

**PARK HILL FAMILY PRACTICE**  
**7548 W. Sahara Ave**  
**Suite 101**  
**Las Vegas, NV 89117**  
**(702) 871-3730**

**PATIENT RECORDS-PRIVACY STATEMENT**

In the course of your care as a patient of Charlezetta. Roberson, P.A-C, we may use or disclose personal and health related information about you in the following ways:

Your personal health information, including your clinical records, may be disclosed to another healthcare provider or hospital if it is necessary to refer you for further diagnosis, assessment or treatment.

Your health care records as well as, your billing records may be disclosed to another party, such as, an insurance carrier and HMO, a PPO, or your employer (if they are or maybe responsible for the payment of your services).

Your name, address, phone number, and your health care records maybe used to contact you regarding appointment reminders, to provide information about alternatives to your present care, or to other health related information that maybe of interest to you.

If you are not at home to receive an appointment reminder, a message maybe left on your answering machine. Further, you have the right inspect or obtain a copy of information we will use for these purposes. You also have the right to refuse to provide authorization for this office to contact you regarding these matters. If you do not provide us with this authorization it will not affect the care provided to you or the reimbursement avenues associated with your care.

Under federal law, we are also permitted or required to use or disclose your health information without your consent or authorization in the following circumstances:

If we are providing health care services to you based on the order of another health care provider.

If we are providing health care services to you based on another health care provider

If we provide health care services in an emergency

If we are required by law to provide care to you and we are unable to obtain your consent after attempting to do so tempting to do so

If we are ordered by the courts or another appropriate agency.

Any use of disclosure of your protected health information, other than as described in examples outlined above, will only be made upon your written authorization..

We normally provide information about your health care to you in person at the time you receive care from us. We may also mail information to you regarding your health care or about the status of your account. If you would like to receive this information at an address other than your home or, if you would like the information in a different form, please advise us in writing as to your preferences.

You have the right to inspect and/or copy your health information for five years (NRS629.051), from the date that the record was created or for as long as, information remains in our files. In addition, you have

the right to request an amendment to your health information. Request to inspect, copy or amend your health related information should be provided to us in writing.

**WE** are required by state and federal law to maintain the privacy of your patient files and the protected health information therein. We are also required to provide you with this notice of our privacy practices with respect to your health information.

**WE** are further required by law to abide by the terms of this notice. If changes are made to our policy notice, we will notify you in writing as soon as possible following the changes. Any change in our privacy notice will apply for all your health information in our files. Information that we use or disclose based on this privacy notice maybe subject to re-disclosure by the person or person to whom we provide the information and may no longer be protected by the federal privacy rules. If you have a complaint regarding our privacy notice, our privacy practices or any aspect of our privacy activities you should direct your complaint to Charlezetta. Roberson, P.A.-C. If you would like further information about our privacy practices, please contact. Charlezetta Roberson, P.A-C

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Name (printed please)	Signature	Date
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If you are a minor, or if you are being represented by another party:

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Representative (printed please)	Signature	Date
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