees and whether the attorney’s fees are fixed or contingent fees, and if the attorney’s fees are contingent fees the percentage of the proceeds to be paid as

attorney's fees;

(2) Medical expenses; and

(3) Other expenses,

and whether these fees and expenses are to be deducted before or after the calculation of any contingency fee;

(g) Whether the petitioner believes the acceptance of this compromise is in the best interest of the minor; and

(h) That the petitioner has been advised and understands that acceptance of the compromise will bar the minor from seeking further relief from the third person offering the compromise.

3. If the claim involves a personal injury suffered by the minor, the petitioner must submit all relevant medical and health care records to the court at the compromise hearing. The records must include documentation of:

(a) The injury, prognosis, treatment and progress of recovery of the minor; and

(b) The amount of medical expenses incurred to date, the nature and amount of medical expenses which have been paid and by whom, any amount owing for medical expenses and an estimate of the amount of medical expenses which may be incurred in the future.

4. If the court approves the compromise of the claim of the minor, the court must direct the money to be paid to the father, mother or guardian of the minor, with or without the filing of any bond, or it must require a general guardian or guardian ad litem to be appointed and the money to be paid to the guardian or guardian ad litem, with or without a bond, as the court, in its discretion, deems to be in the best interests of the minor.

5. Upon receiving the proceeds of the compromise, the parent or guardian to whom the proceeds of the compromise are ordered to be paid, shall establish a blocked financial investment for the benefit of the minor with the proceeds of the compromise. Money may be obtained from the blocked financial investment only pursuant to subsection 6. Within 30 days after receiving the proceeds of the compromise, the parent or guardian shall file with the court proof that the blocked financial investment has been established. If the balance of the investment is more than \$10,000, the parent, guardian or person in charge of managing the investment shall annually file with the court a verified report detailing the activities of the investment during the previous 12 months. If the balance of the investment is \$10,000 or less, the court may order the parent, guardian or person in charge of managing the investment to file such periodic verified reports as the court deems appropriate. The court may hold a hearing on a verified report only if it deems a hearing necessary to receive an explanation of the activities of the investment.

6. The beneficiary of a block financial investment may obtain control of or money from the investment:

(a) By an order of the court which held the compromise hearing; or

(b) By certification of the court which held the compromise hearing that the beneficiary has reached the age of 18 years, at which time control of the investment must be transferred to the beneficiary or the investment must be closed and the money distributed to the beneficiary.

7. The clerk of the district court shall not charge any fee for filing a petition for leave to compromise or for placing the petition upon the calendar to be heard by the court.

8. As used in this section, the term “blocked financial investment” means a savings account established in a depository institution in this state, a certificate of deposit, a United States savings bond, a fixed or variable annuity contract, or another reliable investment that is approved by the court.

NRS 62E.620: 1. The juvenile court shall order a delinquent child to undergo an evaluation to determine whether the child is an abuser of alcohol or other drugs if the child committed:

- (a) An unlawful act in violation of NRS 484C.110, 484C.120, 484C.130 or 484C.430;
- (b) The unlawful act of using, possessing, selling or distributing a controlled substance; or
- (c) The unlawful act of purchasing, consuming or possessing an alcoholic beverage in violation of NRS 202.020.

2. Except as otherwise provided in subsection 3, an evaluation of the child must be conducted by:

- (a) A clinical alcohol and drug abuse counselor who is licensed, an alcohol and drug abuse counselor who is licensed or certified, or an alcohol and drug abuse counselor intern or a clinical alcohol and drug abuse counselor intern who is certified, pursuant to chapter 641C of NRS, to make that classification; or
- (b) A physician who is certified to make that classification by the Board of Medical Examiners.

3. If the child resides in this State but the nearest location at which an evaluation may be conducted is in another state, the court may allow the evaluation to be conducted in the other state if the person conducting the evaluation:

- (a) Possesses qualifications that are substantially similar to the qualifications described in subsection 2;
- (b) Holds an appropriate license, certificate or credential issued by a regulatory agency in the other state; and
- (c) Is in good standing with the regulatory agency in the other state.

4. The evaluation of the child may be conducted at an evaluation center.

5. The person who conducts the evaluation of the child shall report to the juvenile court the results of the evaluation and make a recommendation to the juvenile court concerning the length and type of treatment required for the child.

6. The juvenile court shall:

(a) Order the child to undergo a program of treatment as recommended by the person who conducts the evaluation of the child.

(b) Require the treatment facility to submit monthly reports on the treatment of the child pursuant to this section.

(c) Order the child or the parent or guardian of the child, or both, to the extent of their financial ability, to pay any charges relating to the evaluation and treatment of the child pursuant to this section. If the child or the parent or guardian of the child, or both, do not have the financial resources to pay all those charges:

(1) The juvenile court shall, to the extent possible, arrange for the child to receive treatment from a treatment facility which receives a sufficient amount of federal or state money to offset the remainder of the costs; and

(2) The juvenile court may order the child, in lieu of paying the charges relating

to the child's evaluation and treatment, to perform community service.

7. After a treatment facility has certified a child's successful completion of a program of treatment ordered pursuant to this section, the treatment facility is not liable for any damages to person or property caused by a child who:

(a) Drives, operates or is in actual physical control of a vehicle or a vessel under power or sail while under the influence of intoxicating liquor or a controlled substance; or

(b) Engages in any other conduct prohibited by NRS 484C.110, 484C.120, 484C.130, 484C.430, subsection 2 of NRS 488.400, NRS 488.410, 488.420 or 488.425 or a law of any other jurisdiction that prohibits the same or similar conduct.

8. The provisions of this section do not prohibit the juvenile court from:

(a) Requiring an evaluation to be conducted by a person who is employed by a private company if the company meets the standards of the Health Division of the Department of Health and Human Services. The evaluation may be conducted at an evaluation center.

(b) Ordering the child to attend a program of treatment which is administered by a private company.

9. Except as otherwise provided in section 6 of chapter 435, Statutes of Nevada 2007, all information relating to the evaluation or treatment of a child pursuant to this section is confidential and, except as otherwise authorized by the provisions of this title or the juvenile court, must not be disclosed to any person other than:

(a) The juvenile court;

(b) The child;

(c) The attorney for the child, if any;

(d) The parents or guardian of the child;

(e) The district attorney; and

(f) Any other person for whom the communication of that information is necessary to effectuate the evaluation or treatment of the child.

10. A record of any finding that a child has violated the provisions of NRS 484C.110, 484C.120, 484C.130 or 484C.430 must be included in the driver's record of that child for 7 years after the date of the offense.

NRS 108.640: Any party legally liable or against whom a claim shall be asserted for compensation or damages for injuries shall have a right to examine and make copies of all records of any hospital in reference to and connected with the hospitalization of such injured person.

NRS 127.152: 1. Except as otherwise provided in subsection 3, the agency which provides child welfare services or a licensed child-placing agency shall provide the adopting parents of a child with a report which includes:

(a) A copy of any medical records of the child which are in the possession of the agency which provides child welfare services or licensed child-placing agency.

(b) Any information obtained by the agency which provides child welfare services or licensed child-placing agency during interviews of the natural parent regarding:

(1) The medical and sociological history of the child and the natural parents of the child; and

(2) Any behavioral, emotional or psychological problems that the child may have. Information regarding any behavioral, emotional or psychological problems that the

child may have must be discussed in accordance with policies established by an agency which provides child welfare services and a child-placing agency pursuant to regulations adopted by the Division for the disclosure of such information.

(c) Written information regarding any subsidies, assistance and other services that may be available to the child if it is determined pursuant to NRS 127.186 that the child has any special needs.

2. The agency which provides child welfare services or child-placing agency shall obtain from the adopting parents written confirmation that the adopting parents have received the report required pursuant to subsection 1.

3. The report required pursuant to subsection 1 must exclude any information that would lead to the identification of the natural parent.

4. The Division shall adopt regulations specifying the procedure and format for the provision of information pursuant to this section, which may include the provision of a summary of certain information. If a summary is provided pursuant to this section, the adopting parents of the child may also obtain the information set forth in subsection 1.

NRS 178.453: 1. The Administrator [of the Division of Mental Health and Developmental Services] or the Administrator's designee may request from the Department of Corrections access to any records in its possession which contain information that may assist in evaluating and treating a defendant who previously has served a term of imprisonment under the supervision of the Department of Corrections and who is committed to the custody of or ordered to report to the Administrator or the Administrator's designee pursuant to NRS 178.425, 178.460, 178.461 or 178.464.

2. Unless otherwise ordered by a court, upon request of the Administrator or the Administrator's designee for access to records of a defendant pursuant to subsection 1, the Department of Corrections, through the designated medical director, shall provide access to any such records, including, without limitation, relevant medical and mental health records, for the limited purpose of allowing the Administrator or the Administrator's designee to evaluate and treat the defendant.

3. No oral or written consent of the defendant is required for the Administrator or the Administrator's designee to obtain access to records from the Department of Corrections pursuant to this section.

4. As used in this section, "designated medical director" means the designated administrative officer of the Department of Corrections who is responsible for the medical treatment of offenders.

NRS 200.50984: 1. Notwithstanding any other statute to the contrary, the local office of the Aging and Disability Services Division of the Department of Health and Human Services and a county's office for protective services, if one exists in the county where a violation is alleged to have occurred, may for the purpose of investigating an alleged violation of NRS 200.5091 to 200.50995, inclusive, inspect all records pertaining to the older person on whose behalf the investigation is being conducted, including, but not limited to, that person's medical and financial records.

2. Except as otherwise provided in this subsection, if a guardian has not been appointed for the older person, the Aging and Disability Services Division or the county's office for protective services shall obtain the consent of the older person before

inspecting those records. If the Aging and Disability Services Division or the county's office for protective services determines that the older person is unable to consent to the inspection, the inspection may be conducted without his or her consent. Except as otherwise provided in this subsection, if a guardian has been appointed for the older person, the Aging and Disability Services Division or the county's office for protective services shall obtain the consent of the guardian before inspecting those records. If the Aging and Disability Services Division or the county's office for protective services has reasonable cause to believe that the guardian is abusing, neglecting, exploiting or isolating the older person, the inspection may be conducted without the consent of the guardian, except that if the records to be inspected are in the personal possession of the guardian, the inspection must be approved by a court of competent jurisdiction.

NRS 209.3515: 1. The Director [of the Department of Corrections], through the designated medical director, may request from the Division of Mental Health and Developmental Services of the Department of Health and Human Services access to any records in its possession which contain information that may assist in evaluating, caring for and providing treatment to an offender who previously was committed to the custody of or ordered to report to the Administrator or the Administrator's designee pursuant to NRS 178.425 or 178.460.

2. Unless otherwise ordered by a court, upon a request for access to records of an offender pursuant to subsection 1, the Division of Mental Health and Developmental Services of the Department of Health and Human Services shall provide access to any such records, including, without limitation, relevant medical and mental health records, for the limited purpose of allowing the Director or the designated medical director to evaluate, care for and provide treatment to the offender.

3. The Director, through the designated medical director, may provide to the Division of Mental Health and Developmental Services of the Department of Health and Human Services or to other community medical or mental health care providers, relevant medical and mental health records of an offender serving a term of imprisonment under the custody of the Department of Corrections, for the purposes of planning the discharge of the offender and assuring the continuity of evaluation, care and treatment of the offender in the community after release from incarceration.

4. No oral or written consent of the offender is required to obtain access to records from the Division of Mental Health and Developmental Services of the Department of Health and Human Services or the Department of Corrections pursuant to this section.

5. As used in this section, "designated medical director" means the designated administrative officer of the Department who is responsible for the medical treatment of offenders.

NRS 217.090: 1. The Clerk of the Board shall appoint one or more compensation officers.

2. A compensation officer shall:

(a) Conduct an investigation to determine the eligibility of the applicant for aid, including but not limited to:

(1) Compiling bills and medical reports from physicians who have treated the victim for his or her injury;

(2) Obtaining from the victim a signed affidavit indicating the amount of any wages allegedly lost because of the injury and verifying that information with the employer of the victim;

(3) Obtaining and reviewing reports of peace officers and statements of witnesses; and

(4) Determining the availability to the applicant of any insurance benefits or other source from which the applicant is eligible to be compensated on account of his or her injuries or the death of the victim.

(b) After completing the investigation, make a determination of eligibility and render a written decision, including an order directing payment of compensation, if compensation is due.

3. Each compensation officer appointed by the Board must receive at least 8 hours of instruction concerning the methods used to interview victims of crime before the compensation officer may conduct interviews as a compensation officer.

NRS 217.100: 1. Any person eligible for compensation under the provisions of NRS 217.010 to 217.270, inclusive, may apply to the Board for such compensation. Where the person entitled to make application is:

(a) A minor, the application may be made on his or her behalf by a parent or guardian.

(b) Mentally incompetent, the application may be made on his or her behalf by a parent, guardian or other person authorized to administer his or her estate.

2. The applicant must submit with his or her application the reports, if reasonably available, from all physicians who, at the time of or subsequent to the victim's injury or death, treated or examined the victim in relation to the injury for which compensation is claimed.

NRS 217.105: Any information which a compensation officer obtains in the investigation of a claim for compensation pursuant to NRS 217.090 or which is submitted pursuant to NRS 217.100 is confidential and must not be disclosed except:

1. Upon the request of the applicant or the applicant's attorney;
2. In the necessary administration of this chapter; or
3. Upon the lawful order of a court of competent jurisdiction,

unless the disclosure is otherwise prohibited by law.

NRS 217.110: 1. Upon receipt of an application for compensation, the compensation officer shall review the application to determine whether the applicant qualifies for compensation. The compensation officer shall deny the claim within 5 days after receipt of the application if the applicant's ineligibility is apparent from the facts stated in the application. The applicant may appeal the denial to a hearing officer within 60 days after the decision. If the hearing officer determines that the applicant may be entitled to compensation, the hearing officer shall order the compensation officer to complete an investigation and render a decision pursuant to subsection 2. If the hearing officer denies the appeal, the applicant may appeal to an appeals officer pursuant to NRS 217.117.

2. If the compensation officer does not deny the application pursuant to subsection 1, or if the compensation officer is ordered to proceed by the hearing officer, the

compensation officer shall conduct an investigation and, except as otherwise provided in subsection 6, render a decision within 60 days after receipt of the application or order. If, in conducting an investigation, the compensation officer believes that:

(a) Reports on the previous medical history of the victim;

(b) An examination of the victim and a report of that examination;

(c) A report on the cause of death of the victim by an impartial medical expert; or

(d) Investigative or police reports.

would aid the compensation officer in making a decision, the compensation officer may order the reports.

3. If a compensation officer submits a request pursuant to subsection 2 for investigative or police reports which concern:

(a) A natural person, other than a minor, who committed a crime against the victim, a law enforcement agency shall provide the compensation officer with a copy of the requested investigative or police reports within 10 days after receipt of the request or within 10 days after the reports are completed, whichever is later.

(b) A minor who committed a crime against the victim, a juvenile court or a law enforcement agency shall provide the compensation officer with a copy of the requested investigative or police reports within 10 days after receipt of the request or within 10 days after the reports are completed, whichever is later.

4. A law enforcement agency or a juvenile court shall not redact any information, except information deemed confidential, from an investigative or police report before providing a copy of the requested report to a compensation officer pursuant to subsection 3.

5. Any reports obtained by a compensation officer pursuant to subsection 3 are confidential and must not be disclosed except upon the lawful order of a court of competent jurisdiction.

6. When additional reports are requested pursuant to subsection 2, the compensation officer shall render a decision in the case, including an order directing the payment of compensation if compensation is due, within 15 days after receipt of the reports.

NRS 232.357: The divisions of the Department [of Health and Human Services], in the performance of their official duties, may share information in their possession amongst themselves which is otherwise declared confidential by statute, if the confidentiality of the information is otherwise maintained under the terms and conditions required by law. The divisions of the Department may share confidential information with agencies of local governments which are responsible for the collection of debts or obligations or for aiding the Department in its official duties if the confidentiality of the information is otherwise maintained under the terms and conditions required by law.

NRS 396.525: 1. Except as otherwise provided in subsection 2 and NRS 239.0115 and 439.538, the records of the genetics program concerning the clients and families of clients are confidential.

2. The genetics program may share information in its possession with the University of Nevada School of Medicine and the Health Division of the Department of Health and Human Services, if the confidentiality of the information is otherwise maintained in accordance with the terms and conditions required by law.

NRS 422.290 1. To restrict the use or disclosure of any information concerning applicants for and recipients of public assistance or assistance pursuant to the Children's Health Insurance Program to purposes directly connected to the administration of this chapter, and to provide safeguards therefor, under the applicable provisions of the Social Security Act, the Division shall establish and enforce reasonable regulations governing the custody, use and preservation of any records, files and communications filed with the Division.

2. If, pursuant to a specific statute or a regulation of the Division, names and addresses of, or information concerning, applicants for and recipients of assistance, including, without limitation, assistance pursuant to the Children's Health Insurance Program, are furnished to or held by any other agency or department of government, such agency or department of government is bound by the regulations of the Division prohibiting the publication of lists and records thereof or their use for purposes not directly connected with the administration of this chapter.

3. Except for purposes directly connected with the administration of this chapter, no person may publish, disclose or use, or permit or cause to be published, disclosed or used, any confidential information pertaining to a recipient of assistance, including, without limitation, a recipient of assistance pursuant to the Children's Health Insurance Program, under the provisions of this chapter.

NRS 422A.320: 1. To restrict the use or disclosure of any information concerning applicants for and recipients of public assistance or assistance pursuant to the Children's Health Insurance Program to purposes directly connected to the administration of this chapter, and to provide safeguards therefor, under the applicable provisions of the Social Security Act, the Division shall establish and enforce reasonable regulations governing the custody, use and preservation of any records, files and communications filed with the Division.

2. If, pursuant to a specific statute or a regulation of the Division, names and addresses of, or information concerning, applicants for and recipients of assistance, including, without limitation, assistance pursuant to the Children's Health Insurance Program, are furnished to or held by any other agency or department of government, such agency or department of government is bound by the regulations of the Division prohibiting the publication of lists and records thereof or their use for purposes not directly connected with the administration of this chapter.

3. Except for purposes directly connected with the administration of this chapter, no person may publish, disclose or use, or permit or cause to be published, disclosed or used, any confidential information pertaining to a recipient of assistance, including, without limitation, a recipient of assistance pursuant to the Children's Health Insurance Program, under the provisions of this chapter.

NRS 424.038: 1. Before placing, and during the placement of, a child in a family foster home, the licensing authority shall provide to the provider of family foster care such information relating to the child as is necessary to ensure the health and safety of the child and the other residents of the family foster home. This information must include the medical history and previous behavior of the child to the extent that such information is

available.

2. The provider of family foster care may, at any time before, during or after the placement of the child in the family foster home, request information about the child from the licensing authority. After the child has left the care of the provider, the licensing authority shall provide the information requested by the provider, unless the information is otherwise declared to be confidential by law or the licensing authority determines that providing the information is not in the best interests of the child.

3. The provider of family foster care shall maintain the confidentiality of information obtained pursuant to this section under the terms and conditions otherwise required by law.

4. The Division shall adopt regulations specifying the procedure and format for the provision of information pursuant to this section, which may include the provision of a summary of certain information. If a summary is provided pursuant to this section, the provider of family foster care may also obtain the information set forth in subsections 1 and 2.

NRS 432B.270: 1. A designee of an agency investigating a report of abuse or neglect of a child may, without the consent of and outside the presence of any person responsible for the child's welfare, interview a child and any sibling of the child, if an interview is deemed appropriate by the designee, concerning any possible abuse or neglect. The child and any sibling of the child may be interviewed, if an interview is deemed appropriate by the designee, at any place where the child or any sibling of the child is found. A designee who conducts an interview pursuant to this subsection must be trained adequately to interview children. The designee shall, immediately after the conclusion of the interview, if reasonably possible, notify a person responsible for the child's welfare that the child or sibling was interviewed, unless the designee determines that such notification would endanger the child or sibling.

2. A designee of an agency investigating a report of abuse or neglect of a child may, without the consent of the person responsible for a child's welfare:

(a) Take or cause to be taken photographs of the child's body, including the areas of trauma; and

(b) If indicated after consultation with a physician, cause X rays or medical tests to be performed on a child.

3. Upon the taking of any photographs or X rays or the performance of any medical tests pursuant to subsection 2, the person responsible for the child's welfare must be notified immediately, if reasonably possible, unless the designee determines that the notification would endanger the child. The reasonable cost of these photographs, X rays or medical tests must be paid by the agency which provides child welfare services if money is not otherwise available.

4. Any photographs or X rays taken or records of any medical tests performed pursuant to subsection 2, or any medical records relating to the examination or treatment of a child pursuant to this section, or copies thereof, must be sent to the agency which provides child welfare services, the law enforcement agency participating in the investigation of the report and the prosecuting attorney's office. Each photograph, X ray, result of a medical test or other medical record:

(a) Must be accompanied by a statement or certificate signed by the custodian of

medical records of the health care facility where the photograph or X ray was taken or the treatment, examination or medical test was performed, indicating:

- (1) The name of the child;
- (2) The name and address of the person who took the photograph or X ray, performed the medical test, or examined or treated the child; and
- (3) The date on which the photograph or X ray was taken or the treatment, examination or medical test was performed;

(b) Is admissible in any proceeding relating to the abuse or neglect of the child; and

(c) May be given to the child's parent or guardian if the parent or guardian pays the cost of duplicating them.

5. As used in this section, "medical test" means any test performed by or caused to be performed by a provider of health care, including, without limitation, a computerized axial tomography scan and magnetic resonance imaging.

NRS 432B.280: 1. Except as otherwise provided in NRS 239.0115, 432B.165, 432B.175 and 439.538 and except as otherwise authorized or required pursuant to NRS 432B.290, reports made pursuant to this chapter, as well as all records concerning these reports and investigations thereof, are confidential.

2. Any person, law enforcement agency or public agency, institution or facility who willfully releases data or information concerning such reports and investigations, except:

- (a) Pursuant to a criminal prosecution relating to the abuse or neglect of a child;
- (b) As otherwise authorized pursuant to NRS 432B.165 and 432B.175;
- (c) As otherwise authorized or required pursuant to NRS 432B.290;
- (d) As otherwise authorized or required pursuant to NRS 439.538; or
- (e) As otherwise required pursuant to NRS 432B.513,

is guilty of a misdemeanor.

NRS 432B.290: 1. Except as otherwise provided in subsections 2 and 3 and NRS 432B.165, 432B.175 and 432B.513, data or information concerning reports and investigations thereof made pursuant to this chapter may be made available only to:

(a) A physician, if the physician has before him or her a child who the physician has reasonable cause to believe has been abused or neglected;

(b) A person authorized to place a child in protective custody, if the person has before him or her a child who the person has reasonable cause to believe has been abused or neglected and the person requires the information to determine whether to place the child in protective custody;

(c) An agency, including, without limitation, an agency in another jurisdiction, responsible for or authorized to undertake the care, treatment or supervision of:

- (1) The child; or
- (2) The person responsible for the welfare of the child;

(d) A district attorney or other law enforcement officer who requires the information in connection with an investigation or prosecution of the abuse or neglect of a child;

(e) A court, for in camera inspection only, unless the court determines that public disclosure of the information is necessary for the determination of an issue before it;

(f) A person engaged in bona fide research or an audit, but information identifying the subjects of a report must not be made available to the person;

- (g) The attorney and the guardian ad litem of the child;
 - (h) A grand jury upon its determination that access to these records is necessary in the conduct of its official business;
 - (i) A federal, state or local governmental entity, or an agency of such an entity, that needs access to the information to carry out its legal responsibilities to protect children from abuse and neglect;
 - (j) A person or an organization that has entered into a written agreement with an agency which provides child welfare services to provide assessments or services and that has been trained to make such assessments or provide such services;
 - (k) A team organized pursuant to NRS 432B.350 for the protection of a child;
 - (l) A team organized pursuant to NRS 432B.405 to review the death of a child;
 - (m) A parent or legal guardian of the child and an attorney of a parent or guardian of the child, if the identity of the person responsible for reporting the abuse or neglect of the child to a public agency is kept confidential;
 - (n) The persons who are the subject of a report;
 - (o) An agency that is authorized by law to license foster homes or facilities for children or to investigate persons applying for approval to adopt a child, if the agency has before it an application for that license or is investigating an applicant to adopt a child;
 - (p) Upon written consent of the parent, any officer of this State or a city or county thereof or Legislator authorized, by the agency or department having jurisdiction or by the Legislature, acting within its jurisdiction, to investigate the activities or programs of an agency which provides child welfare services if:
 - (1) The identity of the person making the report is kept confidential; and
 - (2) The officer, Legislator or a member of the family of the officer or Legislator is not the person alleged to have committed the abuse or neglect;
 - (q) The Division of Parole and Probation of the Department of Public Safety for use pursuant to NRS 176.135 in making a presentence investigation and report to the district court or pursuant to NRS 176.151 in making a general investigation and report;
 - (r) Any person who is required pursuant to NRS 432B.220 to make a report to an agency which provides child welfare services or to a law enforcement agency;
 - (s) The Rural Advisory Board to Expedite Proceedings for the Placement of Children created pursuant to NRS 432B.602 or a local advisory board to expedite proceedings for the placement of children created pursuant to NRS 432B.604;
 - (t) The panel established pursuant to NRS 432B.396 to evaluate agencies which provide child welfare services; or
 - (u) An employer in accordance with subsection 3 of NRS 432.100.
2. An agency investigating a report of the abuse or neglect of a child shall, upon request, provide to a person named in the report as allegedly causing the abuse or neglect of the child:
- (a) A copy of:
 - (1) Any statement made in writing to an investigator for the agency by the person named in the report as allegedly causing the abuse or neglect of the child; or
 - (2) Any recording made by the agency of any statement made orally to an investigator for the agency by the person named in the report as allegedly causing the abuse or neglect of the child; or
 - (b) A written summary of the allegations made against the person who is named in

the report as allegedly causing the abuse or neglect of the child. The summary must not identify the person responsible for reporting the alleged abuse or neglect.

3. An agency which provides child welfare services shall disclose the identity of a person who makes a report or otherwise initiates an investigation pursuant to this chapter if a court, after reviewing the record in camera and determining that there is reason to believe that the person knowingly made a false report, orders the disclosure.

4. Any person, except for:

(a) The subject of a report;

(b) A district attorney or other law enforcement officer initiating legal proceedings; or

(c) An employee of the Division of Parole and Probation of the Department of Public Safety making a presentence investigation and report to the district court pursuant to NRS 176.135 or making a general investigation and report pursuant to NRS 176.151, who is given access, pursuant to subsection 1, to information identifying the subjects of a report and who makes this information public is guilty of a misdemeanor.

5. The Division of Child and Family Services shall adopt regulations to carry out the provisions of this section.

NRS 432B.407: 1. A multidisciplinary team to review the death of a child is entitled to access to:

(a) All investigative information of law enforcement agencies regarding the death;

(b) Any autopsy and coroner's investigative records relating to the death;

(c) Any medical or mental health records of the child; and

(d) Any records of social and rehabilitative services or of any other social service agency which has provided services to the child or the child's family.

2. Each organization represented on a multidisciplinary team to review the death of a child shall share with other members of the team information in its possession concerning the child who is the subject of the review, any siblings of the child, any person who was responsible for the welfare of the child and any other information deemed by the organization to be pertinent to the review.

3. A multidisciplinary team to review the death of a child may petition the district court for the issuance of, and the district court may issue, a subpoena to compel the production of any books, records or papers relevant to the cause of any death being investigated by the team. Except as otherwise provided in NRS 239.0115, any books, records or papers received by the team pursuant to the subpoena shall be deemed confidential and privileged and not subject to disclosure.

4. Information acquired by, and the records of, a multidisciplinary team to review the death of a child are confidential, must not be disclosed, and are not subject to subpoena, discovery or introduction into evidence in any civil or criminal proceeding.

NRS 433.332: 1. If a patient in a division [of Mental Health and Developmental Services] facility is transferred to another division facility or to a medical facility, a facility for the dependent or a physician licensed to practice medicine, the division facility shall forward a copy of the medical records of the patient, on or before the date the patient is transferred, to the facility or physician. Except as otherwise required by 42 U.S.C. §§ 290dd, 290dd-1 or 290dd-2 or NRS 439.538, the division facility is not required to obtain the oral or written consent of the patient to forward a copy of the

medical records.

2. As used in this section, “medical records” includes a medical history of the patient, a summary of the current physical condition of the patient and a discharge summary which contains the information necessary for the proper treatment of the patient.

NRS 433.482: Each client admitted for evaluation, treatment or training to a facility has the following personal rights, a list of which must be prominently posted in all facilities providing those services and must be otherwise brought to the attention of the client by such additional means as prescribed by regulation:

1. To wear the client’s own clothing, to keep and use his or her own personal possessions, including toilet articles, unless those articles may be used to endanger the client’s life or others’ lives, and to keep and be allowed to spend a reasonable sum of the client’s own money for expenses and small purchases.

2. To have access to individual space for storage for his or her private use.

3. To see visitors each day.

4. To have reasonable access to telephones, both to make and receive confidential calls.

5. To have ready access to materials for writing letters, including stamps, and to mail and receive unopened correspondence, but:

(a) For the purposes of this subsection, packages are not considered as correspondence; and

(b) Correspondence identified as containing a check payable to a client may be subject to control and safekeeping by the administrative officer of that facility or the administrative officer’s designee, so long as the client’s record of treatment documents the action.

6. To have reasonable access to an interpreter if the client does not speak English or is hearing impaired.

7. To designate a person who must be kept informed by the facility of the client’s medical and mental condition, if the client signs a release allowing the facility to provide such information to the person.

8. Except as otherwise provided in NRS 439.538, to have access to the client’s medical records denied to any person other than:

(a) A member of the staff of the facility or related medical personnel, as appropriate;

(b) A person who obtains a waiver by the client of his or her right to keep the medical records confidential; or

(c) A person who obtains a court order authorizing the access.

9. Other personal rights as specified by regulation of the Commission.

NRS 433.504: 1. A client or the client’s legal guardian must be:

(a) Permitted to inspect the client’s records; and

(b) Informed of the client’s clinical status and progress at reasonable intervals of no longer than 3 months in a manner appropriate to his or her clinical condition.

2. Unless a psychiatrist has made a specific entry to the contrary in a client’s records, a client or the client’s legal guardian is entitled to obtain a copy of the client’s records at any time upon notice to the administrative officer of the facility and payment of the cost of reproducing the records.

NRS 433A.360: 1. A clinical record for each client must be diligently maintained by any division facility or private institution or facility offering mental health services. The record must include information pertaining to the client's admission, legal status, treatment and individualized plan for habilitation. The clinical record is not a public record and no part of it may be released, except:

(a) If the release is authorized or required pursuant to NRS 439.538.

(b) The record must be released to physicians, attorneys and social agencies as specifically authorized in writing by the client, the client's parent, guardian or attorney.

(c) The record must be released to persons authorized by the order of a court of competent jurisdiction.

(d) The record or any part thereof may be disclosed to a qualified member of the staff of a division facility, an employee of the Division or a member of the staff of an agency in Nevada which has been established pursuant to the Developmental Disabilities Assistance and Bill of Rights Act of 2000, 42 U.S.C. §§ 15001 et seq., or the Protection and Advocacy for Mentally Ill Individuals Act of 1986, 42 U.S.C. §§ 10801 et seq., when the Administrator deems it necessary for the proper care of the client.

(e) Information from the clinical records may be used for statistical and evaluative purposes if the information is abstracted in such a way as to protect the identity of individual clients.

(f) To the extent necessary for a client to make a claim, or for a claim to be made on behalf of a client for aid, insurance or medical assistance to which the client may be entitled, information from the records may be released with the written authorization of the client or the client's guardian.

(g) The record must be released without charge to any member of the staff of an agency in Nevada which has been established pursuant to 42 U.S.C. §§ 15001 et seq. or 42 U.S.C. §§ 10801 et seq. if:

(1) The client is a client of that office and the client or the client's legal representative or guardian authorizes the release of the record; or

(2) A complaint regarding a client was received by the office or there is probable cause to believe that the client has been abused or neglected and the client:

(I) Is unable to authorize the release of the record because of the client's mental or physical condition; and

(II) Does not have a guardian or other legal representative or is a ward of the State.

(h) The record must be released as provided in NRS 433.332 or 433B.200 and in chapter 629 of NRS.

2. As used in this section, "client" includes any person who seeks, on the person's own or others' initiative, and can benefit from, care, treatment and training in a private institution or facility offering mental health services, or from treatment to competency in a private institution or facility offering mental health services.

NRS 433B.200: 1. If a client in a division [of Mental Health and Developmental Services] facility is transferred to another division facility or to a medical facility, a facility for the dependent or a physician licensed to practice medicine, the division facility shall forward a copy of the medical records of the client, on or before the date the

client is transferred, to the facility or physician. Except as otherwise required by 42 U.S.C. §§ 290dd-3 and 290ee-3, the division facility is not required to obtain the oral or written consent of the client to forward a copy of the medical records.

2. As used in this section, “medical records” includes a medical history of the client, a summary of the current physical condition of the client and a discharge summary which contains the information necessary for the proper treatment of the client.

NRS 441A.165: 1. A health authority which conducts an investigation [of communicable disease, infectious disease, or exposure to biological, radiological or chemical agent] pursuant to NRS 441A.160 or 441A.163 shall, for the protection of the health, safety and welfare of the public, have access to all medical records, laboratory records and reports, books and papers relevant to the investigation which are in the possession of a provider of health care or medical facility being investigated or which are otherwise necessary to carry out the investigation. The determination of what information is necessary to carry out the investigation is at the discretion of the health authority.

2. If a health authority conducts an investigation pursuant to NRS 441A.160 or 441A.163, the health authority may require a provider of health care or medical facility being investigated to pay a proportionate share of the actual cost of carrying out the investigation, including, without limitation, the cost of notifying and testing patients who may have contracted an infectious disease, been exposed to a biological, radiological or chemical agent or otherwise been harmed.

NRS 441A.166: 1. Upon petition by a health authority to the district court for the county in which an investigation [of communicable disease, infectious disease, or exposure to biological, radiological or chemical agent] is being conducted by the health authority pursuant to NRS 441A.160 or 441A.163, the court may issue a subpoena to compel the production of medical records, laboratory records and reports, books and papers as set forth in NRS 441A.165.

2. If a witness refuses to produce any medical records, laboratory records and reports, books or papers required by a subpoena issued by a court pursuant to subsection 1, the court shall enter an order directing the witness to appear before the court at a time and place to be fixed by the court in its order, the time to be not more than 10 days after the date of the order, and then and there show cause why the witness has not produced the medical records, laboratory records and reports, books or papers before the health authority. A certified copy of the order must be served upon the witness. The court may enter an order that the witness appear before the health authority at the time and place fixed in the order and produce the required medical records, laboratory records and reports, books or papers, and upon failure to obey the order, the witness must be dealt with as for contempt of court.

NRS 441A.167: 1. A public agency, law enforcement agency or political subdivision of this State which has information that is relevant to an investigation relating to an infectious disease or exposure to a biological, radiological or chemical agent which significantly impairs the health, safety and welfare of the public shall share the information and any medical records and reports with the appropriate state and local health authorities if it is in the best interest of the public and as necessary to further the

investigation of the requesting health authority.

2. The Board shall adopt regulations to carry out this section, including, without limitation:

(a) Identifying the public agencies and political subdivisions with which the information set forth in subsection 1 may be shared;

(b) Prescribing the circumstances and procedures by which the information may be shared with those identified public agencies and political subdivisions; and

(c) Ensuring the confidentiality of the information if it is protected health information.

NRS 441A.220: All information of a personal nature about any person provided by any other person reporting a case or suspected case of a communicable disease, or by any person who has a communicable disease, or as determined by investigation of the health authority, is confidential medical information and must not be disclosed to any person under any circumstances, including pursuant to any subpoena, search warrant or discovery proceeding, except:

1. As otherwise provided in NRS 439.538.

2. For statistical purposes, provided that the identity of the person is not discernible from the information disclosed.

3. In a prosecution for a violation of this chapter.

4. In a proceeding for an injunction brought pursuant to this chapter.

5. In reporting the actual or suspected abuse or neglect of a child or elderly person.

6. To any person who has a medical need to know the information for his or her own protection or for the well-being of a patient or dependent person, as determined by the health authority in accordance with regulations of the Board.

7. If the person who is the subject of the information consents in writing to the disclosure.

8. Pursuant to subsection 4 of NRS 441A.320 or NRS 629.069.

9. If the disclosure is made to the Department of Health and Human Services and the person about whom the disclosure is made has been diagnosed as having acquired immunodeficiency syndrome or an illness related to the human immunodeficiency virus and is a recipient of or an applicant for Medicaid.

10. To a firefighter, police officer or person providing emergency medical services if the Board has determined that the information relates to a communicable disease significantly related to that occupation. The information must be disclosed in the manner prescribed by the Board.

11. If the disclosure is authorized or required by NRS 239.0115 or another specific statute.

NRS 441A.230: Except as otherwise provided in this chapter and NRS 439.538, a person shall not make public the name of, or other personal identifying information about, a person infected with a communicable disease who has been investigated by the health authority pursuant to this chapter without the consent of the person.

NRS 441A.400: The Health Division may inspect and must be given access to all records of every institution and clinic, both public and private, where patients who have tuberculosis are treated at public expense.

NRS 442.330: 1. Except as otherwise provided in NRS 439.538, information obtained by the system from any source may be used only:

- (a) To investigate the causes of birth defects and other adverse birth outcomes;
- (b) To determine, evaluate and develop strategies to prevent the occurrence of birth defects and other adverse birth outcomes;
- (c) To assist in the early detection of birth defects; and
- (d) To assist in ensuring the delivery of services for children identified with birth defects.

2. The State Board of Health shall adopt regulations to ensure that, except as otherwise provided in subsection 3 and NRS 439.538:

(a) Access to information contained in the system is limited to persons authorized and approved by the State Health Officer or a representative of the Officer who are employed by the Health Division or the University of Nevada School of Medicine.

(b) Any information obtained by the system that would reveal the identity of a patient remains confidential.

(c) Information obtained by the system is used solely for the purposes set forth in subsection 1.

3. This section does not prohibit the publishing of statistical compilations relating to birth defects and other adverse birth outcomes that do not in any manner identify individual patients or individual sources of information.

NRS 442.395: Except as otherwise provided in NRS 239.0115 and 439.538, if a pregnant woman is referred to the Health Division by a provider of health care or other services for information relating to programs for the prevention and treatment of fetal alcohol syndrome, any report relating to the referral or other associated documentation is confidential and must not be used in any criminal prosecution of the woman.

NRS 442.400: The agency which provides child welfare services or a licensed child-placing agency shall inquire, during its initial contact with a natural parent of a child who is to be placed for adoption, about consumption of alcohol or substance abuse by the mother of the child during pregnancy. The information obtained from the inquiry must be:

1. Included in the report provided to the adopting parents of the child pursuant to NRS 127.152; and

2. Reported to the Health Division on a form prescribed by the Health Division. The report must not contain any identifying information and may be used only for statistical purposes.

NRS 442.405: 1. The agency which provides child welfare services shall inquire, during its initial contact with a natural parent of a child who is to be placed in a family foster home, about consumption of alcohol or substance abuse by the mother of the child during pregnancy. The information obtained from the inquiry must be:

(a) Provided to the provider of family foster care pursuant to NRS 424.038; and

(b) Reported to the Health Division on a form prescribed by the Health Division. The report must not contain any identifying information and may be used only for statistical purposes.

2. As used in this section, “family foster home” has the meaning ascribed to it in NRS 424.013.

NRS 442.410: An agency which provides child welfare services shall inquire, during its initial contact with a natural parent of a child whom a court has determined must be kept in temporary or permanent custody, about consumption of alcohol or substance abuse by the mother of the child during pregnancy. The information obtained from the inquiry must be:

1. Included in the report the agency is required to make pursuant to NRS 432B.540;
and

2. Reported to the Health Division on a form prescribed by the Health Division. The report must not contain any identifying information and may be used only for statistical purposes.

NRS 449.705: 1. If a patient in a medical facility or facility for the dependent is transferred to another medical facility or facility for the dependent, a division facility or a physician licensed to practice medicine, the facility shall forward a copy of the medical records of the patient, on or before the date the patient is transferred, to the other medical facility or facility for the dependent, the division facility or the physician. The facility is not required to obtain the oral or written consent of the patient to forward a copy of the medical records.

2. If a person receiving services in a home for individual residential care is transferred to another home, the home shall forward a copy of his or her medical records to the other home in the manner provided in subsection 1.

3. As used in this section:

(a) “Division facility” means any unit or subunit operated by a division of the Department of Health and Human Services pursuant to title 39 of NRS.

(b) “Medical records” includes a medical history of the patient, a summary of the current physical condition of the patient and a discharge summary which contains the information necessary for the proper treatment of the patient.

NRS 449.720: 1. Every patient of a medical facility, facility for the dependent or home for individual residential care has the right to:

(a) Receive considerate and respectful care.

(b) Refuse treatment to the extent permitted by law and to be informed of the consequences of that refusal.

(c) Refuse to participate in any medical experiments conducted at the facility.

(d) Retain his or her privacy concerning the patient’s program of medical care.

(e) Have any reasonable request for services reasonably satisfied by the facility or home considering its ability to do so.

(f) Receive continuous care from the facility or home. The patient must be informed:

(1) Of the patient’s appointments for treatment and the names of the persons

available at the facility or home for those treatments; and

(2) By his or her physician or an authorized representative of the physician, of the patient's need for continuing care.

2. Except as otherwise provided in NRS 108.640, 239.0115, 439.538, 442.300 to 442.330, inclusive, and 449.705 and chapter 629 of NRS, discussions of the care of a patient, consultation with other persons concerning the patient, examinations or treatments, and all communications and records concerning the patient are confidential. The patient must consent to the presence of any person who is not directly involved with the patient's care during any examination, consultation or treatment.

NRS 450B.810: Each holder of a permit shall maintain accurate records upon such forms as may be provided by the health authority and containing such information as may be reasonably required by the board concerning the care or transportation of each patient, or both, within this state and beyond its limits. These records must be available for inspection by the health authority at any reasonable time and copies thereof must be furnished to the health authority upon request. This record does not constitute a diagnosis, and a legal signature is not required on forms dealing with the type of injury sustained by a particular patient. The health authority shall compile and provide a summary of this information.

NRS 451.597(2): The coroner may conduct a medicolegal examination by reviewing all medical records, laboratory test results, X rays, other diagnostic results and other information that any person possesses about a donor or prospective donor whose body is under the jurisdiction of the coroner which the coroner determines may be relevant to the investigation.

NRS 453.720: Unless otherwise requested by a narcotic addict being treated, or a person who in the past was treated, under NRS 453.660, and except as otherwise provided in NRS 239.0115, all information in possession of the Health Division of the Department, any rehabilitation clinic or any certified hospital concerning such person is confidential and privileged.

NRS 457.240: The State Board of Health shall by regulation:

1. Prescribe the form and manner in which the information on cases of cancer must be reported;
2. Specify the malignant neoplasms which must be reported;
3. Prescribe other information to be included in each such report, for example, the patient's name and address, the pathological findings, the stage of the disease, the environmental and occupational factors, the methods of treatment, the incidence of cancer in the patient's family, and the places where the patient has resided; and
4. Establish a protocol for obtaining access to and preserving the confidentiality of the patients' records needed for research into cancer.

NRS 457.250: 1. The chief administrative officer of each health care facility in this state shall make available to the State Health Officer or the State Health Officer's representative the records of the health care facility for every case of malignant

neoplasms which are specified by the State Board of Health as subject to reporting.

2. The Health Division shall abstract from the records of the health care facility or shall require the health care facility to abstract from their own records such information as is required by the State Board of Health. The Health Division shall compile the information timely and not later than 6 months after it abstracts the information or receives the abstracted information from the health care facility.

NRS 457.270: The Health Division shall not reveal the identity of any patient, physician or health care facility which is involved in the reporting required by NRS 457.250 unless the patient, physician or health care facility gives prior written consent to such a disclosure.

NRS 458.280: 1. Except as otherwise provided in subsection 2, NRS 439.538, 442.300 to 442.330, inclusive, and 449.705 and chapter 629 of NRS, the registration and other records of a treatment facility are confidential and must not be disclosed to any person not connected with the treatment facility without the consent of the patient.

2. The provisions of subsection 1 do not restrict the use of a patient's records for the purpose of research into the causes and treatment of alcoholism if such information is:

- (a) Not published in a way that discloses the patient's name or other identifying information; or
- (b) Disclosed pursuant to NRS 439.538.

NRS 616C.177: 1. An insurer may inquire about and request medical records of an injured employee that concern a preexisting medical condition that is reasonably related to the industrial injury of that injured employee.

2. An injured employee must sign all medical releases necessary for the insurer of his or her employer to obtain information and records about a preexisting medical condition that is reasonably related to the industrial injury of the employee and that will assist the insurer to determine the nature and amount of workers' compensation to which the employee is entitled.

NRS 616C.363: 1. Not later than 5 business days after the date that an external review organization receives a request for an external review, the external review organization shall:

- (a) Review the documents and materials submitted for the external review; and
- (b) Notify the injured employee, his or her employer and the insurer whether the external review organization needs any additional information to conduct the external review.

2. The external review organization shall render a decision on the matter not later than 15 business days after the date that it receives all information that is necessary to conduct the external review.

3. In conducting the external review, the external review organization shall consider, without limitation:

- (a) The medical records of the insured;
- (b) Any recommendations of the physician of the insured; and
- (c) Any other information approved by the Commissioner for consideration by an

external review organization.

4. In its decision, the external review organization shall specify the reasons for its decision. The external review organization shall submit a copy of its decision to:

- (a) The injured employee;
- (b) The employer;
- (c) The insurer; and
- (d) The appeals officer, if any.

5. The insurer shall pay the costs of the services provided by the external review organization.

6. The Commissioner may adopt regulations to govern the process of external review and to carry out the provisions of this section. Any regulations adopted pursuant to this section must provide that:

- (a) All parties must agree to the submission of a matter to an external review organization before a request for external review may be submitted;
- (b) A party may not be ordered to submit a matter to an external review organization; and
- (c) The findings and decisions of an external review organization are not binding.

NRS 622.310: If any provision of this title requires a regulatory body to disclose information to the public in any proceeding or as part of any record, such a provision does not apply to any personal medical information or records of a patient that are confidential or otherwise protected from disclosure by any other provision of federal or state law.

NRS 629.061: 1. Each provider of health care shall make the health care records of a patient available for physical inspection by:

- (a) The patient or a representative with written authorization from the patient;
- (b) The personal representative of the estate of a deceased patient;
- (c) Any trustee of a living trust created by a deceased patient;
- (d) The parent or guardian of a deceased patient who died before reaching the age of majority;
- (e) An investigator for the Attorney General or a grand jury investigating an alleged violation of NRS 200.495, 200.5091 to 200.50995, inclusive, or 422.540 to 422.570, inclusive;
- (f) An investigator for the Attorney General investigating an alleged violation of NRS 616D.200, 616D.220, 616D.240 or 616D.300 to 616D.440, inclusive, or any fraud in the administration of chapter 616A, 616B, 616C, 616D or 617 of NRS or in the provision of benefits for industrial insurance; or
- (g) Any authorized representative or investigator of a state licensing board during the course of any investigation authorized by law.

The records must be made available at a place within the depository convenient for physical inspection, and inspection must be permitted at all reasonable office hours and for a reasonable length of time. If the records are located outside this State, the provider shall make any records requested pursuant to this section available in this State for inspection within 10 working days after the request.

2. Except as otherwise provided in subsection 3, the provider of health care shall also

furnish a copy of the records to each person described in subsection 1 who requests it and pays the actual cost of postage, if any, the costs of making the copy, not to exceed 60 cents per page for photocopies and a reasonable cost for copies of X-ray photographs and other health care records produced by similar processes. No administrative fee or additional service fee of any kind may be charged for furnishing such a copy.

3. The provider of health care shall also furnish a copy of any records that are necessary to support a claim or appeal under any provision of the Social Security Act, 42 U.S.C. §§ 301 et seq., or under any federal or state financial needs-based benefit program, without charge, to a patient, or a representative with written authorization from the patient, who requests it, if the request is accompanied by documentation of the claim or appeal. A copying fee, not to exceed 60 cents per page for photocopies and a reasonable cost for copies of X-ray photographs and other health care records produced by similar processes, may be charged by the provider of health care for furnishing a second copy of the records to support the same claim or appeal. No administrative fee or additional service fee of any kind may be charged for furnishing such a copy. The provider of health care shall furnish the copy of the records requested pursuant to this subsection within 30 days after the date of receipt of the request, and the provider of health care shall not deny the furnishing of a copy of the records pursuant to this subsection solely because the patient is unable to pay the fees established in this subsection.

4. Each person who owns or operates an ambulance in this State shall make the records regarding a sick or injured patient available for physical inspection by:

(a) The patient or a representative with written authorization from the patient;

(b) The personal representative of the estate of a deceased patient;

(c) Any trustee of a living trust created by a deceased patient;

(d) The parent or guardian of a deceased patient who died before reaching the age of majority; or

(e) Any authorized representative or investigator of a state licensing board during the course of any investigation authorized by law.

The records must be made available at a place within the depository convenient for physical inspection, and inspection must be permitted at all reasonable office hours and for a reasonable length of time. The person who owns or operates an ambulance shall also furnish a copy of the records to each person described in this subsection who requests it and pays the actual cost of postage, if any, and the costs of making the copy, not to exceed 60 cents per page for photocopies. No administrative fee or additional service fee of any kind may be charged for furnishing a copy of the records.

5. Records made available to a representative or investigator must not be used at any public hearing unless:

(a) The patient named in the records has consented in writing to their use; or

(b) Appropriate procedures are utilized to protect the identity of the patient from public disclosure.

6. Subsection 5 does not prohibit:

(a) A state licensing board from providing to a provider of health care or owner or operator of an ambulance against whom a complaint or written allegation has been filed, or to his or her attorney, information on the identity of a patient whose records may be used in a public hearing relating to the complaint or allegation, but the provider of health

care or owner or operator of an ambulance and the attorney shall keep the information confidential.

(b) The Attorney General from using health care records in the course of a civil or criminal action against the patient or provider of health care.

7. A provider of health care or owner or operator of an ambulance and his or her agents and employees are immune from any civil action for any disclosures made in accordance with the provisions of this section or any consequential damages.

8. For the purposes of this section:

(a) "Guardian" means a person who has qualified as the guardian of a minor pursuant to testamentary or judicial appointment, but does not include a guardian ad litem.

(b) "Living trust" means an inter vivos trust created by a natural person:

(1) Which was revocable by the person during the lifetime of the person; and

(2) Who was one of the beneficiaries of the trust during the lifetime of the person.

(c) "Parent" means a natural or adoptive parent whose parental rights have not been terminated.

(d) "Personal representative" has the meaning ascribed to it in NRS 132.265.

NRS 629.065: 1. Each provider of health care shall, upon request, make available to a law enforcement agent or district attorney the health care records of a patient which relate to a test of the blood, breath or urine of the patient if:

(a) The patient is suspected of having violated NRS 484C.110, 484C.120, 484C.130, 484C.430, subsection 2 of NRS 488.400, NRS 488.410, 488.420 or 488.425; and

(b) The records would aid in the related investigation.

To the extent possible, the provider of health care shall limit the inspection to the portions of the records which pertain to the presence of alcohol or a controlled substance, chemical, poison, organic solvent or another prohibited substance in the blood, breath or urine of the patient.

2. The records must be made available at a place within the depository convenient for physical inspection. Inspection must be permitted at all reasonable office hours and for a reasonable length of time. The provider of health care shall also furnish a copy of the records to each law enforcement agent or district attorney described in subsection 1 who requests the copy and pays the costs of reproducing the copy.

3. Records made available pursuant to this section may be presented as evidence during a related administrative or criminal proceeding against the patient.

4. A provider of health care and his or her agents and employees are immune from any civil action for any disclosures made in accordance with the provisions of this section or any consequential damages.

5. As used in this section, "prohibited substance" has the meaning ascribed to it in NRS 484C.080.

NRS 629.068: 1. A provider of health care shall, upon request of the Director of the Department of Corrections or the designee of the Director, provide the Department of Corrections with a complete copy of the health care records of an offender confined at the state prison.

2. Records provided to the Department of Corrections must not be used at any public

hearing unless:

- (a) The offender named in the records has consented in writing to their use; or
- (b) Appropriate procedures are utilized to protect the identity of the offender from public disclosure.

3. A provider of health care and an agent or employee of a provider of health care are immune from civil liability for a disclosure made in accordance with the provisions of this section.

NRS 629.151: It is unlawful to obtain any genetic information of a person without first obtaining the informed consent of the person or the person's legal guardian pursuant to NRS 629.181, unless the information is obtained:

1. By a federal, state, county or city law enforcement agency to establish the identity of a person or dead human body;
2. To determine the parentage or identity of a person pursuant to NRS 56.020;
3. To determine the paternity of a person pursuant to NRS 126.121 or 425.384;
4. For use in a study where the identities of the persons from whom the genetic information is obtained are not disclosed to the person conducting the study;
5. To determine the presence of certain preventable or inheritable disorders in an infant pursuant to NRS 442.008 or a provision of federal law; or
6. Pursuant to an order of a court of competent jurisdiction.

NRS 629.171: It is unlawful to disclose or to compel a person to disclose the identity of a person who was the subject of a genetic test or to disclose genetic information of that person in a manner that allows identification of the person, without first obtaining the informed consent of that person or his or her legal guardian pursuant to NRS 629.181, unless the information is disclosed:

1. To conduct a criminal investigation, an investigation concerning the death of a person or a criminal or juvenile proceeding;
2. To determine the parentage or identity of a person pursuant to NRS 56.020;
3. To determine the paternity of a person pursuant to NRS 126.121 or 425.384;
4. Pursuant to an order of a court of competent jurisdiction;
5. By a physician and is the genetic information of a deceased person that will assist in the medical diagnosis of persons related to the deceased person by blood;
6. To a federal, state, county or city law enforcement agency to establish the identity of a person or dead human body;
7. To determine the presence of certain preventable or inheritable disorders in an infant pursuant to NRS 442.008 or a provision of federal law;
8. To carry out the provisions of NRS 442.300 to 442.330, inclusive; or
9. By an agency of criminal justice pursuant to NRS 179A.075.

NRS 630.405: A physician licensed pursuant to this chapter who willfully fails or refuses to make the health care records of a patient available for physical inspection or copying as provided in NRS 629.061 is guilty of a misdemeanor.

NRS 630.3062: The following acts, among others, constitute grounds for initiating disciplinary action or denying licensure [for physicians and physicians' assistants]:

1. Failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient.
2. Altering medical records of a patient.
3. Making or filing a report which the licensee knows to be false, failing to file a record or report as required by law or willfully obstructing or inducing another to obstruct such filing.
4. Failure to make the medical records of a patient available for inspection and copying as provided in NRS 629.061.
5. Failure to comply with the requirements of NRS 630.3068.
6. Failure to report any person the licensee knows, or has reason to know, is in violation of the provisions of this chapter or the regulations of the Board within 30 days after the date the licensee knows or has reason to know of the violation.

NRS 631.3485: The following acts, among others, constitute unprofessional conduct [in dentistry and dental hygiene]:

1. Willful or repeated violations of the provisions of this chapter;
2. Willful or repeated violations of the regulations of the State Board of Health, the State Board of Pharmacy or the Board of Dental Examiners of Nevada;
3. Failure to pay the fees for a license; or
4. Failure to make the health care records of a patient available for inspection and copying as provided in NRS 629.061.

NRS 633.131(1)(q): 1. “Unprofessional conduct” [in osteopathic medicine] includes:
(q) Failure of a licensee to make medical records of a patient available for inspection and copying as provided by NRS 629.061.

NRS 634.212: 1. The Board shall keep a record of its proceedings relating to licensing and disciplinary actions. Except as otherwise provided in NRS 634.214, the records must be open to public inspection at all reasonable times and must contain the name, known place of business and residence, and the date and number of the license of every chiropractor licensed under this chapter. The Board may keep such other records as it deems desirable.

2. Except as otherwise provided in this subsection and NRS 239.0115, all information pertaining to the personal background, medical history or financial affairs of an applicant or licensee which the Board requires to be furnished to it under this chapter, or which it otherwise obtains, is confidential and may be disclosed in whole or in part only as necessary in the course of administering this chapter or upon the order of a court of competent jurisdiction. The Board may, under procedures established by regulation, permit the disclosure of this information to any agent of the Federal Government, of another state or of any political subdivision of this State who is authorized to receive it.

3. Notice of the disclosure and the contents of the information disclosed pursuant to subsection 2 must be given to the applicant or licensee who is the subject of that information.

NRS 636.373: 1. An optometrist may form an association or other business relationship with a physician to provide their respective services to patients.

2. If such an association or business relationship is formed, the optometrist may:
- (a) Locate his or her office in the same place of business as the physician without a physical separation between the office and the place of business.
 - (b) Authorize the physician to have access to any medical records in the possession of the optometrist relating to a patient who is being treated by both the optometrist and the physician.
 - (c) Advertise and promote the services provided by the association or business consistent with the restrictions on advertising set forth in NRS 636.302.
3. This section does not authorize an optometrist to employ or be employed by a physician.

NRS 652.190: 1. A laboratory may examine specimens only at the request of:

- (a) A licensed physician;
- (b) Any other person authorized by law to use the findings of laboratory tests and examinations; or
- (c) If the examination can be made with a testing device or kit which is approved by the Food and Drug Administration for use in the home and which is available to the public without a prescription, any person.

2. Except as otherwise provided in NRS 441A.150, 442.325 and 652.193, the laboratory may report the results of the examination only to:

- (a) The person requesting the test or procedure;
- (b) A provider of health care who is treating or providing assistance in the treatment of the patient;
- (c) A provider of health care to whom the patient has been referred; and
- (d) The patient for whom the testing or procedure was performed.

3. The laboratory report must contain the name of the laboratory. If a specimen is accepted by a laboratory and is referred to another laboratory, the name and address of the other laboratory must be clearly shown by the referring laboratory on the report to the person requesting the test or procedure.

4. Whenever an examination is made pursuant to paragraph (c) of subsection 1, the laboratory report must contain a provision which recommends that the results of the examination be reviewed and interpreted by a physician or other licensed provider of health care.

NRS 652.193: 1. Except as otherwise provided in NRS 442.325, a licensed laboratory may release the results of tests performed at the laboratory regarding a patient of a rural hospital only to:

- (a) The patient;
- (b) The physician who ordered the tests; and
- (c) A provider of health care who is currently treating or providing assistance in the treatment of the patient.

2. As used in this section:

- (a) “Provider of health care” has the meaning ascribed to it in NRS 629.031.
- (b) “Rural hospital” has the meaning ascribed to it in NRS 449.0177.

NRS 683A.0873: 1. Each administrator shall maintain at his or her principal office adequate books and records of all transactions between the administrator, the insurer and the insured. The books and records must be maintained in accordance with prudent standards of recordkeeping for insurance and with regulations of the Commissioner for a period of 5 years after the transaction to which they respectively relate. After the 5-year period, the administrator may remove the books and records from the State, store their contents on microfilm or return them to the appropriate insurer.

2. The Commissioner may examine, audit and inspect books and records maintained by an administrator under the provisions of this section to carry out the provisions of [NRS 679B.230](#) to [679B.300](#), inclusive.

3. The names and addresses of insured persons and any other material which is in the books and records of an administrator are confidential except as otherwise provided in [NRS 239.0115](#) and except when used in proceedings against the administrator.

4. The insurer may inspect and examine all books and records to the extent necessary to fulfill all contractual obligations to insured persons, subject to restrictions in the written agreement between the insurer and administrator.

NRS 688C.280: 1. A provider of viatical settlements who enters into a settlement shall first obtain:

(a) If the viator is the insured, a written statement from a licensed attending physician that the viator is of sound mind and under no constraint or undue influence to enter into a settlement;

(b) A witnessed document in which the viator:

(1) Consents to the viatical settlement;

(2) Represents that he or she has a full and complete understanding of the settlement and of the benefits of the policy;

(3) Acknowledges that he or she has entered into the settlement freely and voluntarily; and

(4) If applicable to determine a payment to a person terminally or chronically ill, acknowledges that he or she is terminally or chronically ill and that the illness was diagnosed after the policy was issued; and

(c) A document in which the insured consents to the release of his or her medical records to a provider or broker of viatical settlements and the insurer that issued the policy covering the insured.

2. Within 20 days after a viator executes documents necessary to transfer rights under a policy, or enters into an agreement in any form, express or implied, to viaticate the policy, the provider of viatical settlements shall give written notice to the issuer of the policy that the policy has or will become viaticated. The notice must be accompanied by:

(a) A copy of the release of medical records;

(b) The application for the viatical settlement; and

(c) A request for verification of coverage.

3. Any of the acts described in subsections 1 and 2, if performed by a broker of viatical settlements, will be deemed to have been performed by the provider of viatical settlements for the purposes of fulfilling the requirements of subsections 1 and 2.

4. Within 30 days after receiving a request for verification of coverage from a provider or broker of viatical settlements, an insurer shall respond by:

- (a) Verifying coverage; and
- (b) Indicating whether, on the basis of the medical evidence and documents provided, the insurer intends to pursue an investigation regarding the validity of the insurance or possible fraud.

NRS 688C.320: All medical information solicited or obtained by a licensee under this chapter is subject to other laws of this State relating to the confidentiality of the information.

NRS 689B.280: 1. Except as otherwise provided in subsection 2, an insurer or any agent or employee of an insurer who delivers or issues for delivery a policy of group health or blanket health insurance in this State shall not disclose to the policyholder or any agent or employee of the policyholder:

- (a) The fact that an insured is taking a prescribed drug or medicine; or
- (b) The identity of that drug or medicine.

2. The provisions of subsection 1 do not prohibit disclosure to an administrator who acts as an intermediary for claims for insurance coverage.

NRS 690B.042: 1. Except as otherwise provided in subsection 2, any party against whom a claim is asserted for compensation or damages for personal injury under a policy of motor vehicle insurance covering a private passenger car may require any attorney representing the claimant to provide to the party and the insurer or attorney of the party, not more than once every 90 days, all medical reports, records and bills concerning the claim.

2. In lieu of providing medical reports, records and bills pursuant to subsection 1, the claimant or any attorney representing the claimant may provide to the party or the insurer or attorney of the party a written authorization to receive the reports, records and bills from the provider of health care. At the written request of the claimant or the attorney of the claimant, copies of all reports, records and bills obtained pursuant to the authorization must be provided to the claimant or the attorney of the claimant within 30 days after the date they are received. If the claimant or the attorney of the claimant makes a written request for the reports, records and bills, the claimant or the attorney of the claimant shall pay for the reasonable costs of copying the reports, records and bills.

3. Upon receipt of any photocopies of medical reports, records and bills, or a written authorization pursuant to subsection 2, the insurer who issued the policy specified in subsection 1 shall, upon request, immediately disclose to the insured or the claimant all pertinent facts or provisions of the policy relating to any coverage at issue.

NRS 695C.310: 1. The Commissioner shall make an examination of the affairs of any health maintenance organization and providers with whom such organization has contracts, agreements or other arrangements pursuant to its health care plan as often as the Commissioner deems it necessary for the protection of the interests of the people of this State. An examination must be made not less frequently than once every 3 years.

2. The State Board of Health shall make an examination concerning the quality of health care services of any health maintenance organization and providers with whom such organization has contracts, agreements or other arrangements pursuant to its health

care plan as often as it deems necessary for the protection of the interests of the people of this State. An examination must be made not less frequently than once every 3 years.

3. Every health maintenance organization and provider shall submit its books and records relating to the health care plan to an examination made pursuant to subsection 1 or 2 and in every way facilitate the examination. Medical records of natural persons and records of physicians providing service pursuant to a contract to the health maintenance organization are not subject to such examination, although the records are subject to subpoena upon a showing of good cause. For the purpose of examinations, the Commissioner and the State Board of Health may administer oaths to, and examine the officers and agents of the health maintenance organization and the principals of such providers concerning their business.

4. The expenses of examinations pursuant to this section must be assessed against the organization being examined and remitted to the Commissioner or the State Board of Health, whichever is appropriate.

5. In lieu of such examination, the Commissioner may accept the report of an examination made by the insurance commissioner or the state board of health of another state.

NRS 695C313: 1. If the Commissioner determines to examine a health maintenance organization pursuant to [NRS 695C.311](#), the Commissioner shall designate one or more examiners and instruct them as to the scope of the examination. The examiner shall, upon demand, exhibit his or her official credentials to the health maintenance organization being examined.

2. The Commissioner shall conduct each examination in an expeditious, fair and impartial manner.

3. The Commissioner, or the examiner if the examiner is authorized in writing by the Commissioner, may administer oaths and examine under oath any person concerning any matter relevant to the examination.

4. Every health maintenance organization and its officers, attorneys, employees, agents and representatives shall make available to the Commissioner or the examiners of the Commissioner the accounts, records, documents, files, information, assets and matters of the health maintenance organization in his or her possession or control relating to the subject of the examination and shall facilitate the examination.

5. If the Commissioner or examiner finds any accounts or records to be inadequate or inadequately kept or posted, he or she shall so notify the health maintenance organization and give the health maintenance organization a reasonable opportunity to reconstruct, rewrite, post or balance the account or record. If the health maintenance organization fails to maintain, complete or correct the records or accounting after the Commissioner or examiner has given the health maintenance organization written notice and a reasonable opportunity to do so, the Commissioner may employ experts to reconstruct, rewrite, post or balance the account or record at the expense of the health maintenance organization being examined.

6. The Commissioner or an examiner shall not remove any record, account, document, file or other property of the health maintenance organization being examined from the office or place of business of the health maintenance organization unless the Commissioner or examiner has the written consent of an officer of the health

maintenance organization before the removal or pursuant to an order of court. This provision does not prohibit the Commissioner or examiner from making or removing copies or abstracts of a record, account, document or file.

7. Any person who, without just cause, refuses to be examined under oath or who willfully obstructs or interferes with an examiner in the exercise of his or her authority is guilty of a misdemeanor.

NRS 695F.410: 1. Any information relating to the diagnosis, treatment or health of any enrollee obtained from the enrollee or from any provider by a prepaid limited health service organization and any contract with a provider submitted pursuant to the requirements of this chapter must not be disclosed to any person except:

- (a) To the extent that it is necessary to carry out the provisions of this chapter;
- (b) Upon the written consent of the enrollee or applicant, provider or prepaid limited health service organization, as appropriate;
- (c) Pursuant to a specific statute or court order for the production of evidence or the discovery thereof; or
- (d) For a claim or legal action if that data or information is relevant.

2. A prepaid limited health service organization may claim any privilege against disclosure which the provider who furnished the information relating to the diagnosis, treatment or health of an enrollee or applicant to the organization is entitled to claim.

NRS 695G.100: Any document required to be filed with the Commissioner pursuant to this chapter, other than medical records and other information relating to a specific insured, must be treated as a public record.

NRS 695G.190: 1. As part of a quality assurance program established pursuant to [NRS 695G.180](#), each managed care organization shall create a quality improvement committee directed by a physician who is licensed to practice medicine in the State of Nevada pursuant to [chapter 630](#) or [633](#) of NRS.

2. Each managed care organization shall:

(a) Establish written guidelines setting forth the procedure for selecting the members of the committee;

(b) Select members pursuant to such guidelines; and

(c) Provide staff to assist the committee.

3. The committee shall:

(a) Select and review appropriate medical records of insureds and other data related to the quality of health care provided to insureds by providers of health care;

(b) Review the clinical processes used by providers of health care in providing services;

(c) Identify any problems related to the quality of health care provided to insureds; and

(d) Advise providers of health care regarding issues related to quality of care.

Electronic Transmission of Health Information

NRS 439.538: 1. If a covered entity transmits electronically individually identifiable health information in compliance with the provisions of the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, which govern the electronic transmission of such information, the covered entity is, for purposes of the electronic transmission, exempt from any state law that contains more stringent requirements or provisions concerning the privacy or confidentiality of individually identifiable health information.

2. A covered entity that makes individually identifiable health information available electronically pursuant to subsection 1 shall allow any person to opt out of having his or her individually identifiable health information disclosed electronically to other covered entities, except:

(a) As required by the administrative simplification provisions of the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191.

(b) As otherwise required by a state law.

(c) That a person who is a recipient of Medicaid or insurance pursuant to the Children's Health Insurance Program may not opt out of having his or her individually identifiable health information disclosed electronically.

3. As used in this section:

(a) "Covered entity" has the meaning ascribed to it in 45 C.F.R. § 160.103.

(b) "Individually identifiable health information" has the meaning ascribed to it in 45 C.F.R. § 160.103.

Maintenance of Medical Records

NRS 209.351(2)(e): The Director [of the Department of Corrections] shall:

2. Keep, or cause to be kept, records for each offender containing:

(e) The medical records of the offender, including, but not limited to, medical records produced by the Department and medical records produced by a provider of health care outside the prison.

NRS 422.570: 1. A person is guilty of a gross misdemeanor if, upon submitting a claim for or upon receiving payment for goods or services pursuant to the [State] Plan, [for Medicaid] the person intentionally fails to maintain such records as are necessary to disclose fully the nature of the goods or services for which a claim was submitted or payment was received, or such records as are necessary to disclose fully all income and expenditures upon which rates of payment were based, for at least 5 years after the date on which payment was received.

2. A person who intentionally destroys such records within 5 years after the date payment was received is guilty of a category D felony and shall be punished as provided in NRS 193.130.

NRS 432A.400: 1. Each member of the staff of an outdoor youth program, including intern members, must obtain a physical examination, from a physician who is licensed to practice in this state, within the 12 months immediately preceding their participation in any outdoor activities pursuant to the program. The physical examination must include an

assessment of ability to cope with physical stress.

2. A provider shall maintain in the personnel file of each member of the staff a written record of the physical examination required by subsection 1, and a written history of the health of that member, executed by a physician who is licensed to practice in this state.

NRS 432A.440(2): A field administrator shall not allow a client to participate in an outdoor youth program unless the field administrator maintains in the base camp and a member of the field staff, who is responsible for the supervision of the client, carries in a waterproof container:

(a) A written record of the physical examination of the client, conducted not more than 30 days before the client commences participation in the program, consisting of the form furnished by the provider pursuant to subsection 1, completed and executed by a physician who is licensed to practice in this state; and

(b) A written history of the health of the client that covers a period ending on a date within 30 days before the client commences participation in the program. The history must be verified by a parent or guardian and contain any limitations on the activities of the client and any prescriptions to be taken by or administered to the client.

NRS 432A.460(2)(b): A field administrator shall:

2. Maintain in the base camp:

(b) A file regarding each client and member of the staff who is participating in the program. Each file must contain biographical and medical information concerning the client or member of the staff and information regarding his or her qualifications and fitness for participation in the program.

NRS 442.256: A physician who performs an abortion shall maintain a record of it for at least 5 years after it is performed. The record must contain:

1. The written consent of the woman;

2. A statement of the information which was provided to the woman pursuant to NRS 442.253; and

3. A description of efforts to give any notice required by NRS 442.255.

NRS 449.171: 1. If the Health Division suspends the license of a medical facility or a facility for the dependent pursuant to the provisions of this chapter, or if a facility otherwise ceases to operate, including, without limitation, pursuant to an action or order of a health authority pursuant to chapter 441A of NRS, the Health Division may, if deemed necessary by the Administrator of the Health Division, take control of and ensure the safety of the medical records of the facility.

2. Subject to the provisions of the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, the Health Division shall:

(a) Maintain the confidentiality of the medical records obtained pursuant to subsection 1.

(b) Share medical records obtained pursuant to subsection 1 with law enforcement agencies in this State and other governmental entities which have authority to license the facility or to license the owners or employees of the facility.

(c) Release a medical record obtained pursuant to subsection 1 to the patient or legal guardian of the patient who is the subject of the medical record.

3. The Board shall adopt regulations to carry out the provisions of this section, including, without limitation, regulations for contracting with a person to maintain any medical records under the control of the Health Division pursuant to subsection 1 and for payment by the facility of the cost of maintaining medical records.

NRS 460.030: Any physician, hospital, clinic, surgical center for ambulatory patients or other organization that stores or transfuses products made from blood shall:

1. Maintain records of all serological tests and the receipt and disposition of products made from blood in accordance with applicable standards for laboratories published by the American Association of Blood Banks, in the form most recently published before January 1, 1983;

2. Test for compatibility and blood grouping; and

3. Be equipped with a refrigerator which regulates its own temperature and warns of failure to maintain the prescribed temperature.

NRS 629.051: 1. Except as otherwise provided in this section and in regulations adopted by the State Board of Health pursuant to NRS 652.135 with regard to the records of a medical laboratory and unless a longer period is provided by federal law, each provider of health care shall retain the health care records of his or her patients as part of his or her regularly maintained records for 5 years after their receipt or production. Health care records may be retained in written form, or by microfilm or any other recognized form of size reduction, including, without limitation, microfiche, computer disc, magnetic tape and optical disc, which does not adversely affect their use for the purposes of NRS 629.061. Health care records may be created, authenticated and stored in a computer system which limits access to those records.

2. A provider of health care shall post, in a conspicuous place in each location at which the provider of health care performs health care services, a sign which discloses to patients that their health care records may be destroyed after the period set forth in subsection 1.

3. When a provider of health care performs health care services for a patient for the first time, the provider of health care shall deliver to the patient a written statement which discloses to the patient that the health care records of the patient may be destroyed after the period set forth in subsection 1.

4. If a provider of health care fails to deliver the written statement to the patient pursuant to subsection 3, the provider of health care shall deliver to the patient the written statement described in subsection 3 when the provider of health care next performs health care services for the patient.

5. In addition to delivering a written statement pursuant to subsection 3 or 4, a provider of health care may deliver such a written statement to a patient at any other time.

6. A written statement delivered to a patient pursuant to this section may be included with other written information delivered to the patient by a provider of health care.

7. A provider of health care shall not destroy the health care records of a person who is less than 23 years of age on the date of the proposed destruction of the records. The health care records of a person who has attained the age of 23 years may be destroyed in

accordance with this section for those records which have been retained for at least 5 years or for any longer period provided by federal law.

8. The provisions of this section do not apply to a pharmacist.

9. The State Board of Health shall adopt:

(a) Regulations prescribing the form, size, contents and placement of the signs and written statements required pursuant to this section; and

(b) Any other regulations necessary to carry out the provisions of this section.

NRS 629.161: 1. It is unlawful to retain genetic information that identifies a person, without first obtaining the informed consent of the person or the person's legal guardian pursuant to NRS 629.181, unless retention of the genetic information is:

(a) Authorized or required pursuant to NRS 439.538;

(b) Necessary to conduct a criminal investigation, an investigation concerning the death of a person or a criminal or juvenile proceeding;

(c) Authorized pursuant to an order of a court of competent jurisdiction; or

(d) Necessary for a medical facility as defined in NRS 449.0151 to maintain a medical record of the person.

2. A person who has authorized another person to retain his or her genetic information may request that person to destroy the genetic information. If so requested, the person who retains that genetic information shall destroy the information, unless retention of that information is:

(a) Authorized or required pursuant to NRS 439.538;

(b) Necessary to conduct a criminal investigation, an investigation concerning the death of a person or a criminal or juvenile proceeding;

(c) Authorized by an order of a court of competent jurisdiction;

(d) Necessary for a medical facility as defined in NRS 449.0151 to maintain a medical record of the person; or

(e) Authorized or required by state or federal law or regulation.

3. Except as otherwise provided in subsection 4 or by federal law or regulation, a person who obtains the genetic information of a person for use in a study shall destroy that information upon:

(a) The completion of the study; or

(b) The withdrawal of the person from the study,

whichever occurs first.

4. A person whose genetic information is used in a study may authorize the person who conducts the study to retain that genetic information after the study is completed or upon his or her withdrawal from the study.

NRS 630.254: 1. Each licensee shall maintain a permanent mailing address with the Board to which all communications from the Board to the licensee must be sent. A licensee who changes his or her permanent mailing address shall notify the Board in writing of the new permanent mailing address within 30 days after the change. If a licensee fails to notify the Board in writing of a change in his or her permanent mailing address within 30 days after the change, the Board:

(a) Shall impose upon the licensee a fine not to exceed \$250; and

(b) May initiate disciplinary action against the licensee as provided pursuant to

subsection 10 of NRS 630.306.

2. Any licensee who changes the location of his or her office in this State shall notify the Board in writing of the change before practicing at the new location.

3. Any licensee who closes his or her office in this State shall:

(a) Notify the Board in writing of this occurrence within 14 days after the closure; and

(b) For a period of 5 years thereafter, unless a longer period of retention is provided by federal law, keep the Board apprised in writing of the location of the medical records of the licensee's patients.

NRS 652.135: The Board shall adopt regulations establishing the length of time that the health care and other regularly maintained records of a medical laboratory must be retained. The regulations must be consistent with the provisions of Part 493 of Title 42 of the Code of Federal Regulations.

Prescriptions, Dangerous Drugs, Poisons

NRS 453.128: 1. "Prescription" means:

(a) An order given individually for the person for whom prescribed, directly from a physician, physician assistant licensed pursuant to chapter 630 or 633 of NRS, dentist, podiatric physician, optometrist, advanced practitioner of nursing or veterinarian, or his or her agent, to a pharmacist or indirectly by means of an order signed by the practitioner or an electronic transmission from the practitioner to a pharmacist; or

(b) A chart order written for an inpatient specifying drugs which he or she is to take home upon his or her discharge.

2. The term does not include a chart order written for an inpatient for use while he or she is an inpatient.

NRS 453.256: 1. Except as otherwise provided in subsection 2, a substance included in schedule II must not be dispensed without the written prescription of a practitioner.

2. A controlled substance included in schedule II may be dispensed without the written prescription of a practitioner only:

(a) In an emergency, as defined by regulation of the Board, upon oral prescription of a practitioner, reduced to writing promptly and in any case within 72 hours, signed by the practitioner and filed by the pharmacy.

(b) Upon the use of a facsimile machine to transmit the prescription for a substance included in schedule II by a practitioner or a practitioner's agent to a pharmacy for:

(1) Direct administration to a patient by parenteral solution; or

(2) A resident of a facility for intermediate care or a facility for skilled nursing which is licensed as such by the Health Division of the Department.

A prescription transmitted by a facsimile machine pursuant to this paragraph must be printed on paper which is capable of being retained for at least 2 years. For the purposes of this section, such a prescription constitutes a written prescription. The pharmacy shall keep prescriptions in conformity with the requirements of NRS 453.246. A prescription for a substance included in schedule II must not be refilled.

3. Except when dispensed directly by a practitioner, other than a pharmacy, to an ultimate user, a substance included in schedule III or IV which is a dangerous drug as determined under NRS 454.201, must not be dispensed without a written or oral prescription of a practitioner. The prescription must not be filled or refilled more than 6 months after the date thereof or be refilled more than five times, unless renewed by the practitioner.

4. A substance included in schedule V may be distributed or dispensed only for a medical purpose, including medical treatment or authorized research.

5. A practitioner may dispense or deliver a controlled substance to or for a person or animal only for medical treatment or authorized research in the ordinary course of his or her profession.

6. No civil or criminal liability or administrative sanction may be imposed on a pharmacist for action taken in good faith in reliance on a reasonable belief that an order purporting to be a prescription was issued by a practitioner in the usual course of professional treatment or in authorized research.

7. An individual practitioner may not dispense a substance included in schedule II, III or IV for the practitioner's own personal use except in a medical emergency.

8. A person who violates this section is guilty of a category E felony and shall be punished as provided in NRS 193.130.

9. As used in this section:

(a) "Facsimile machine" means a device which sends or receives a reproduction or facsimile of a document or photograph which is transmitted electronically or telephonically by telecommunications lines.

(b) "Medical treatment" includes dispensing or administering a narcotic drug for pain, whether or not intractable.

(c) "Parenteral solution" has the meaning ascribed to it in NRS 639.0105.

NRS 453.257: A pharmacist shall not fill a second or subsequent prescription for a controlled substance listed in schedule II for the same patient unless the frequency of prescriptions is in conformity with the directions for use. The need for any increased amount shall be verified by the practitioner in writing or personally by telephone.

NRS 453.377: A controlled substance may be dispensed by:

1. A registered pharmacist upon a legal prescription from a practitioner or to a pharmacy in a correctional institution upon the written order of the prescribing practitioner in charge.

2. A pharmacy in a correctional institution, in case of emergency, upon a written order signed by the chief medical officer.

3. A practitioner.

4. A registered nurse, when the state, county, city or district health officer has declared a state of emergency.

5. A medical intern in the course of his or her internship.

6. A pharmacy in an institution of the Department of Corrections to a person designated by the Director of the Department of Corrections to administer a lethal injection to a person who has been sentenced to death.

7. A registered pharmacist from an institutional pharmacy, pursuant to regulations

adopted by the Board.

NRS 453.385: 1. Each prescription for a controlled substance must comply with the regulations of the Board adopted pursuant to subsection 2.

2. The Board shall, by regulation, adopt requirements for:

(a) The form and content of a prescription for a controlled substance. The requirements may vary depending upon the schedule of the controlled substance.

(b) Transmitting a prescription for a controlled substance to a pharmacy. The requirements may vary depending upon the schedule of the controlled substance.

(c) The form and contents of an order for a controlled substance given for a patient in a medical facility and the requirements for keeping records of such orders.

3. Except as otherwise provided in this subsection, the regulations adopted pursuant to subsection 2 must ensure compliance with, but may be more stringent than required by, applicable federal law governing controlled substances and the rules, regulations and orders of any federal agency administering such law. The regulations adopted pursuant to paragraph (b) of subsection 2 for the electronic transmission or transmission by a facsimile machine of a prescription for a controlled substance must not be more stringent than federal law governing the electronic transmission or transmission by a facsimile machine of a prescription for a controlled substance or the rules, regulations or orders of any federal agency administering such law.

NRS 453A.170: “Written documentation” means:

1. A statement signed by the attending physician of a person diagnosed with a chronic or debilitating medical condition; or

2. Copies of the relevant medical records of a person diagnosed with a chronic or debilitating medical condition.

NRS 453A.210: 1. The Division shall establish and maintain a program for the issuance of registry identification cards to persons who meet the requirements of this section.

2. Except as otherwise provided in subsections 3 and 5 and NRS 453A.225, the Division or its designee shall issue a registry identification card to a person who is a resident of this State and who submits an application on a form prescribed by the Division accompanied by the following:

(a) Valid, written documentation from the person’s attending physician stating that:

(1) The person has been diagnosed with a chronic or debilitating medical condition;

(2) The medical use of marijuana may mitigate the symptoms or effects of that condition; and

(3) The attending physician has explained the possible risks and benefits of the medical use of marijuana;

(b) The name, address, telephone number, social security number and date of birth of the person;

(c) Proof satisfactory to the Division that the person is a resident of this State;

(d) The name, address and telephone number of the person’s attending physician; and

(e) If the person elects to designate a primary caregiver at the time of application:

(1) The name, address, telephone number and social security number of the

designated primary caregiver; and

(2) A written, signed statement from the person's attending physician in which the attending physician approves of the designation of the primary caregiver.

3. The Division or its designee shall issue a registry identification card to a person who is under 18 years of age if:

(a) The person submits the materials required pursuant to subsection 2; and

(b) The custodial parent or legal guardian with responsibility for health care decisions for the person under 18 years of age signs a written statement setting forth that:

(1) The attending physician of the person under 18 years of age has explained to that person and to the custodial parent or legal guardian with responsibility for health care decisions for the person under 18 years of age the possible risks and benefits of the medical use of marijuana;

(2) The custodial parent or legal guardian with responsibility for health care decisions for the person under 18 years of age consents to the use of marijuana by the person under 18 years of age for medical purposes;

(3) The custodial parent or legal guardian with responsibility for health care decisions for the person under 18 years of age agrees to serve as the designated primary caregiver for the person under 18 years of age; and

(4) The custodial parent or legal guardian with responsibility for health care decisions for the person under 18 years of age agrees to control the acquisition of marijuana and the dosage and frequency of use by the person under 18 years of age.

4. The form prescribed by the Division to be used by a person applying for a registry identification card pursuant to this section must be a form that is in quintuplicate. Upon receipt of an application that is completed and submitted pursuant to this section, the Division shall:

(a) Record on the application the date on which it was received;

(b) Retain one copy of the application for the records of the Division; and

(c) Distribute the other four copies of the application in the following manner:

(1) One copy to the person who submitted the application;

(2) One copy to the applicant's designated primary caregiver, if any;

(3) One copy to the Central Repository for Nevada Records of Criminal History;

and

(4) One copy to:

(I) If the attending physician of the applicant is licensed to practice medicine pursuant to the provisions of chapter 630 of NRS, the Board of Medical Examiners; or

(II) If the attending physician of the applicant is licensed to practice osteopathic medicine pursuant to the provisions of chapter 633 of NRS, the State Board of Osteopathic Medicine.

The Central Repository for Nevada Records of Criminal History shall report to the Division its findings as to the criminal history, if any, of an applicant within 15 days after receiving a copy of an application pursuant to subparagraph (3) of paragraph (c). The Board of Medical Examiners or the State Board of Osteopathic Medicine, as applicable, shall report to the Division its findings as to the licensure and standing of the applicant's attending physician within 15 days after receiving a copy of an application pursuant to subparagraph (4) of paragraph (c).

5. The Division shall verify the information contained in an application submitted

pursuant to this section and shall approve or deny an application within 30 days after receiving the application. The Division may contact an applicant, the applicant's attending physician and designated primary caregiver, if any, by telephone to determine that the information provided on or accompanying the application is accurate. The Division may deny an application only on the following grounds:

(a) The applicant failed to provide the information required pursuant to subsections 2 and 3 to:

(1) Establish the applicant's chronic or debilitating medical condition; or

(2) Document the applicant's consultation with an attending physician regarding the medical use of marijuana in connection with that condition;

(b) The applicant failed to comply with regulations adopted by the Division, including, without limitation, the regulations adopted by the Administrator pursuant to NRS 453A.740;

(c) The Division determines that the information provided by the applicant was falsified;

(d) The Division determines that the attending physician of the applicant is not licensed to practice medicine or osteopathic medicine in this State or is not in good standing, as reported by the Board of Medical Examiners or the State Board of Osteopathic Medicine, as applicable;

(e) The Division determines that the applicant, or the applicant's designated primary caregiver, if applicable, has been convicted of knowingly or intentionally selling a controlled substance;

(f) The Division has prohibited the applicant from obtaining or using a registry identification card pursuant to subsection 2 of NRS 453A.300;

(g) The Division determines that the applicant, or the applicant's designated primary caregiver, if applicable, has had a registry identification card revoked pursuant to NRS 453A.225; or

(h) In the case of a person under 18 years of age, the custodial parent or legal guardian with responsibility for health care decisions for the person has not signed the written statement required pursuant to paragraph (b) of subsection 3.

6. The decision of the Division to deny an application for a registry identification card is a final decision for the purposes of judicial review. Only the person whose application has been denied or, in the case of a person under 18 years of age whose application has been denied, the person's parent or legal guardian, has standing to contest the determination of the Division. A judicial review authorized pursuant to this subsection must be limited to a determination of whether the denial was arbitrary, capricious or otherwise characterized by an abuse of discretion and must be conducted in accordance with the procedures set forth in chapter 233B of NRS for reviewing a final decision of an agency.

7. A person whose application has been denied may not reapply for 6 months after the date of the denial, unless the Division or a court of competent jurisdiction authorizes reapplication in a shorter time.

8. Except as otherwise provided in this subsection, if a person has applied for a registry identification card pursuant to this section and the Division has not yet approved or denied the application, the person, and the person's designated primary caregiver, if any, shall be deemed to hold a registry identification card upon the presentation to a law

enforcement officer of the copy of the application provided to him or her pursuant to subsection 4. A person may not be deemed to hold a registry identification card for a period of more than 30 days after the date on which the Division received the application.

9. As used in this section, “resident” has the meaning ascribed to it in NRS 483.141.

NRS 453A.230: 1. A person to whom the Division or its designee has issued a registry identification card pursuant to paragraph (a) of subsection 1 of NRS 453A.220 shall, in accordance with regulations adopted by the Division:

(a) Notify the Division of any change in the person’s name, address, telephone number, attending physician or designated primary caregiver, if any; and

(b) Submit annually to the Division:

(1) Updated written documentation from the person’s attending physician in which the attending physician sets forth that:

(I) The person continues to suffer from a chronic or debilitating medical condition;

(II) The medical use of marijuana may mitigate the symptoms or effects of that condition; and

(III) The attending physician has explained to the person the possible risks and benefits of the medical use of marijuana; and

(2) If the person elects to designate a primary caregiver for the subsequent year and the primary caregiver so designated was not the person’s designated primary caregiver during the previous year:

(I) The name, address, telephone number and social security number of the designated primary caregiver; and

(II) A written, signed statement from the person’s attending physician in which the attending physician approves of the designation of the primary caregiver.

2. A person to whom the Division or its designee has issued a registry identification card pursuant to paragraph (b) of subsection 1 of NRS 453A.220 or pursuant to NRS 453A.250 shall, in accordance with regulations adopted by the Division, notify the Division of any change in the person’s name, address, telephone number or the identity of the person for whom he or she acts as designated primary caregiver.

3. If a person fails to comply with the provisions of subsection 1 or 2, the registry identification card issued to the person shall be deemed expired. If the registry identification card of a person to whom the Division or its designee issued the card pursuant to paragraph (a) of subsection 1 of NRS 453A.220 is deemed expired pursuant to this subsection, a registry identification card issued to the person’s designated primary caregiver, if any, shall also be deemed expired. Upon the deemed expiration of a registry identification card pursuant to this subsection:

(a) The Division shall send, by certified mail, return receipt requested, notice to the person whose registry identification card has been deemed expired, advising the person of the requirements of paragraph (b); and

(b) The person shall return his or her registry identification card to the Division within 7 days after receiving the notice sent pursuant to paragraph (a).

NRS 453A.500: The Board of Medical Examiners or the State Board of Osteopathic Medicine, as applicable, shall not take any disciplinary action against an attending

physician on the basis that the attending physician:

1. Advised a person whom the attending physician has diagnosed as having a chronic or debilitating medical condition, or a person whom the attending physician knows has been so diagnosed by another physician licensed to practice medicine pursuant to the provisions of chapter 630 of NRS or licensed to practice osteopathic medicine pursuant to the provisions of chapter 633 of NRS:

(a) About the possible risks and benefits of the medical use of marijuana; or

(b) That the medical use of marijuana may mitigate the symptoms or effects of the person's chronic or debilitating medical condition,
if the advice is based on the attending physician's personal assessment of the person's medical history and current medical condition.

2. Provided the written documentation required pursuant to paragraph (a) of subsection 2 of NRS 453A.210 for the issuance of a registry identification card or pursuant to subparagraph (1) of paragraph (b) of subsection 1 of NRS 453A.230 for the renewal of a registry identification card, if:

(a) Such documentation is based on the attending physician's personal assessment of the person's medical history and current medical condition; and

(b) The physician has advised the person about the possible risks and benefits of the medical use of marijuana.

NRS 453A.610: 1. Except as otherwise provided in this section and NRS 239.0115, the University of Nevada School of Medicine shall maintain the confidentiality of and shall not disclose:

(a) The contents of any applications, records or other written materials that the School of Medicine creates or receives pursuant to the research program described in NRS 453A.600; or

(b) The name or any other identifying information of a person who has applied to or who participates in the research program described in NRS 453A.600.

□ Except as otherwise provided in NRS 239.0115, the items of information described in this subsection are confidential, not subject to subpoena or discovery and not subject to inspection by the general public.

2. Notwithstanding the provisions of subsection 1, the School of Medicine may release the name and other identifying information of a person who has applied to or who participates in the research program described in NRS 453A.600 to:

(a) Authorized employees of the State of Nevada as necessary to perform official duties related to the research program; and

(b) Authorized employees of state and local law enforcement agencies, only as necessary to verify that a person is a lawful participant in the research program.

NRS 453A.700 1. Except as otherwise provided in this section, NRS 239.0115 and subsection 4 of NRS 453A.210, the Division and any designee of the Division shall maintain the confidentiality of and shall not disclose:

(a) The contents of any applications, records or other written documentation that the Division or its designee creates or receives pursuant to the provisions of this chapter; or

(b) The name or any other identifying information of:

(1) An attending physician; or

(2) A person who has applied for or to whom the Division or its designee has issued a registry identification card.

Except as otherwise provided in NRS 239.0115, the items of information described in this subsection are confidential, not subject to subpoena or discovery and not subject to inspection by the general public.

2. Notwithstanding the provisions of subsection 1, the Division or its designee may release the name and other identifying information of a person to whom the Division or its designee has issued a registry identification card to:

(a) Authorized employees of the Division or its designee as necessary to perform official duties of the Division; and

(b) Authorized employees of state and local law enforcement agencies, only as necessary to verify that a person is the lawful holder of a registry identification card issued to him or her pursuant to NRS 453A.220 or 453A.250.

NRS 454.050: 1. It is unlawful to vend, sell, furnish or deliver any poison included in Schedule "A," the additions thereto or those enumerated by regulation of the Board without making or causing to be made, at the time of the sale, an entry in a book kept solely for that purpose, stating:

(a) The date of sale.

(b) The name, complete residence or business address and signature of the purchaser.

(c) The name and quantity of the poison sold.

(d) The statement by the purchaser of the purpose for which the poison is required.

(e) The signature of the dispenser, who must be a registered pharmacist or a registered intern pharmacist acting under the direct and immediate supervision of a registered pharmacist.

2. The provisions of this section do not apply when the poisons enumerated in Schedule "A" are used as solvents for glues and cements used in making of models, when sold in single units or containers simultaneously with or as a part of a kit to be used for the construction of model airplanes, boats, automobiles, trains or other similar models if such kits have been assembled by a recognized manufacturer of such kits and are advertised as such.

NRS 454.060 1. The poison book shall be in form substantially as follows:

Signature of Date Purchaser	Name of Purchaser	Residence	Kind and Quantity	Purpose of Use	Signature of Pharmacist
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2. This book shall always be open for inspection by authorized officers of the law acting in their official capacity, and shall be preserved for at least 5 years after the date of the last entry therein.

NRS 454.215: A dangerous drug may be dispensed by:

1. A registered pharmacist upon the legal prescription from a practitioner or to a

pharmacy in a correctional institution upon the written order of the prescribing practitioner in charge;

2. A pharmacy in a correctional institution, in case of emergency, upon a written order signed by the chief medical officer;

3. A practitioner, or a physician assistant licensed pursuant to chapter 630 or 633 of NRS if authorized by the Board;

4. A registered nurse, when the nurse is engaged in the performance of any public health program approved by the Board;

5. A medical intern in the course of his or her internship;

6. An advanced practitioner of nursing who holds a certificate from the State Board of Nursing and a certificate from the State Board of Pharmacy permitting him or her to dispense dangerous drugs;

7. A registered nurse employed at an institution of the Department of Corrections to an offender in that institution;

8. A registered pharmacist from an institutional pharmacy pursuant to regulations adopted by the Board; or

9. A registered nurse to a patient at a rural clinic that is designated as such pursuant to NRS 433.233 and that is operated by the Division of Mental Health and Developmental Services of the Department of Health and Human Services if the nurse is providing mental health services at the rural clinic, except that no person may dispense a dangerous drug in violation of a regulation adopted by the Board.

NRS 454.223: 1. Each prescription for a dangerous drug must be written on a prescription blank or as an order on the chart of a patient. A chart of a patient may be used to order multiple prescriptions for that patient.

2. A written prescription must contain:

(a) The name of the practitioner, the signature of the practitioner if the prescription was not transmitted orally and the address of the practitioner if not immediately available to the pharmacist;

(b) The classification of his or her license;

(c) The name of the patient, and the address of the patient if not immediately available to the pharmacist;

(d) The name, strength and quantity of the drug or drugs prescribed;

(e) The symptom or purpose for which the drug is prescribed, if included by the practitioner pursuant to NRS 639.2352;

(f) Directions for use; and

(g) The date of issue.

3. Directions for use must be specific in that they must indicate the portion of the body to which the medication is to be applied, or, if to be taken into the body by means other than orally, the orifice or canal of the body into which the medication is to be inserted or injected.

NRS 454.286: 1. Every retail pharmacy, hospital or any practitioner who engages in the practice of dispensing or furnishing drugs to patients shall maintain a complete and accurate record of all dangerous drugs purchased and those sold on prescription.

dispensed, furnished or disposed of otherwise.

2. The records must be retained for a period of 2 years and must be open to inspection by members, inspectors or investigators of the Board or inspectors of the Food and Drug Administration.

3. Invoices showing all purchases of dangerous drugs constitute a complete record of all dangerous drugs received.

4. For the purpose of this section, the prescription files of a pharmacy constitute a record of the disposition of all dangerous drugs.

5. A person who violates any provision of this section is guilty of a misdemeanor.

NRS 639.2353: Except as otherwise provided in a regulation adopted pursuant to NRS 453.385 or 639.2357:

1. A prescription must be given:

(a) Directly from the practitioner to a pharmacist;

(b) Indirectly by means of an order signed by the practitioner;

(c) By an oral order transmitted by an agent of the practitioner; or

(d) Except as otherwise provided in subsection 5, by electronic transmission or transmission by a facsimile machine, including, without limitation, transmissions made from a facsimile machine to another facsimile machine, a computer equipped with a facsimile modem to a facsimile machine or a computer to another computer, pursuant to the regulations of the Board.

2. A written prescription must contain:

(a) Except as otherwise provided in this section, the name and signature of the practitioner, and the address of the practitioner if not immediately available to the pharmacist;

(b) The classification of his or her license;

(c) The name of the patient, and the address of the patient if not immediately available to the pharmacist;

(d) The name, strength and quantity of the drug prescribed;

(e) The symptom or purpose for which the drug is prescribed, if included by the practitioner pursuant to NRS 639.2352;

(f) Directions for use; and

(g) The date of issue.

3. The directions for use must be specific in that they indicate the portion of the body to which the medication is to be applied or, if to be taken into the body by means other than orally, the orifice or canal of the body into which the medication is to be inserted or injected.

4. Each written prescription must be written in such a manner that any registered pharmacist would be able to dispense it. A prescription must be written in Latin or English and may include any character, figure, cipher or abbreviation which is generally used by pharmacists and practitioners in the writing of prescriptions.

5. A prescription for a controlled substance must not be given by electronic transmission or transmission by a facsimile machine unless authorized by federal law.

6. A prescription that is given by electronic transmission is not required to contain the signature of the practitioner if:

(a) It contains a facsimile signature, security code or other mark that uniquely

identifies the practitioner; or

(b) A voice recognition system, biometric identification technique or other security system approved by the Board is used to identify the practitioner.

NRS 639.236: 1. All prescriptions filled by a practitioner must be serially numbered and filed in the manner prescribed by regulation of the Board. Prescriptions for controlled substances listed in schedule II must be filed separately from other prescriptions or in a readily retrievable manner as the Board may provide by regulation. All prescriptions must be retained on file for at least 2 years.

2. Each prescription on file must bear the date on which it was originally filled and be personally signed or initialed by the registered pharmacist or practitioner who filled it.

3. Files of prescriptions are open to inspection by members, inspectors and investigators of the Board and by inspectors of the Food and Drug Administration and agents of the Investigation Division of the Department of Public Safety.

NRS 639.238: 1. Prescriptions filled and on file in a pharmacy are not a public record. Except as otherwise provided in NRS 439.538 and 639.2357, a pharmacist shall not divulge the contents of any prescription or provide a copy of any prescription, except to:

(a) The patient for whom the original prescription was issued;

(b) The practitioner who originally issued the prescription;

(c) A practitioner who is then treating the patient;

(d) A member, inspector or investigator of the Board or an inspector of the Food and Drug Administration or an agent of the Investigation Division of the Department of Public Safety;

(e) An agency of state government charged with the responsibility of providing medical care for the patient;

(f) An insurance carrier, on receipt of written authorization signed by the patient or his or her legal guardian, authorizing the release of such information;

(g) Any person authorized by an order of a district court;

(h) Any member, inspector or investigator of a professional licensing board which licenses a practitioner who orders prescriptions filled at the pharmacy;

(i) Other registered pharmacists for the limited purpose of and to the extent necessary for the exchange of information relating to persons who are suspected of:

(1) Misusing prescriptions to obtain excessive amounts of drugs; or

(2) Failing to use a drug in conformity with the directions for its use or taking a drug in combination with other drugs in a manner that could result in injury to that person;

(j) A peace officer employed by a local government for the limited purpose of and to the extent necessary:

(1) For the investigation of an alleged crime reported by an employee of the pharmacy where the crime was committed; or

(2) To carry out a search warrant or subpoena issued pursuant to a court order; or

(k) A county coroner, medical examiner or investigator employed by an office of a county coroner for the purpose of:

(1) Identifying a deceased person;

(2) Determining a cause of death; or

(3) Performing other duties authorized by law.

2. Any copy of a prescription for a controlled substance or a dangerous drug as defined in chapter 454 of NRS that is issued to a county coroner, medical examiner or investigator employed by an office of a county coroner must be limited to a copy of the prescription filled or on file for:

(a) The person whose name is on the container of the controlled substance or dangerous drug that is found on or near the body of a deceased person; or

(b) The deceased person whose cause of death is being determined.

3. Except as otherwise provided in NRS 639.2357, any copy of a prescription for a controlled substance or a dangerous drug as defined in chapter 454 of NRS, issued to a person authorized by this section to receive such a copy, must contain all of the information appearing on the original prescription and be clearly marked on its face "Copy, Not Refillable—For Reference Purposes Only." The copy must bear the name or initials of the registered pharmacist who prepared the copy.

4. If a copy of a prescription for any controlled substance or a dangerous drug as defined in chapter 454 of NRS is furnished to the customer, the original prescription must be voided and notations made thereon showing the date and the name of the person to whom the copy was furnished.

5. As used in this section, "peace officer" does not include:

(a) A member of the Police Department of the Nevada System of Higher Education.

(b) A school police officer who is appointed or employed pursuant to NRS 391.100.

NRS 639.239: Members, inspectors and investigators of the Board, inspectors of the Food and Drug Administration, agents of the Investigation Division of the Department of Public Safety and peace officers described in paragraph (j) of subsection 1 of NRS 639.238 may remove any record required to be retained by state or federal law or regulation, including any prescription contained in the files of a practitioner, if the record in question will be used as evidence in a criminal action, civil action or an administrative proceeding, or contemplated action or proceeding. The person who removes a record pursuant to this section shall:

1. Affix the name and address of the practitioner to the back of the record;

2. Affix his or her initials, cause an agent of the practitioner to affix his or her initials and note the date of the removal of the record on the back of the record;

3. Affix the name of the agency for which the person is removing the record to the back of the record;

4. Provide the practitioner with a receipt for the record; and

5. Return a photostatic copy of both sides of the record to the practitioner within 15 working days after the record is removed.

NRS 639.2392: 1. A record of each refill of any prescription for a controlled substance or dangerous drug or any authorization to refill such a prescription must be kept:

(a) On the back of the original prescription; or

(b) In a bound book or separate file.

2. The record must include:

(a) The date of each refill or authorization;

(b) The number of dosage units; and

(c) The signature or initials of the pharmacist who refilled the prescription or obtained the authorization to refill.

NRS 639.268: 1. A practitioner may purchase supplies of controlled substances, poisons, dangerous drugs and devices from a pharmacy by:

(a) Making an oral order to the pharmacy or transmitting an oral order through his or her agent, except an order for a controlled substance in schedule II; or

(b) If the order is for a controlled substance, presenting to the pharmacy a written order signed by the practitioner which contains his or her registration number issued by the Drug Enforcement Administration.

2. A hospital pharmacy or a pharmacy designated for this purpose by a county health officer in a county whose population is 100,000 or more, or by a district health officer in any county within its jurisdiction or, in the absence of either, by the State Health Officer or his or her designated medical director of emergency medical services, may sell to a person or agency described in subsection 3 supplies of controlled substances to stock the ambulances or other authorized vehicles of such a person or agency or replenish the stock if:

(a) The person or agency is registered with the Drug Enforcement Administration pursuant to 21 C.F.R. Part 1301;

(b) The person in charge of the controlled substances is:

(1) An advanced emergency medical technician appropriately certified by the health authority;

(2) A registered nurse licensed by the State Board of Nursing; or

(3) A person who holds equivalent certification or licensure issued by another state; and

(c) Except as otherwise provided in this paragraph, the purchase order is countersigned by a physician or initiated by an oral order and may be made by the person or agency or transmitted by an agent of such a person or agency. An order for a controlled substance listed in schedule II must be made pursuant to NRS 453.251.

3. A pharmacy, institutional pharmacy or other person licensed by the Board to furnish controlled substances and dangerous drugs may sell to:

(a) The holder of a permit issued pursuant to the provisions of NRS 450B.200 or 450B.210;

(b) The holder of a permit issued by another state which is substantially similar to a permit issued pursuant to the provisions of NRS 450B.200 or 450B.210; and

(c) An agency of the Federal Government that provides emergency care or transportation and is registered with the Drug Enforcement Administration pursuant to 21 C.F.R. Part 1301.

4. A pharmacy, institutional pharmacy or other person licensed by the Board to furnish dangerous drugs who sells supplies pursuant to this section shall maintain a record of each sale which must contain:

(a) The date of sale;

(b) The name, address and signature of the purchaser or the person receiving the delivery;

(c) The name of the dispensing pharmacist;

(d) The name and address of the authorizing practitioner; and

(e) The name, strength and quantity of each drug sold.

5. A pharmacy, institutional pharmacy or other person licensed by the Board to furnish dangerous drugs who supplies the initial stock for an ambulance or other emergency vehicle shall comply with any applicable regulations adopted by the State Board of Health, or a district board of health, pursuant to NRS 450B.120.

6. The Board shall adopt regulations regarding the records a pharmacist shall keep of any purchase made pursuant to this section.

NRS 639.2845: 1. A pharmacist or practitioner is not subject to any penalty for dispensing or selling without a prescription oral doses of procaine hydrochloride with preservatives and stabilizers (Gerovital H3) manufactured in this state.

2. A pharmacist or practitioner who dispenses or sells procaine hydrochloride with preservatives and stabilizers (Gerovital H3) pursuant to this section without a prescription shall maintain a register of persons to whom it was dispensed or sold. The register must contain:

(a) The name and address of the person to whom it was sold or dispensed;

(b) The amount sold or dispensed and the date;

(c) The signature of the person to whom it was sold or dispensed; and

(d) The signature of the dispenser, who must be a registered pharmacist or a registered intern pharmacist acting under the direct and immediate supervision of a registered pharmacist or practitioner.

Security of Personal Information

NRS 603A.020: “Breach of the security of the system data” means unauthorized acquisition of computerized data that materially compromises the security, confidentiality or integrity of personal information maintained by the data collector. The term does not include the good faith acquisition of personal information by an employee or agent of the data collector for a legitimate purpose of the data collector, so long as the personal information is not used for a purpose unrelated to the data collector or subject to further unauthorized disclosure.

NRS 603A.030: “Data collector” means any governmental agency, institution of higher education, corporation, financial institution or retail operator or any other type of business entity or association that, for any purpose, whether by automated collection or otherwise, handles, collects, disseminates or otherwise deals with nonpublic personal information.

NRS 603A.040: “Personal information” means a natural person’s first name or first initial and last name in combination with any one or more of the following data elements, when the name and data elements are not encrypted:

1. Social security number.

2. Driver’s license number or identification card number.

3. Account number, credit card number or debit card number, in combination with any required security code, access code or password that would permit access to the

person's financial account.

The term does not include the last four digits of a social security number or publicly available information that is lawfully made available to the general public.

NRS 603A.100: Any waiver of the provisions of this chapter is contrary to public policy, void and unenforceable.

NRS 603A.200: 1. A business that maintains records which contain personal information concerning the customers of the business shall take reasonable measures to ensure the destruction of those records when the business decides that it will no longer maintain the records.

2. As used in this section:

(a) "Business" means a proprietorship, corporation, partnership, association, trust, unincorporated organization or other enterprise doing business in this State.

(b) "Reasonable measures to ensure the destruction" means any method that modifies the records containing the personal information in such a way as to render the personal information contained in the records unreadable or undecipherable, including, without limitation:

- (1) Shredding of the record containing the personal information; or
- (2) Erasing of the personal information from the records.

NRS 603A.210: 1. A data collector that maintains records which contain personal information of a resident of this State shall implement and maintain reasonable security measures to protect those records from unauthorized access, acquisition, destruction, use, modification or disclosure.

2. A contract for the disclosure of the personal information of a resident of this State which is maintained by a data collector must include a provision requiring the person to whom the information is disclosed to implement and maintain reasonable security measures to protect those records from unauthorized access, acquisition, destruction, use, modification or disclosure.

3. If a state or federal law requires a data collector to provide greater protection to records that contain personal information of a resident of this State which are maintained by the data collector and the data collector is in compliance with the provisions of that state or federal law, the data collector shall be deemed to be in compliance with the provisions of this section.

NRS 603A.215: 1. If a data collector doing business in this State accepts a payment card in connection with a sale of goods or services, the data collector shall comply with the current version of the Payment Card Industry (PCI) Data Security Standard, as adopted by the PCI Security Standards Council or its successor organization, with respect to those transactions, not later than the date for compliance set forth in the Payment Card Industry (PCI) Data Security Standard or by the PCI Security Standards Council or its successor organization.

2. A data collector doing business in this State to whom subsection 1 does not apply shall not:

- (a) Transfer any personal information through an electronic, nonvoice transmission

other than a facsimile to a person outside of the secure system of the data collector unless the data collector uses encryption to ensure the security of electronic transmission; or

(b) Move any data storage device containing personal information beyond the logical or physical controls of the data collector or its data storage contractor unless the data collector uses encryption to ensure the security of the information.

3. A data collector shall not be liable for damages for a breach of the security of the system data if:

(a) The data collector is in compliance with this section; and

(b) The breach is not caused by the gross negligence or intentional misconduct of the data collector, its officers, employees or agents.

4. The requirements of this section do not apply to:

(a) A telecommunication provider acting solely in the role of conveying the communications of other persons, regardless of the mode of conveyance used, including, without limitation:

(1) Optical, wire line and wireless facilities;

(2) Analog transmission; and

(3) Digital subscriber line transmission, voice over Internet protocol and other digital transmission technology.

(b) Data transmission over a secure, private communication channel for:

(1) Approval or processing of negotiable instruments, electronic fund transfers or similar payment methods; or

(2) Issuance of reports regarding account closures due to fraud, substantial overdrafts, abuse of automatic teller machines or related information regarding a customer.

5. As used in this section:

(a) "Data storage device" means any device that stores information or data from any electronic or optical medium, including, but not limited to, computers, cellular telephones, magnetic tape, electronic computer drives and optical computer drives, and the medium itself.

(b) "Encryption" means the protection of data in electronic or optical form, in storage or in transit, using:

(1) An encryption technology that has been adopted by an established standards setting body, including, but not limited to, the Federal Information Processing Standards issued by the National Institute of Standards and Technology, which renders such data indecipherable in the absence of associated cryptographic keys necessary to enable decryption of such data; and

(2) Appropriate management and safeguards of cryptographic keys to protect the integrity of the encryption using guidelines promulgated by an established standards setting body, including, but not limited to, the National Institute of Standards and Technology.

(c) "Facsimile" means an electronic transmission between two dedicated fax machines using Group 3 or Group 4 digital formats that conform to the International Telecommunications Union T.4 or T.38 standards or computer modems that conform to the International Telecommunications Union T.31 or T.32 standards. The term does not include onward transmission to a third device after protocol conversion, including, but not limited to, any data storage device.

- (d) "Payment card" has the meaning ascribed to it in NRS 205.602.
- (e) "Telecommunication provider" has the meaning ascribed to it in NRS 704.027.

NRS 603A.220: 1. Any data collector that owns or licenses computerized data which includes personal information shall disclose any breach of the security of the system data following discovery or notification of the breach to any resident of this State whose unencrypted personal information was, or is reasonably believed to have been, acquired by an unauthorized person. The disclosure must be made in the most expedient time possible and without unreasonable delay, consistent with the legitimate needs of law enforcement, as provided in subsection 3, or any measures necessary to determine the scope of the breach and restore the reasonable integrity of the system data.

2. Any data collector that maintains computerized data which includes personal information that the data collector does not own shall notify the owner or licensee of the information of any breach of the security of the system data immediately following discovery if the personal information was, or is reasonably believed to have been, acquired by an unauthorized person.

3. The notification required by this section may be delayed if a law enforcement agency determines that the notification will impede a criminal investigation. The notification required by this section must be made after the law enforcement agency determines that the notification will not compromise the investigation.

4. For purposes of this section, except as otherwise provided in subsection 5, the notification required by this section may be provided by one of the following methods:

(a) Written notification.

(b) Electronic notification, if the notification provided is consistent with the provisions of the Electronic Signatures in Global and National Commerce Act, 15 U.S.C. §§ 7001 et seq.

(c) Substitute notification, if the data collector demonstrates that the cost of providing notification would exceed \$250,000, the affected class of subject persons to be notified exceeds 500,000 or the data collector does not have sufficient contact information. Substitute notification must consist of all the following:

(1) Notification by electronic mail when the data collector has electronic mail addresses for the subject persons.

(2) Conspicuous posting of the notification on the Internet website of the data collector, if the data collector maintains an Internet website.

(3) Notification to major statewide media.

5. A data collector which:

(a) Maintains its own notification policies and procedures as part of an information security policy for the treatment of personal information that is otherwise consistent with the timing requirements of this section shall be deemed to be in compliance with the notification requirements of this section if the data collector notifies subject persons in accordance with its policies and procedures in the event of a breach of the security of the system data.

(b) Is subject to and complies with the privacy and security provisions of the Gramm-Leach-Bliley Act, 15 U.S.C. §§ 6801 et seq., shall be deemed to be in compliance with the notification requirements of this section.

6. If a data collector determines that notification is required to be given pursuant to

the provisions of this section to more than 1,000 persons at any one time, the data collector shall also notify, without unreasonable delay, any consumer reporting agency, as that term is defined in 15 U.S.C. § 1681a(p), that compiles and maintains files on consumers on a nationwide basis, of the time the notification is distributed and the content of the notification.

NRS 603A.900: A data collector that provides the notification required pursuant to NRS 603A.220 may commence an action for damages against a person that unlawfully obtained or benefited from personal information obtained from records maintained by the data collector. A data collector that prevails in such an action may be awarded damages which may include, without limitation, the reasonable costs of notification, reasonable attorney's fees and costs and punitive damages when appropriate. The costs of notification include, without limitation, labor, materials, postage and any other costs reasonably related to providing the notification.

NRS 603A.910: In addition to any other penalty provided by law for the breach of the security of the system data maintained by a data collector, the court may order a person who is convicted of unlawfully obtaining or benefiting from personal information obtained as a result of such breach to pay restitution to the data collector for the reasonable costs incurred by the data collector in providing the notification required pursuant to NRS 603A.220, including, without limitation, labor, materials, postage and any other costs reasonably related to providing such notification.

NRS 603A.920: If the Attorney General or a district attorney of any county has reason to believe that any person is violating, proposes to violate or has violated the provisions of this chapter, the Attorney General or district attorney may bring an action against that person to obtain a temporary or permanent injunction against the violation.

Electronic Transactions

NRS 719.030: "Agreement" means the bargain of the parties in fact, as found in their language or inferred from other circumstances and from rules, regulations and procedures given the effect of agreements under laws otherwise applicable to a particular transaction.

NRS 719.040: "Automated transaction" means a transaction conducted or performed, in whole or in part, by electronic means or electronic records, in which the acts or records of one or both parties are not reviewed by a natural person in the ordinary course in forming a contract, performing under an existing contract or fulfilling an obligation required by the transaction.

NRS 719.050: "Computer program" means a set of statements or instructions to be used directly or indirectly in an information processing system in order to bring about a certain result.

NRS 719.060: "Contract" means the total legal obligation resulting from the parties'

agreement as affected by this chapter and other applicable law.

NRS 719.070: “Electronic” means relating to technology having electrical, digital, magnetic, wireless, optical, electromagnetic or similar capabilities.

NRS 719.080: “Electronic agent” means a computer program or an electronic or other automated means used independently to initiate an action or respond to electronic records or performances in whole or in part, without review or action by a natural person.

NRS 719.090: “Electronic record” means a record created, generated, sent, communicated, received or stored by electronic means.

NRS 719.100: “Electronic signature” means an electronic sound, symbol or process attached to or logically associated with a record and executed or adopted by a person with the intent to sign the record.

NRS 719.110: “Governmental agency” means an executive, legislative or judicial agency, department, board, commission, authority, institution or instrumentality of the Federal Government or of a state or of a county, municipality or other political subdivision of a state.

NRS 719.120: “Information” means data, text, images, sounds, codes, computer programs, software, databases or the like.

NRS 719.130: “Information processing system” means an electronic system for creating, generating, sending, receiving, storing, displaying or processing information.

NRS 719.140: “Person” includes a governmental agency and a public corporation.

NRS 719.150: “Record” means information that is inscribed on a tangible medium or that is stored in an electronic or other medium and is retrievable in perceivable form.

NRS 719.160: “Security procedure” means a procedure employed for the purpose of verifying that an electronic signature, record or performance is that of a specific person or for detecting changes or errors in the information in an electronic record. The term includes a procedure that requires the use of algorithms or other codes, identifying words or numbers, encryption or callback, or other acknowledgment procedures.

NRS 719.170: “State” means a state of the United States, the District of Columbia, Puerto Rico, the United States Virgin Islands or any territory or insular possession subject to the jurisdiction of the United States. The term includes an Indian tribe or band, or Alaskan native village, which is recognized by federal law or formally acknowledged by a state.

NRS 719.180: “Transaction” means an action or set of actions occurring between two or more persons relating to the conduct of business, commercial or governmental affairs.

NRS 719.200 Scope.

1. Except as otherwise provided in subsection 2, the provisions of this chapter apply to electronic records and electronic signatures relating to a transaction.

2. The provisions of this chapter do not apply to a transaction to the extent it is governed by:

(a) A law governing the creation and execution of wills, codicils or testamentary trusts; or

(b) The Uniform Commercial Code other than NRS 104.1306, 104.2101 to 104.2725, inclusive, and 104A.2101 to 104A.2532, inclusive.

3. The provisions of this chapter apply to an electronic record or electronic signature otherwise excluded from the application of this chapter under subsection 2 to the extent it is governed by a law other than those specified in subsection 2.

4. A transaction subject to the provisions of this chapter is also subject to other applicable substantive law.

NRS 719.210: 1. The provisions of this chapter apply to any electronic record or electronic signature created, generated, sent, communicated, received or stored on or after October 1, 2001.

2. The provisions of section 101(c) of the Electronic Signatures in Global and National Commerce Act, 15 U.S.C. §§ 7001 et seq., apply under this chapter to a transaction in which a natural person acquires goods or services that are used primarily for personal, family or household purposes.

NRS 719.220: 1. The provisions of this chapter do not require a record or signature to be created, generated, sent, communicated, received, stored or otherwise processed or used by electronic means or in electronic form.

2. The provisions of this chapter apply only to transactions between parties each of whom has agreed to conduct transactions by electronic means. Whether the parties agree to conduct a transaction by electronic means is determined from the context and surrounding circumstances, including the parties' conduct.

3. A party that agrees to conduct a transaction by electronic means may refuse to conduct other transactions by electronic means. The right granted by this subsection may not be waived by agreement.

4. Except as otherwise provided in this chapter, the effect of any of the provisions of this chapter may be varied by agreement. The presence in certain provisions of this chapter of the words "unless otherwise agreed" or words of similar import does not imply that the effect of other provisions may not be varied by agreement.

5. Whether an electronic record or electronic signature has legal consequences is determined by the provisions of this chapter and other applicable law.

NRS 719.230: In applying and construing this uniform act, consideration must be given to the need to promote uniformity of the law with respect to its subject matter among states that enact it.

NRS 719.240: 1. A record or signature may not be denied legal effect or enforceability

solely because it is in electronic form.

2. A contract may not be denied legal effect or enforceability solely because an electronic record was used in its formation.

3. If a law requires a record to be in writing, an electronic record satisfies the law.

4. If a law requires a signature, an electronic signature satisfies the law.

NRS 719.250: 1. If parties have agreed to conduct a transaction by electronic means and a law requires that a contract or other record relating to the transaction be in writing, the legal effect, validity or enforceability of the contract or other record may be denied if an electronic record of the contract or other record is not in a form that is capable of being retained and accurately reproduced for later reference by all parties or other persons who are entitled to retain the contract or record.

2. If a law other than this chapter requires a record to be posted or displayed in a certain manner, to be sent, communicated or transmitted by a specified method or to contain information that is formatted in a certain manner, the following rules apply:

(a) The record must be posted or displayed in the manner specified in the other law.

(b) Except as otherwise provided in paragraph (b) of subsection 6, the record must be sent, communicated or transmitted by the method specified in the other law.

(c) The record must contain the information formatted in the manner specified in the other law.

3. If a sender inhibits the ability of a recipient to store or print an electronic record, the electronic record is not enforceable against the recipient.

4. A requirement that a notice be in writing is not satisfied by providing or delivering the notice electronically if the notice is a notice of:

(a) The cancellation or termination of service by a public utility;

(b) Default, acceleration, repossession, foreclosure or eviction, or the right to cure, under a credit agreement secured by, or a rental agreement for, a primary residence of a natural person;

(c) The cancellation or termination of a policy of health insurance, benefits received pursuant to a policy of health insurance or benefits received pursuant to a policy of life insurance, excluding annuities; or

(d) The recall of a product, or material failure of a product, that risks endangering the health or safety of a person.

5. A requirement that a document be in writing is not satisfied by providing or delivering the document electronically if the document is required to accompany any transportation or handling of hazardous materials, pesticides, or other toxic or dangerous materials.

6. The requirements of this section may not be varied by agreement, but:

(a) To the extent a law other than this chapter requires that a contract or other record relating to a transaction be in writing but permits that requirement to be varied by agreement, the provisions of subsection 1 concerning the denial of the legal effect, validity or enforceability of a contract or other record relating to a transaction may also be varied by agreement; and

(b) A requirement under a law other than this chapter to send, communicate or transmit a record by first-class mail, postage prepaid, regular United States mail, may be varied by agreement to the extent permitted by the other law.

NRS 719.260: 1. An electronic record or electronic signature is attributable to a person if it was the act of the person. The act of the person may be shown in any manner, including a showing of the efficacy of any security procedure applied to determine the person to whom the electronic record or electronic signature was attributable.

2. The effect of an electronic record or electronic signature attributed to a person under subsection 1 is determined from the context and surrounding circumstances at the time of its creation, execution or adoption, including the parties' agreement, if any, and otherwise as provided by law.

NRS 719.270: If a change or error in an electronic record occurs in a transmission between parties to a transaction, the following rules apply:

1. If the parties have agreed to use a security procedure to detect changes or errors and one party has conformed to the procedure, but the other party has not, and the nonconforming party would have detected the change or error had that party also conformed, the conforming party may avoid the effect of the changed or erroneous electronic record.

2. In an automated transaction involving a natural person, the natural person may avoid the effect of an electronic record that resulted from an error made in dealing with the electronic agent of another person if the electronic agent did not provide an opportunity for the prevention or correction of the error and, at the time the natural person learns of the error, the natural person:

(a) Promptly notifies the other person of the error and that the natural person did not intend to be bound by the electronic record received by the other person;

(b) Takes reasonable steps, including steps that conform to the other person's reasonable instructions, to return to the other person or, if instructed by the other person, to destroy the consideration received, if any, as a result of the erroneous electronic record; and

(c) Has not used or received any benefit or value from the consideration, if any, received from the other person.

3. If neither subsection 1 nor subsection 2 applies, the change or error has the effect provided by other law, including the law of mistake and the parties' contract, if any.

4. Subsections 2 and 3 may not be varied by agreement.

NRS 719.280: If a law requires a signature or record to be notarized, acknowledged, verified or made under oath, the requirement is satisfied if the electronic signature of the person authorized to perform those acts, together with all other information required to be included by other applicable law, is attached to or logically associated with the signature or record.

NRS 719.290: 1. If a law requires that a record be retained, the requirement is satisfied by retaining an electronic record of the information in the record which:

(a) Accurately reflects the information set forth in the record after it was first generated in its final form as an electronic record or otherwise; and

(b) Remains accessible to all persons who are legally entitled to access to the record, for the period required by law, in a form that is capable of being accurately reproduced

for later reference.

2. A requirement to retain a record in accordance with subsection 1 does not apply to any information the sole purpose of which is to enable the record to be sent, communicated or received.

3. A person may satisfy subsection 1 by using the services of another person if the requirements of that subsection are satisfied.

4. If a law requires a record to be presented or retained in its original form, or provides consequences if the record is not presented or retained in its original form, that law is satisfied by an electronic record retained in accordance with subsection 1.

5. If a law requires retention of a check, that requirement is satisfied by retention of an electronic record of the information on the front and back of the check in accordance with subsection 1.

6. A record retained as an electronic record in accordance with subsection 1 satisfies a law requiring a person to retain a record for evidentiary, audit or like purposes, unless a law enacted after October 1, 2001, specifically prohibits the use of an electronic record for the specified purpose.

7. This section does not preclude a governmental agency of this state from specifying additional requirements for the retention of a record subject to the agency's jurisdiction.

NRS 719.300: In a proceeding, evidence of a record or signature must not be excluded solely because it is in electronic form.

NRS 719.310: In an automated transaction, the following rules apply:

1. A contract may be formed by the interaction of electronic agents of the parties, even if no natural person was aware of or reviewed the electronic agents' actions or the resulting terms and agreements.

2. A contract may be formed by the interaction of an electronic agent and a natural person, acting on his or her own behalf or for another person, as by an interaction in which the natural person performs actions that the natural person is free to refuse to perform and which the natural person knows or has reason to know will cause the electronic agent to complete the transaction or performance.

3. The terms of the contract are determined by the substantive law applicable to it.

NRS 719.320: 1. Unless otherwise agreed between the sender and the recipient, an electronic record is sent when it:

(a) Is addressed properly or otherwise directed properly to an information processing system that the recipient has designated or uses for the purpose of receiving electronic records or information of the type sent and from which the recipient is able to retrieve the electronic record;

(b) Is in a form capable of being processed by that system; and

(c) Enters an information processing system outside the control of the sender or of a person that sent the electronic record on behalf of the sender or enters a region of the information processing system designated or used by the recipient which is under the control of the recipient.

2. Unless otherwise agreed between a sender and the recipient, an electronic record is received when:

(a) It enters an information processing system that the recipient has designated or uses for the purpose of receiving electronic records or information of the type sent and from which the recipient is able to retrieve the electronic record; and

(b) It is in a form capable of being processed by that system.

3. Subsection 2 applies even if the place the information processing system is located is different from the place the electronic record is deemed to be received under subsection 4.

4. Unless otherwise expressly provided in the electronic record or agreed between the sender and the recipient, an electronic record is deemed to be sent from the sender's place of business and to be received at the recipient's place of business. For purposes of this subsection, the following rules apply:

(a) If the sender or recipient has more than one place of business, the place of business is the place having the closest relationship to the underlying transaction.

(b) If the sender or the recipient does not have a place of business, the place of business is the sender's or recipient's residence, as the case may be.

5. An electronic record is received under subsection 2 even if no natural person is aware of its receipt.

6. Receipt of an electronic acknowledgment from an information processing system described in subsection 2 establishes that a record was received but, by itself, does not establish that the content sent corresponds to the content received.

7. If a person is aware that an electronic record purportedly sent under subsection 1, or purportedly received under subsection 2, was not actually sent or received, the legal effect of the sending or receipt is determined by other applicable law. Except to the extent permitted by the other law, the requirements of this subsection may not be varied by agreement.

NRS 719.330: 1. In this section, "transferable record" means an electronic record that:

(a) Would be a note under NRS 104.3101 to 104.3605, inclusive, or a document under NRS 104.7101 to 104.7603, inclusive, if the electronic record were in writing; and

(b) The issuer of the electronic record expressly has agreed is a transferable record.

2. A person has control of a transferable record if a system employed for evidencing the transfer of interests in the transferable record reliably establishes him or her as the person to whom the transferable record was issued or transferred.

3. A system satisfies subsection 2, and a person is deemed to have control of a transferable record, if the transferable record is created, stored and assigned in such a manner that:

(a) A single authoritative copy of the transferable record exists which is unique, identifiable, and, except as otherwise provided in paragraphs (d), (e) and (f), unalterable;

(b) The authoritative copy identifies the person asserting control as:

(1) The person to whom the transferable record was issued; or

(2) If the authoritative copy indicates that the transferable record has been transferred, the person to whom the transferable record was most recently transferred;

(c) The authoritative copy is communicated to and maintained by the person asserting control or its designated custodian;

(d) Copies or revisions that add or change an identified assignee of the authoritative copy can be made only with the consent of the person asserting control;

(e) Each copy of the authoritative copy and any copy of a copy is readily identifiable as a copy that is not the authoritative copy; and

(f) Any revision of the authoritative copy is readily identifiable as authorized or unauthorized.

4. Except as otherwise agreed, a person having control of a transferable record is the holder, as defined in paragraph (u) of subsection 2 of NRS 104.1201, of the transferable record and has the same rights and defenses as a holder of an equivalent record or writing under the Uniform Commercial Code, including, if the applicable statutory requirements under NRS 104.7501, 104.9308 or subsection 1 of NRS 104.3302 are satisfied, the rights and defenses of a holder to whom a negotiable document of title has been duly negotiated, a purchaser, or a holder in due course, respectively. Delivery, possession and endorsement are not required to obtain or exercise any of the rights under this subsection.

5. Except as otherwise agreed, an obligor under a transferable record has the same rights and defenses as an equivalent obligor under equivalent records or writings under the Uniform Commercial Code.

6. If requested by a person against whom enforcement is sought, the person seeking to enforce the transferable record shall provide reasonable proof that the person is in control of the transferable record. Proof may include access to the authoritative copy of the transferable record and related business records sufficient to review the terms of the transferable record and to establish the identity of the person having control of the transferable record.

NRS 719.340: Each governmental agency of this State shall determine whether, and the extent to which, it will create and retain electronic records and convert written records to electronic records.

NRS 719.345: The Secretary of State may require a governmental agency of this State or a governmental agency of a political subdivision of this State, as a condition of participation in the state business portal established pursuant to NRS 75.100, 75.200 and 75.300, to send and accept electronic records and electronic signatures to and from other persons and otherwise create, generate, communicate, store, process, use and rely upon electronic records and electronic signatures.

NRS 719.350: 1. Except as otherwise provided in subsection 6 of NRS 719.290 and NRS 719.345, each governmental agency of this state shall determine whether, and the extent to which, it will send and accept electronic records and electronic signatures to and from other persons and otherwise create, generate, communicate, store, process, use and rely upon electronic records and electronic signatures.

2. Except as otherwise provided in NRS 719.345, to the extent that a governmental agency uses electronic records and electronic signatures under subsection 1, the governmental agency, giving due consideration to security, may specify:

(a) The manner and format in which the electronic records must be created, generated, sent, communicated, received and stored and the systems established for those purposes;

(b) If electronic records must be signed by electronic means, the type of electronic signature required, the manner and format in which the electronic signature must be

affixed to the electronic record, and the identity of, or criteria that must be met by, any third party used by a person filing a document to facilitate the process;

(c) Processes and procedures as appropriate to ensure adequate preservation, disposition, integrity, security, confidentiality and auditability of electronic records; and

(d) Any other required attributes for electronic records which are specified for corresponding nonelectronic records or reasonably necessary under the circumstances.

3. Except as otherwise provided in subsection 6 of NRS 719.290 and NRS 719.345, the provisions of this chapter do not require a governmental agency of this state to use or permit the use of electronic records or electronic signatures.

Digital Signatures

NRS 720.020: “Asymmetric cryptosystem” means an algorithm or series of algorithms that provide a secure key pair.

NRS 720.030: “Certificate” means a computer-based record that:

1. Identifies the certification authority using it;
2. Identifies a subscriber;
3. Sets forth the public key of the subscriber; and
4. Is digitally signed by the certification authority issuing it.

NRS 720.040: “Certification authority” means a person who issues a certificate.

NRS 720.050: “Correspond” means, with reference to keys, belonging to the same key pair.

NRS 720.06: “Digital signature” means an electronic signature that transforms a message by using an asymmetric cryptosystem. As used in this section, “electronic signature” has the meaning ascribed to it in NRS 719.100.

NRS 720.070: “Hold a private key” means to be authorized to use a private key.

NRS 720.080: “Key pair” means a private key and its corresponding public key in an asymmetric cryptosystem, which may be used in such a manner that the public key can verify a digital signature created by the private key.

NRS 720.090: “Message” means a digital representation of information.

NRS 720.100: “Private key” means the key of a key pair used to create a digital signature.

NRS 720.110: “Public key” means the key of a key pair used to verify a digital signature.

NRS 720.115: “Record” has the meaning ascribed to it in NRS 719.150.

NRS 720.120: “Subscriber” means a person who:

1. Is identified as such in a certificate;
2. Accepts the certificate; and
3. Holds the private key that corresponds to the public key set forth in the certificate.

NRS 720.130: “Verify a digital signature” means, in relation to a given digital signature, message and public key, to determine accurately that:

1. The digital signature was created by the private key corresponding to the public key; and
2. The message has not been altered since the digital signature was created.

NRS 720.140: 1. The provisions of this chapter apply to any transaction for which a digital signature is used to sign an electronic record.

2. As used in this section, “electronic record” has the meaning ascribed to it in NRS 719.090.

NRS 720.150: The Secretary of State shall adopt regulations regarding digital signatures, including, without limitation, regulations pertaining to:

1. The use of a digital signature, including, without limitation, standards for the commercial use of a digital signature;
2. Licensure of a certification authority, including, without limitation, professional standards that a certification authority must meet in conducting its business;
3. The verification of a digital signature;
4. The liability that may be incurred by a subscriber, certification authority or recipient of a message transformed by a digital signature, including, without limitation, the limitation of such liability;
5. The use of a digital signature as an acknowledgment, as that term is defined in NRS 240.002;
6. The issuance of injunctions and orders and the imposition of civil penalties pursuant to NRS 720.190;
7. The status of a private key as personal property;
8. The responsibilities of a subscriber with respect to the use and handling of a private key;
9. The confidentiality of information represented in a message that is transformed by a digital signature; and
10. Any other aspect of the use or verification of digital signatures that the Secretary of State determines to be necessary.

NRS 720.160: 1. Except as otherwise provided in this section, if each person who will be involved in the submission and acceptance of a record agrees to the use of a digital signature, the use of a message which:

- (a) Represents the record; and
 - (b) Is transformed by a digital signature,
- constitutes a sufficient signing of the record.
2. The provisions of this section do not apply with respect to:

- (a) A record that is required to be signed in the presence of a third party; or
- (b) A record with respect to which the requirement that the record must be signed is accompanied by an additional qualifying requirement.

NRS 720.180: 1. A person shall not conduct business as a certification authority without first obtaining a license as a certification authority from the Secretary of State.

- 2. The Secretary of State may charge a reasonable fee for such licensure.

NRS 720.190: The Secretary of State may:

- 1. Issue injunctions and orders to enforce the provisions of this chapter and any regulations adopted by the Secretary of State pursuant thereto.

- 2. Impose a civil penalty not to exceed \$10,000 for a willful violation of a provision of this chapter or a regulation adopted by the Secretary of State pursuant thereto.

NRS 720.200: 1. It is unlawful for a person to:

- (a) Forge a digital signature; or

- (b) Provide false information knowingly to the Secretary of State with respect to any provision of this chapter or a regulation adopted pursuant thereto that requires such a person to provide information to the Secretary of State.

- 2. A person who violates the provisions of subsection 1 is guilty of a gross misdemeanor.

- 3. As used in this section, “forge a digital signature” means to create a digital signature that:

- (a) Is not authorized by the person who holds the private key used to create the digital signature; or

- (b) Although verifiable by a public key, the certificate that contains the public key identifies a subscriber who:

- (1) Does not exist; or

- (2) Does not hold the private key that corresponds to the public key contained in the certificate.

Creation of Medical Records

NRS 129.030: 1. Except as otherwise provided in NRS 450B.525, a minor may give consent for the services provided in subsection 2 for himself or herself or for his or her child, if the minor is:

- (a) Living apart from his or her parents or legal guardian, with or without the consent of the parent, parents or legal guardian, and has so lived for a period of at least 4 months;

- (b) Married or has been married;

- (c) A mother, or has borne a child; or

- (d) In a physician’s judgment, in danger of suffering a serious health hazard if health care services are not provided.

- 2. Except as otherwise provided in subsection 4 and NRS 450B.525, the consent of the parent or parents or the legal guardian of a minor is not necessary for a local or state health officer, board of health, licensed physician or public or private hospital to examine or provide treatment for any minor, included within the provisions of subsection 1, who

understands the nature and purpose of the proposed examination or treatment and its probable outcome, and voluntarily requests it. The consent of the minor to examination or treatment pursuant to this subsection is not subject to disaffirmance because of minority.

3. A person who treats a minor pursuant to subsection 2 shall, before initiating treatment, make prudent and reasonable efforts to obtain the consent of the minor to communicate with his or her parent, parents or legal guardian, and shall make a note of such efforts in the record of the minor's care. If the person believes that such efforts would jeopardize treatment necessary to the minor's life or necessary to avoid a serious and immediate threat to the minor's health, the person may omit such efforts and note the reasons for the omission in the record.

4. A minor may not consent to his or her sterilization.

5. In the absence of negligence, no person providing services pursuant to subsection 2 is subject to civil or criminal liability for providing those services.

6. The parent, parents or legal guardian of a minor who receives services pursuant to subsection 2 are not liable for the payment for those services unless the parent, parents or legal guardian has consented to such health care services. The provisions of this subsection do not relieve a parent, parents or legal guardian from liability for payment for emergency services provided to a minor pursuant to NRS 129.040.

NRS 178.455: 1. Except as otherwise provided for persons charged with or convicted of a misdemeanor, the Administrator [of the Division of Mental Health and Developmental Services] or the Administrator's designee shall appoint a licensed psychiatrist and a licensed psychologist from the treatment team who is certified pursuant to NRS 178.417 to evaluate the defendant. The Administrator or the Administrator's designee shall also appoint a third evaluator who must be a licensed psychiatrist or psychologist, must be certified pursuant to NRS 178.417 and must not be a member of the treatment team. Upon the completion of the evaluation and treatment of the defendant, the Administrator or the Administrator's designee shall report to the court in writing his or her specific findings and opinion upon whether the person has the present ability to:

(a) Understand the nature of the offense charged;

(b) Understand the nature and purpose of the court proceedings; and

(c) Aid and assist the person's counsel in the defense at any time during the proceedings with a reasonable degree of rational understanding.

2. If the Administrator or the Administrator's designee finds that the person does not have the present ability pursuant to paragraph (a), (b) or (c) of subsection 1 to understand or to aid and assist counsel during the court proceedings, the Administrator or the Administrator's designee shall include in the written report the reasons for the finding and whether there is a substantial probability that the person can receive treatment to competency and will attain competency in the foreseeable future.

3. A copy of the report must be:

(a) Maintained by the Administrator or the Administrator's designee and incorporated in the medical record of the person; and

(b) Sent to the office of the district attorney and to the counsel for the outpatient or person committed.

4. In the case of a person charged with or convicted of a misdemeanor, the judge shall, upon receipt of the report set forth in NRS 178.450 from the Administrator or the

Administrator's designee:

(a) Send a copy of the report by the Administrator or the Administrator's designee to the prosecuting attorney and to the defendant's counsel;

(b) Hold a hearing, if one is requested within 10 days after the report is sent pursuant to paragraph (a), at which the attorneys may examine the Administrator or the Administrator's designee or the members of the defendant's treatment team on the determination of the report; and

(c) Within 10 days after the hearing, if any, or 10 days after the report is sent if no hearing is requested, enter a finding of competence or incompetence in the manner set forth in subsection 4 of NRS 178.460.

NRS 433.484(3): Each client admitted for evaluation, treatment or training to a facility has the following rights concerning care, treatment and training, a list of which must be prominently posted in all facilities providing those services and must be otherwise brought to the attention of the client by such additional means as prescribed by regulation:

3. To consent to the client's transfer from one facility to another, except that the Administrator of the Division of Mental Health and Developmental Services of the Department or the Administrator's designee, or the Administrator of the Division of Child and Family Services of the Department or the Administrator's designee, may order a transfer to be made whenever conditions concerning care, treatment or training warrant it. If the client in any manner objects to the transfer, the person ordering it must enter the objection and a written justification of the transfer in the client's record of treatment and immediately forward a notice of the objection to the Administrator who ordered the transfer, and the Commission shall review the transfer pursuant to subsection 3 of NRS 433.534.

NRS 433A.420: The medical director of a division [of Mental Health and Developmental Services] facility may order the transfer to a hospital of the Department of Veterans Affairs or other facility of the United States Government any admitted client eligible for treatment therein. If the client in any manner objects to the transfer, the medical director of the facility shall enter the objection and a written justification of the transfer in the client's record and forward a notice of the objection to the Administrator, and the Commission shall review the transfer pursuant to subsections 2 and 3 of NRS 433.534.

NRS 433A.480: 1. The medical director of a division [of Mental Health and Developmental Services] mental health facility shall have all persons adjudicated as persons with mental incompetence of that facility automatically evaluated no less than once every 6 months to determine whether or not there is sufficient cause to believe that the client remains unable to exercise rights to dispose of property, marry, execute instruments, make purchases, enter into contractual relationships, vote or hold a driver's license.

2. If the medical director has sufficient reason to believe that the client remains unable to exercise these rights, such information shall be documented in the client's treatment record.

3. If there is no such reason to believe the client is unable to exercise these rights, the

medical director shall immediately initiate proper action to cause to have the client restored to legal capacity.

NRS 439.230: 1. All superintendents or managers, or other persons in charge of hospitals, almshouses, lying-in or other institutions, public or private, to which persons resort for treatment of diseases, or confinement, or are committed by process of law, shall make a record of all the personal and statistical particulars relative to the inmates of their institutions at the time of their admission on the forms of the certificates provided for by law and as directed by the State Board of Health.

2. In case of persons admitted or committed for medical treatment of disease, the physician in charge shall specify for entry in the record the nature of the disease and where, in his or her opinion, it was contracted.

3. The personal particulars and information required by this section shall be obtained from the patient, if it is practicable to do so. When they cannot be so obtained, they shall be secured in as complete a manner as possible from relatives, friends or other persons acquainted with the facts.

NRS 439B.410: 1. Except as otherwise provided in subsection 4, each hospital in this State has an obligation to provide emergency services and care, including care provided by physicians and nurses, and to admit a patient where appropriate, regardless of the financial status of the patient.

2. Except as otherwise provided in subsection 4, it is unlawful for a hospital or a physician working in a hospital emergency room to:

(a) Refuse to accept or treat a patient in need of emergency services and care; or

(b) Except when medically necessary in the judgment of the attending physician:

(1) Transfer a patient to another hospital or health facility unless, as documented in the patient's records:

(I) A determination has been made that the patient is medically fit for transfer;

(II) Consent to the transfer has been given by the receiving physician, hospital or health facility;

(III) The patient has been provided with an explanation of the need for the transfer; and

(IV) Consent to the transfer has been given by the patient or the patient's legal representative; or

(2) Provide a patient with orders for testing at another hospital or health facility when the hospital from which the orders are issued is capable of providing that testing.

3. A physician, hospital or other health facility which treats a patient as a result of a violation of subsection 2 by a hospital or a physician working in the hospital is entitled to recover from that hospital an amount equal to three times the charges for the treatment provided that was billed by the physician, hospital or other health facility which provided the treatment, plus reasonable attorney's fees and costs.

4. This section does not prohibit the transfer of a patient from one hospital to another:

(a) When the patient is covered by an insurance policy or other contractual arrangement which provides for payment at the receiving hospital;

(b) After the county responsible for payment for the care of an indigent patient has exhausted the money which may be appropriated for that purpose pursuant to NRS 428.050, 428.285 and 450.425; or

(c) When the hospital cannot provide the services needed by the patient.

No transfer may be made pursuant to this subsection until the patient's condition has been stabilized to a degree that allows the transfer without an additional risk to the patient.

5. As used in this section:

(a) "Emergency services and care" means medical screening, examination and evaluation by a physician or, to the extent permitted by a specific statute, by a person under the supervision of a physician, to determine if an emergency medical condition or active labor exists and, if it does, the care, treatment and surgery by a physician necessary to relieve or eliminate the emergency medical condition or active labor, within the capability of the hospital. As used in this paragraph:

(1) "Active labor" means, in relation to childbirth, labor that occurs when:

(I) There is inadequate time before delivery to transfer the patient safely to another hospital; or

(II) A transfer may pose a threat to the health and safety of the patient or the unborn child.

(2) "Emergency medical condition" means the presence of acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could reasonably be expected to result in:

(I) Placing the health of the patient in serious jeopardy;

(II) Serious impairment of bodily functions; or

(III) Serious dysfunction of any bodily organ or part.

(b) "Medically fit" means that the condition of the patient has been sufficiently stabilized so that the patient may be safely transported to another hospital, or is such that, in the determination of the attending physician, the transfer of the patient constitutes an acceptable risk. Such a determination must be based upon the condition of the patient, the expected benefits, if any, to the patient resulting from the transfer and whether the risks to the patient's health are outweighed by the expected benefits, and must be documented in the patient's records before the transfer.

6. If an allegation of a violation of the provisions of subsection 2 is made against a hospital licensed pursuant to the provisions of chapter 449 of NRS, the Health Division of the Department shall conduct an investigation of the alleged violation. Such a violation, in addition to any criminal penalties that may be imposed, constitutes grounds for the denial, suspension or revocation of such a license, or for the imposition of any sanction prescribed by NRS 449.163.

7. If an allegation of a violation of the provisions of subsection 2 is made against:

(a) A physician licensed to practice medicine pursuant to the provisions of chapter 630 of NRS, the Board of Medical Examiners shall conduct an investigation of the alleged violation. Such a violation, in addition to any criminal penalties that may be imposed, constitutes grounds for initiating disciplinary action or denying licensure pursuant to the provisions of subsection 3 of NRS 630.3065.

(b) An osteopathic physician licensed to practice osteopathic medicine pursuant to the provisions of chapter 633 of NRS, the State Board of Osteopathic Medicine shall conduct an investigation of the alleged violation. Such a violation, in addition to any criminal

penalties that may be imposed, constitutes grounds for initiating disciplinary action pursuant to the provisions of subsection 1 of NRS 633.131.

NRS 442.080(4): The Health Division shall:

4. Keep the proper record of any and all cases of inflammation of the eyes of the newborn which shall be filed in the office of the Health Division in pursuance of the law, and which may come to its attention in any way, and constitute such records as part of the biennial report to the Director.

NRS 442.250(3): Before performing an abortion pursuant to subsection 2, the attending physician shall enter in the permanent records of the patient the facts on which the physician based his or her best clinical judgment that there is a substantial risk that continuance of the pregnancy would endanger the life of the patient or would gravely impair the physical or mental health of the patient.

NRS 442.550(3): Not later than 24 hours after a hearing screening is conducted on a newborn child, appropriate documentation concerning the hearing screening, including, without limitation, results, interpretations and recommendations, must be placed in the medical file of the newborn child.

NRS 442.560: A newborn child may be discharged from the licensed hospital or obstetric center in which he or she was born without having undergone a required hearing screening or having been referred for a hearing screening if a parent or legal guardian of the newborn child objects in writing to the hearing screening. The hospital or obstetric center shall place the written objection of the parent or legal guardian to the hearing screening in the medical file of the newborn child.

NRS 449.600: 1. A person of sound mind and 18 or more years of age may execute at any time a declaration governing the withholding or withdrawal of life-sustaining treatment. The declarant may designate another natural person of sound mind and 18 or more years of age to make decisions governing the withholding or withdrawal of life-sustaining treatment. The declaration must be signed by the declarant, or another at the declarant's direction, and attested by two witnesses.

2. A physician or other provider of health care who is furnished a copy of the declaration shall make it a part of the declarant's medical record and, if unwilling to comply with the declaration, promptly so advise the declarant and any person designated to act for the declarant.

NRS 449.620: 1. A declarant may revoke a declaration at any time and in any manner, without regard to his or her mental or physical condition. A revocation is effective upon its communication to the attending physician or other provider of health care by the declarant or a witness to the revocation.

2. The attending physician or other provider of health care shall make the revocation a part of the declarant's medical record.

NRS 449.622: Upon determining that a declarant is in a terminal condition, the attending physician who knows of a declaration shall record the determination, and the terms of the declaration if not already a part of the record, in the declarant's medical record.

NRS 450B.130(1)(e): 1. The board [State Board of Health or district board of health] shall adopt regulations establishing reasonable minimum standards for:

(e) Records to be maintained by an operator of an ambulance or air ambulance or by a fire-fighting agency.

NRS 629.091(2): 2. A provider of health care that authorizes a personal assistant to perform certain services shall note in the medical records of the person with a disability who receives such services:

(a) The specific services that the provider of health care has authorized the personal assistant to perform; and

(b) That the requirements of this section have been satisfied.

NRS 631.267(1): A qualified dentist may, to the extent necessary for the exercise of due care in the practice of dentistry, perform a complete physical evaluation and compile a medical history of a patient before admitting the patient to a hospital for the purpose of practicing dentistry.

NRS 636.374(1): An optometrist may, based upon the individual needs of a particular patient, collaborate with an ophthalmologist for the provision of care to the patient, for a fixed fee, regarding one or more surgical procedures if:

1. The collaborating parties prepare and maintain in their respective medical records regarding the patient, written documentation of each procedure and other service performed by each collaborating party which includes the date each procedure and other service is performed;

Medical Records as Evidence in Legal Proceedings

NRS 49.025: 1. A person making a return or report required by law to be made has a privilege to refuse to disclose and to prevent any other person from disclosing the return or report, if the law requiring it to be made so provides.

2. A public officer or agency to whom a return or report is required by law to be made has a privilege to refuse to disclose the return or report if the law requiring it to be made so provides.

3. No privilege exists under this section in actions involving false statements or fraud in the return or report or when the report is contained in health care records furnished in accordance with the provisions of NRS 629.061.

NRS 49.123: There is no privilege under NRS 49.119 or 49.121 as to:

1. A statement made by an applicant for staff privileges at a hospital; or
2. Any information available from a record required to be made available pursuant to the provisions of NRS 629.061.

NRS 49.245: There is no privilege under NRS 49.225 or 49.235:

1. For communications relevant to an issue in proceedings to hospitalize the patient for mental illness, if the doctor in the course of diagnosis or treatment has determined that the patient is in need of hospitalization.

2. As to communications made in the course of a court-ordered examination of the condition of a patient with respect to the particular purpose of the examination unless the court orders otherwise.

3. As to written medical or hospital records relevant to an issue of the condition of the patient in any proceeding in which the condition is an element of a claim or defense.

4. In a prosecution or mandamus proceeding under chapter 441A of NRS.

5. As to any information communicated to a physician in an effort unlawfully to procure a dangerous drug or controlled substance, or unlawfully to procure the administration of any such drug or substance.

6. As to any written medical or hospital records which are furnished in accordance with the provisions of NRS 629.061.

7. As to records that are required by chapter 453 of NRS to be maintained.

8. If the services of the physician are sought or obtained to enable or aid a person to commit or plan to commit fraud or any other unlawful act in violation of any provision of chapter 616A, 616B, 616C, 616D or 617 of NRS which the person knows or reasonably should know is fraudulent or otherwise unlawful.

NRS 52.260: 1. The contents of a record made in the course of a regularly conducted activity in accordance with NRS 51.135, if otherwise admissible, may be proved by the original or a copy of the record which is authenticated by a custodian of the record or another qualified person in a signed affidavit.

NRS 49.265: 1. Except as otherwise provided in subsection 2:

(a) The proceedings and records of:

(1) Organized committees of hospitals, and organized committees of organizations that provide emergency medical services pursuant to the provisions of chapter 450B of NRS, having the responsibility of evaluation and improvement of the quality of care rendered by those hospitals or organizations;

(2) Review committees of medical or dental societies; and

(3) Medical review committees of a county or district board of health that certifies, licenses or regulates providers of emergency medical services pursuant to the provisions of chapter 450B of NRS, but only when such committees function as peer review committees,

are not subject to discovery proceedings.

(b) No person who attends a meeting of any such committee may be required to testify concerning the proceedings at the meeting.

2. The provisions of subsection 1 do not apply to:

(a) Any statement made by a person in attendance at such a meeting who is a party to an action or proceeding the subject of which is reviewed at the meeting.

(b) Any statement made by a person who is requesting staff privileges at a hospital.

(c) The proceedings of any meeting considering an action against an insurance carrier

alleging bad faith by the carrier in refusing to accept a settlement offer within the limits of the policy.

(d) Any matter relating to the proceedings or records of such committees which is contained in health care records furnished in accordance with NRS 629.061.

NRS 52.320: As used in NRS 52.320 to 52.375, inclusive, unless the context otherwise requires:

1. “Custodian of medical records” means a chiropractor, physician, registered physical therapist or licensed nurse who prepares and maintains medical records, or any employee or agent of such a person or a facility for convalescent care, medical laboratory or hospital who has care, custody and control of medical records for such a person or institution.

2. “Medical records” includes bills, ledgers, statements and other accounts which show the cost of medical services or care provided to a patient.

NRS 52.325: 1. A custodian of medical records sufficiently complies with a subpoena calling for the production of medical records in the custodian’s custody if the custodian delivers, at or before the time set for the return of the subpoena, either personally or by mail, to the clerk of the court issuing the subpoena a true and exact photographic, electrostatic or other acceptable copy of the original record authenticated as provided in this section. This section does not apply to X-ray films or to any other portion of a medical record which is not susceptible to photostatic reproduction.

2. The copy must be authenticated by an affidavit signed by the custodian of the medical records verifying that it is a true and complete reproduction of the original medical record and that the original record was made at or near the time of the act, event, condition, opinion or diagnosis by or from information transmitted by a person with knowledge in the course of a regularly conducted activity.

3. If the court quashes or suppresses a subpoena for medical records, it may order the subpoenaed record to be returned to the submitting custodian.

4. The affidavit required by subsection 2 must be substantially in the form prescribed in subsection 3 of NRS 52.260.

NRS 52.335: 1. Except as provided in NRS 52.365, the copy of a medical record delivered pursuant to NRS 52.325 shall be kept in the custody of the clerk of the court issuing the subpoena, in a sealed container supplied by the custodian of the medical record. This container shall be clearly marked to identify the contents, the name of the patient, the title and number of the court case, and shall not be opened except pursuant to the direction of the court during the trial of the case, for the purpose of discovery as provided in NRS 52.365, or upon special order of the court.

2. The contents of the record shall be preserved and maintained as a cohesive unit and shall not be separated except upon the order of the court. Forty days after any final order dismissing or otherwise terminating any case in which medical records have been subpoenaed, if no appeal is taken, the records shall be returned intact and in complete form to the submitting custodian. If an appeal is taken, the records shall be returned 40 days after any final order terminating the appeal. This return shall be accomplished through the use of a self-addressed, stamped envelope which shall be contained within

the package prepared and sent to the court by the submitting custodian. The envelope or container in which the record is delivered to the court shall be clearly marked to identify its contents and to direct that it shall be returned to the submitting custodian if developments occur which eliminate the necessity of opening the envelope.

NRS 52.345: The custodian of the medical record which has been subpoenaed shall promptly notify the attorney for the party who caused the subpoena to be issued that the documents involved have been delivered to the court. For purposes of this notice it is sufficient for the custodian to deliver to such attorney a copy of the certificate verifying the contents and authenticity of the medical record so supplied.

NRS 52.355: 1. If during a trial or discovery proceeding the authenticity of the record or a question of interpretation of handwriting is involved, the court may order the original documents produced.

2. If the personal attendance of a custodian of the medical records is required, the subpoena shall clearly state such demand.

3. If a custodian will personally appear, the original medical records shall be produced.

NRS 52.365: 1. If the contents of a medical record which has been delivered pursuant to NRS 52.325 are the object of a discovery proceeding by any party to the action, counsel may stipulate for, or in the absence of stipulation the court may order:

(a) The delivery of the record to the officer before whom a deposition is to be taken; or

(b) The copying of all or part of the record and the delivery of the copies so made to the party or parties requesting them.

2. If the record is delivered for the purpose of a deposition it shall be returned to the clerk immediately upon completion of the deposition, and in either case mentioned in subsection 1 it shall upon completion of the discovery proceeding be resealed by the clerk.

NRS 52.375: NRS 52.320 to 52.365, inclusive, do not affect:

1. Subpoena fee requirements provided by statute or rule of court.

2. The admissibility of the contents of a medical record.

Billing

NRS 439B.400: Each hospital in this State shall maintain and use a uniform list of billed charges for that hospital for units of service or goods provided to all inpatients. A hospital may not use a billed charge for an inpatient that is different than the billed charge used for another inpatient for the same service or goods provided. This section does not restrict the ability of a hospital or other person to negotiate a discounted rate from the hospital's billed charges or to contract for a different rate or mechanism for payment of the hospital.

NRA 449.243: Every hospital licensed pursuant to the provisions of NRS 449.001 to

449.240, inclusive:

1. May, except as otherwise provided in subsection 2, utilize the Uniform Billing and Claims Forms established by the American Hospital Association.

2. Shall, except as otherwise provided in this section, on its billings to patients, itemize, on a daily basis, all charges for services, and charges for equipment used and the supplies and medicines provided incident to the provision of those services with specificity and in language that is understandable to an ordinary lay person. This itemized list must be timely provided after the patient is discharged at no additional cost.

3. Except as otherwise provided in this subsection, if a patient is charged a rate, pursuant to a contract or other agreement, that is different than the billed charges, the hospital shall provide to the patient either:

(a) A copy of the billing prepared pursuant to subsection 2;

(b) A statement specifying the agreed rate for the services; or

(c) If the patient is not obligated to pay any portion of the bill, a statement of the total charges.

In any case, the hospital shall include on the billing or statement any copayment or deductible for which the patient is responsible. The hospital shall answer any questions regarding the bill.

4. If the hospital is paid by the insurer of a patient a rate that is based on the number of persons treated and not on the services actually rendered, the hospital shall, upon the discharge of the patient, advise the patient of the status of any copayment or deductible for which the patient is responsible.

5. Shall prepare a summary of charges for common services for patients admitted to the hospital and make it available to the public.

6. Shall provide to any patient upon request a copy of the billing prepared pursuant to subsection 2.

NRS 449.710: Every patient of a medical facility, facility for the dependent or home for individual residential care has the right to:

1. Receive information concerning any other medical or educational facility or facility for the dependent associated with the facility at which he or she is a patient which relates to the care of the patient.

2. Obtain information concerning the professional qualifications or associations of the persons who are treating the patient.

3. Receive the name of the person responsible for coordinating the care of the patient in the facility or home.

4. Be advised if the facility in which he or she is a patient proposes to perform experiments on patients which affect the patient's own care or treatment.

5. Receive from his or her physician a complete and current description of the patient's diagnosis, plan for treatment and prognosis in terms which the patient is able to understand. If it is not medically advisable to give this information to the patient, the physician shall:

(a) Provide the information to an appropriate person responsible for the patient; and

(b) Inform that person that he or she shall not disclose the information to the patient.

6. Receive from his or her physician the information necessary for the patient to give his or her informed consent to a procedure or treatment. Except in an emergency, this

information must not be limited to a specific procedure or treatment and must include:

- (a) A description of the significant medical risks involved;
- (b) Any information on alternatives to the treatment or procedure if the patient requests that information;
- (c) The name of the person responsible for the procedure or treatment; and
- (d) The costs likely to be incurred for the treatment or procedure and any alternative treatment or procedure.

7. Examine the bill for his or her care and receive an explanation of the bill, whether or not the patient is personally responsible for payment of the bill.

8. Know the regulations of the facility or home concerning his or her conduct at the facility or home.

9. Receive, within reasonable restrictions as to time and place, visitors of the patient's choosing, including, without limitation, friends and members of the patient's family.

NRS 629.071: Each provider of health care shall, on the bill to a patient, itemize all charges for services, equipment, supplies and medicines provided for the patient in terms which the patient is able to understand. The bill must be timely provided after the charge is incurred at no additional cost to the patient.

NRS 652.195: 1. A laboratory which performs a cytologic examination of gynecologic specimens for a patient residing in this State shall submit any bill for those services to:

- (a) The patient directly;
- (b) The responsible insurer or other third-party payor; or
- (c) The hospital, public health clinic or nonprofit health clinic.

Except as otherwise provided in subsection 3, the laboratory shall not submit the bill for those services to the physician who directed the examination.

2. Except as otherwise provided in subsection 3, it is unlawful for a physician to charge, bill or otherwise solicit payment from a person for cytologic services relating to the examination of gynecologic specimens.

3. The provisions of this section do not apply to cytologic services:

(a) Rendered by the physician himself or herself or in a laboratory operated solely in connection with the diagnosis or treatment of the physician's own patients; or

(b) Provided to an enrollee pursuant to a health care plan authorized pursuant to chapter 695C of NRS.

NRS 679B.138: 1. The Commissioner shall adopt regulations which require the use of uniform claim forms and billing codes and the ability to make compatible electronic data transfers for all insurers and administrators authorized to conduct business in this state relating to a health care plan or health insurance or providing or arranging for the provision of health care services, including, without limitation, an insurer that issues a policy of health insurance, an insurer that issues a policy of group health insurance, a carrier serving small employers, a fraternal benefit society, a hospital or medical service corporation, a health maintenance organization, a plan for dental care and a prepaid limited health service organization. The regulations must include, without limitation, a uniform billing format to be used for the submission of claims to such insurers and

administrators.

2. As used in this section:

(a) “Administrator” has the meaning ascribed to it in NRS 683A.025.

(b) “Health care plan” means a policy, contract, certificate or agreement offered or issued by an insurer to provide, deliver, arrange for, pay for or reimburse any of the costs of health care services.

NRS 689A.105: Every insurer under a health insurance contract and every state agency for its records shall accept from:

1. A hospital the Uniform Billing and Claims Forms established by the American Hospital Association in lieu of its individual billing and claims forms.

2. An individual who is licensed to practice one of the health professions regulated by Title 54 of NRS such uniform health insurance claims forms as the Commissioner shall prescribe, except in those cases where the Commissioner has excused uniform reporting.

NRS 689B.250: Every insurer under a group health insurance contract or a blanket accident and health insurance contract and every state agency, for its records shall accept from:

1. A hospital the Uniform Billing and Claims Forms established by the American Hospital Association in lieu of its individual billing and claims forms.

2. An individual who is licensed to practice one of the health professions regulated by title 54 of NRS such uniform health insurance claims forms as the Commissioner shall prescribe, except in those cases where the Commissioner has excused uniform reporting.

NRS 695B.285: Every nonprofit hospital or medical or dental service corporation may utilize the Uniform Billing and Claims Forms established by the American Hospital Association.

Miscellaneous

NRS 392.425: 1. The parent or legal guardian of a pupil who has asthma or anaphylaxis may submit a written request to the principal or, if applicable, the school nurse of the public school in which the pupil is enrolled to allow the pupil to self-administer medication for the treatment of the pupil’s asthma or anaphylaxis while the pupil is on the grounds of a public school, participating in an activity sponsored by a public school or on a school bus.

2. A written request made pursuant to subsection 1 must include:

(a) A signed statement of a physician indicating that the pupil has asthma or anaphylaxis and is capable of self-administration of the medication while the pupil is on the grounds of a public school, participating in an activity sponsored by a public school or on a school bus;

(b) A written treatment plan prepared by the physician pursuant to which the pupil will manage his or her asthma or anaphylaxis if the pupil experiences an asthmatic attack or anaphylactic shock while on the grounds of a public school, participating in an activity

sponsored by a public school or on a school bus;

(c) A signed statement of the parent or legal guardian:

(1) Indicating that the parent or legal guardian grants permission for the pupil to self-administer the medication while the pupil is on the grounds of a public school, participating in an activity sponsored by a public school or on a school bus; and

(2) Acknowledging that the parent or legal guardian is aware of and understands the provisions of subsections 3 and 4.

3. The provisions of this section do not create a duty for the board of trustees of the school district, the school district, the public school in which the pupil is enrolled, or an employee or agent thereof, that is in addition to those duties otherwise required in the course of service or employment.

4. If a pupil is granted authorization pursuant to this section to self-administer medication, the board of trustees of the school district, the school district and the public school in which the pupil is enrolled, and any employee or agent thereof, are immune from liability for the injury to or death of the pupil as a result of self-administration of a medication pursuant to this section or the failure of the pupil to self-administer such a medication.

5. Upon receipt of a request that complies with subsection 2, the principal or, if applicable, the school nurse of the public school in which a pupil is enrolled shall provide written authorization for the pupil to carry and self-administer medication to treat his or her asthma or anaphylaxis while the pupil is on the grounds of a public school, participating in an activity sponsored by a public school or on a school bus. The written authorization must be filed with the principal or, if applicable, the school nurse of the public school in which the pupil is enrolled and must include:

(a) The name and purpose of the medication which the pupil is authorized to self-administer;

(b) The prescribed dosage and the duration of the prescription;

(c) The times or circumstances, or both, during which the medication is required or recommended for self-administration;

(d) The side effects that may occur from an administration of the medication; and

(e) The name and telephone number of the pupil's physician and the name and telephone number of the person to contact in the case of a medical emergency concerning the pupil.

6. The written authorization provided pursuant to subsection 5 is valid for 1 school year. If a parent or legal guardian submits a written request that complies with subsection 2, the principal or, if applicable, the school nurse of the public school in which the pupil is enrolled shall renew and, if necessary, revise the written authorization.

7. If a parent or legal guardian of a pupil who is authorized pursuant to this section to carry medication on his or her person provides to the principal or, if applicable, the school nurse of the public school in which the pupil is enrolled doses of the medication in addition to the dosage that the pupil carries on his or her person, the principal or, if applicable, the school nurse shall ensure that the additional medication is:

(a) Stored on the premises of the public school in a location that is secure; and

(b) Readily available if the pupil experiences an asthmatic attack or anaphylactic shock during school hours.

8. As used in this section:

(a) “Medication” means any medicine prescribed by a physician for the treatment of anaphylaxis or asthma, including, without limitation, asthma inhalers and auto-injectable epinephrine.

(b) “Physician” means a person who is licensed to practice medicine pursuant to chapter 630 of NRS or osteopathic medicine pursuant to chapter 633 of NRS.

(c) “Self-administer” means the auto-administration of a medication pursuant to the prescription for the medication or written directions for such a medication.

NRS 392.435: 1. Unless excused because of religious belief or medical condition and except as otherwise provided in subsection 5, a child may not be enrolled in a public school within this State unless the child’s parents or guardian submit to the board of trustees of the school district in which the child resides or the governing body of the charter school in which the child has been accepted for enrollment a certificate stating that the child has been immunized and has received proper boosters for that immunization or is complying with the schedules established by regulation pursuant to NRS 439.550 for the following diseases:

- (a) Diphtheria;
- (b) Tetanus;
- (c) Pertussis if the child is under 6 years of age;
- (d) Poliomyelitis;
- (e) Rubella;
- (f) Rubeola; and

(g) Such other diseases as the local board of health or the State Board of Health may determine.

2. The certificate must show that the required vaccines and boosters were given and must bear the signature of a licensed physician or the physician’s designee or a registered nurse or the nurse’s designee, attesting that the certificate accurately reflects the child’s record of immunization.

3. If the requirements of subsection 1 can be met with one visit to a physician or clinic, procedures for conditional enrollment do not apply.

4. A child may enter school conditionally if the parent or guardian submits a certificate from a physician or local health officer that the child is receiving the required immunizations. If a certificate from the physician or local health officer showing that the child has been fully immunized is not submitted to the appropriate school officers within 90 school days, or its equivalent in a school district operating under an alternative schedule authorized pursuant to NRS 388.090, after the child was conditionally admitted, the child must be excluded from school and may not be readmitted until the requirements for immunization have been met. A child who is excluded from school pursuant to this section is a neglected child for the purposes of NRS 432.0999 to 432.130, inclusive, and chapter 432B of NRS.

5. A child who transfers to a school in this State from a school outside this State because of the military transfer of the parent or legal guardian of the child must be enrolled in school in this State regardless of whether the child has been immunized. Unless a different time frame is prescribed pursuant to NRS 392C.010, the parent or legal guardian shall submit a certificate from a physician or local health officer showing that the child:

(a) If the requirements of subsection 1 can be met with one visit to a physician or clinic, has been fully immunized within 30 school days, or its equivalent in a school district operating under an alternative schedule authorized pursuant to NRS 388.090, after the child was enrolled; or

(b) If the requirements of subsection 1 cannot be met with one visit to a physician or clinic, is receiving the required immunizations within 30 school days, or its equivalent in a school district operating under an alternative schedule authorized pursuant to NRS 388.090, after the child was enrolled. A certificate from the physician or local health officer showing that the child has been fully immunized must be submitted to the appropriate school officers within 120 school days, or its equivalent in a school district operating under an alternative schedule authorized pursuant to NRS 388.090, after the child was enrolled.

If the parent or legal guardian fails to submit the documentation required pursuant to this subsection, the child must be excluded from school and may not be readmitted until the requirements for immunization have been met. A child who is excluded from school pursuant to this section is a neglected child for the purposes of NRS 432.0999 to 432.130, inclusive, and chapter 432B of NRS.

6. Before December 31 of each year, each school district and the governing body of each charter school shall report to the Health Division of the Department of Health and Human Services, on a form furnished by the Division, the exact number of pupils who have completed the immunizations required by this section.

7. The certificate of immunization must be included in the pupil's academic or cumulative record and transferred as part of that record upon request.

NRS 392.439: If the medical condition of a child will not permit the child to be immunized to the extent required by NRS 392.435 and a written statement of this fact is signed by a licensed physician and by the parents or guardian of the child, the board of trustees of the school district or governing body of the charter school in which the child has been accepted for enrollment shall exempt the child from all or part of the provisions of NRS 392.435, as the case may be, for enrollment purposes.

NRS 422.550: 1. Each application or report submitted to participate as a provider, each report stating income or expense upon which rates of payment are or may be based, and each invoice for payment for goods or services provided to a recipient must contain a statement that all matters stated therein are true and accurate, signed by a natural person who is the provider or is authorized to act for the provider, under the pains and penalties of perjury.

2. A person is guilty of perjury which is a category D felony and shall be punished as provided in NRS 193.130 if the person signs or submits, or causes to be signed or submitted, such a statement, knowing that the application, report or invoice contains information which is false, in whole or in part, by commission or by omission.

3. For the purposes of this section, a person who signs on behalf of a provider is presumed to have the authorization of the provider and to be acting at the direction of the provider.

NRS 432A.230: Except as otherwise provided in NRS 432A.235 for accommodation

facilities:

1. Except as otherwise provided in subsection 3 and unless excused because of religious belief or medical condition, a child may not be admitted to any child care facility within this State, including a facility licensed by a county or city, unless the parents or guardian of the child submit to the operator of the facility a certificate stating that the child has been immunized and has received proper boosters for that immunization or is complying with the schedules established by regulation pursuant to NRS 439.550 for the following diseases:

- (a) Diphtheria;
- (b) Tetanus;
- (c) Pertussis if the child is under 6 years of age;
- (d) Poliomyelitis;
- (e) Rubella;
- (f) Rubeola; and
- (g) Such other diseases as the local board of health or the State Board of Health may determine.

2. The certificate must show that the required vaccines and boosters were given and must bear the signature of a licensed physician or his or her designee or a registered nurse or his or her designee, attesting that the certificate accurately reflects the child's record of immunization.

3. A child whose parent or guardian has not established a permanent residence in the county in which a child care facility is located and whose history of immunization cannot be immediately confirmed by a physician in this State or a local health officer, may enter the child care facility conditionally if the parent or guardian:

(a) Agrees to submit within 15 days a certificate from a physician or local health officer that the child has received or is receiving the required immunizations; and

(b) Submits proof that the parent or guardian has not established a permanent residence in the county in which the facility is located.

4. If a certificate from the physician or local health officer showing that the child has received or is receiving the required immunizations is not submitted to the operator of the child care facility within 15 days after the child was conditionally admitted, the child must be excluded from the facility.

5. Before December 31 of each year, each child care facility shall report to the Health Division of the Department, on a form furnished by the Division, the exact number of children who have:

- (a) Been admitted conditionally to the child care facility; and
- (b) Completed the immunizations required by this section.

NRS 432A.235 1. Except as otherwise provided in subsection 2 and unless excused because of religious belief or medical condition, a child may not be admitted to any accommodation facility within this State, including an accommodation facility licensed by a county or city, unless the parents or guardian of the child submit to the operator of the accommodation facility written documentation stating that the child has been immunized and has received proper boosters for that immunization or is complying with the schedules established by regulation pursuant to NRS 439.550 for the diseases set forth in subsection 1 of NRS 432A.230. The written documentation required pursuant to this

subsection must be:

(a) A letter signed by a licensed physician stating that the child has been immunized and received boosters or is complying with the schedules;

(b) A record from a public school or private school which establishes that a child is enrolled in the school and has satisfied the requirements for immunization for enrollment in the school pursuant to NRS 392.435 or 394.192; or

(c) Any other documentation from a local health officer which proves that the child has been immunized and received boosters or is complying with the schedules.

2. A child whose parent or guardian has not established a permanent residence in the county in which an accommodation facility is located and whose history of immunization cannot be immediately confirmed by the written documentation required pursuant to subsection 1 may enter the accommodation facility conditionally if the parent or guardian:

(a) Agrees to submit within 15 days the documentation required pursuant to subsection 1; and

(b) Submits proof that the parent or guardian has not established a permanent residence in the county in which the facility is located.

3. If the documentation required pursuant to subsection 1 is not submitted to the operator of the accommodation facility within 15 days after the child was conditionally admitted, the child must be excluded from the facility.

4. Before December 31 of each year, each accommodation facility shall report to the Health Division of the Department, on a form furnished by the Division, the exact number of children who have:

(a) Been admitted conditionally to the accommodation facility; and

(b) Completed the immunizations required by this section.

5. To the extent that the Board or an agency for the licensing of child care facilities established by a county or city requires a child care facility to maintain proof of immunization of a child admitted to the facility, the Board or agency shall authorize a business which operates more than one accommodation facility to maintain proof of immunization of a child admitted to any accommodation facility of the business at a single location of the business. The documentation must be accessible by each accommodation facility of the business.

NRS 432A.250: If the medical condition of a child will not permit the child to be immunized to the extent required by NRS 432A.230 or 432A.235, a written statement of this fact signed by a licensed physician and presented to the operator of the facility by the parents or guardian of such child exempts such child from all or part of the provisions of NRS 432A.230 or 432A.235, as the case may be, for purposes of admission.

NRS 439.270: 1. The State Board of Health shall define epilepsy for the purposes of the reports hereinafter referred to in this section.

2. All physicians shall report immediately to the Health Division, in writing, the name, age and address of every person diagnosed as a case of epilepsy.

3. The Health Division shall report, in writing, to the Department of Motor Vehicles the name, age and address of every person reported to it as a case of epilepsy.

4. Except as otherwise provided in NRS 239.0115, the reports are for the information

of the Department of Motor Vehicles and must be kept confidential and used solely to determine the eligibility of any person to operate a vehicle on the streets and highways of this State.

5. A violation of this section is a misdemeanor.

NRS 440.100: All physicians, registered nurses, midwives, informants or funeral directors, and all other persons having knowledge of the facts, shall furnish such information as they may possess regarding any birth or death upon demand of the State Registrar, in person, by mail, or through the local health officer.

NRS 440.340: 1. Stillborn children or those dead at birth shall be registered as a stillbirth and a certificate of stillbirth shall be filed with the local health officer in the usual form and manner.

2. The medical certificate of the cause of death shall be signed by the attending physician, if any.

3. Midwives shall not sign certificates of stillbirth for stillborn children; but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attention as provided for in this chapter.

NRS 440.380: 1. The medical certificate of death must be signed by the physician, if any, last in attendance on the deceased, or pursuant to regulations adopted by the Board, it may be signed by the attending physician's associate physician, the chief medical officer of the hospital or institution in which the death occurred, or the pathologist who performed an autopsy upon the deceased. The person who signs the medical certificate of death shall specify:

(a) The social security number of the deceased.

(b) The hour and day on which the death occurred.

(c) The cause of death, so as to show the cause of disease or sequence of causes resulting in death, giving first the primary cause of death or the name of the disease causing death, and the contributory or secondary cause, if any, and the duration of each.

2. In deaths in hospitals or institutions, or of nonresidents, the physician shall furnish the information required under this section, and may state where, in the physician's opinion, the disease was contracted.

NRS 440.415: 1. A physician who anticipates the death of a patient because of an illness, infirmity or disease may authorize a specific registered nurse or physician assistant or the registered nurses or physician assistants employed by a medical facility or program for hospice care to make a pronouncement of death if they attend the death of the patient.

2. Such an authorization is valid for 120 days. Except as otherwise provided in subsection 3, the authorization must:

(a) Be a written order entered on the chart of the patient;

(b) State the name of the registered nurse or nurses or physician assistant or assistants authorized to make the pronouncement of death; and

(c) Be signed and dated by the physician.

3. If the patient is in a medical facility or under the care of a program for hospice

care, the physician may authorize the registered nurses or physician assistants employed by the facility or program to make pronouncements of death without specifying the name of each nurse or physician assistant, as applicable.

4. If a pronouncement of death is made by a registered nurse or physician assistant, the physician who authorized that action shall sign the medical certificate of death within 24 hours after being presented with the certificate.

5. If a patient in a medical facility is pronounced dead by a registered nurse or physician assistant employed by the facility, the registered nurse or physician assistant may release the body of the patient to a licensed funeral director pending the completion of the medical certificate of death by the attending physician if the physician or the medical director or chief of the medical staff of the facility has authorized the release in writing.

6. The Board may adopt regulations concerning the authorization of a registered nurse or physician assistant to make pronouncements of death.

7. As used in this section:

(a) "Medical facility" means:

- (1) A facility for skilled nursing as defined in NRS 449.0039;
- (2) A facility for hospice care as defined in NRS 449.0033;
- (3) A hospital as defined in NRS 449.012;
- (4) An agency to provide nursing in the home as defined in NRS 449.0015; or
- (5) A facility for intermediate care as defined in NRS 449.0038.

(b) "Physician assistant" means a person who holds a license as a physician assistant pursuant to chapter 630 or 633 of NRS.

(c) "Program for hospice care" means a program for hospice care licensed pursuant to chapter 449 of NRS.

(d) "Pronouncement of death" means a declaration of the time and date when the cessation of the cardiovascular and respiratory functions of a patient occurs as recorded in the patient's medical record by the attending provider of health care in accordance with the provisions of this chapter.

NRS 442.252: No physician may perform an abortion in this state unless, before the physician performs it, he or she certifies in writing that the woman gave her informed written consent, freely and without coercion. The physician shall further certify in writing the pregnant woman's marital status and age based upon proof of age offered by her.

NRS 442.325: 1. Except as otherwise provided in subsection 2, the chief administrative officer of each hospital and obstetric center or a representative of the officer shall:

(a) Prepare and make available to the State Health Officer or a representative of the Officer a list of:

- (1) Patients who are under 7 years of age and have been diagnosed with one or more birth defects; and
- (2) Patients discharged with adverse birth outcomes; and

(b) Make available to the State Health Officer or a representative of the Officer the records of the hospital or obstetric center regarding:

- (1) Patients who are under 7 years of age and have been diagnosed with one or more birth defects; and

(2) Patients discharged with adverse birth outcomes.

2. The name of a patient must be excluded from the information prepared and made available pursuant to subsection 1 if the patient or, if the patient is a minor, a parent or legal guardian of the patient has requested in writing to exclude the name of the patient from that information in the manner prescribed by the State Board of Health pursuant to NRS 442.320. The provisions of this subsection do not relieve the chief administrative officer of the duty of preparing and making available the information required by subsection 1.

3. The State Health Officer or a representative of the Officer shall abstract from the records and lists required to be prepared and made available pursuant to this section such information as is required by the State Board of Health for inclusion in the system.

4. As used in this section, "hospital" has the meaning ascribed to it in NRS 449.012.

NRS 449.485: 1. Each hospital in this State shall use for all patients discharged a form prescribed by the Director and shall include in the form all information required by the Department. Any form prescribed by the Director must be a form that is commonly used nationwide by hospitals, if applicable, and comply with federal laws and regulations.

2. Each hospital in this State shall, on a monthly basis, report to the Department the information required to be included in the form for each patient. The information reported must be complete, accurate and timely.

3. Each insurance company or other payer shall accept the form as the bill for services provided by hospitals in this State.

4. Except as otherwise provided in subsection 5, each hospital in this State shall provide the information required pursuant to subsection 2 in an electronic form specified by the Department.

5. The Director may exempt a hospital from the requirements of subsection 4 if requiring the hospital to comply with the requirements would cause the hospital financial hardship.

6. The Department shall use the information submitted pursuant to this section for the program established pursuant to NRS 439A.220 to increase public awareness of health care information concerning the hospitals in this State.

NRS 695G.251: 1. If an insured or a physician of an insured receives notice of a final adverse determination from a managed care organization concerning the insured, and if the insured is required to pay \$500 or more for the health care services that are the subject of the final adverse determination, the insured, the physician of the insured or an authorized representative may, within 60 days after receiving notice of the final adverse determination, submit a request to the managed care organization for an external review of the final adverse determination.

2. Within 5 days after receiving a request pursuant to subsection 1, the managed care organization shall notify the insured, the authorized representative or physician of the insured, the agent who performed utilization review for the managed care organization, if any, and the Office for Consumer Health Assistance that the request has been filed with the managed care organization.

3. As soon as practicable after receiving a notice pursuant to subsection 2, the Office for Consumer Health Assistance shall assign an external review organization from the list

maintained pursuant to NRS 683A.371. Each assignment made pursuant to this subsection must be completed on a rotating basis.

4. Within 5 days after receiving notification from the Office for Consumer Health Assistance specifying the external review organization assigned pursuant to subsection 3, the managed care organization shall provide to the external review organization all documents and materials relating to the final adverse determination, including, without limitation:

(a) Any medical records of the insured relating to the external review;

(b) A copy of the provisions of the health care plan upon which the final adverse determination was based;

(c) Any documents used by the managed care organization to make the final adverse determination;

(d) The reasons for the final adverse determination; and

(e) Insofar as practicable, a list that specifies each provider of health care who has provided health care to the insured and the medical records of the provider of health care relating to the external review.