



## Sharing of COVID-19 Information

### Health Insurance Portability and Accountability Act of 1996 (HIPAA)

According to the United State Department of Health and Human Services, the HIPAA Privacy Rule recognizes the legitimate need for public health authorities and others responsible for ensuring public health and safety to have access to protected health information to carry out their public health mission. The Rule also recognizes that public health reports made by covered entities are an important means of identifying threats to the health and safety of the public at large, as well as individuals. Accordingly, the Rule permits covered entities to disclose protected health information without authorization for specified public health purposes.

The Privacy Rule permits covered entities to disclose protected health information, without authorization, to public health authorities who are legally authorized to receive such reports for the purpose of preventing or controlling disease, injury, or disability. This would include, for example, the reporting of a disease or injury; reporting vital events, such as births or deaths; and conducting public health surveillance, investigations, or interventions. See 45 CFR 164.512(b)(1)(i). Also, covered entities may, at the direction of a public health authority, disclose protected health information to a foreign government agency that is acting in collaboration with a public health authority. See 45 CFR 164.512(b)(1)(i). Covered entities who are also a public health authority may use, as well as disclose, protected health information for these public health purposes. See 45 CFR 164.512(b)(2).

A “public health authority” is an agency or authority of the United States government, a State, a territory, a political subdivision of a State or territory, or Indian tribe that is responsible for public health matters as part of its official mandate, as well as a person or entity acting under a grant of authority from, or under a contract with, a public health agency. See 45 CFR 164.501. Examples of a public health authority include State and local health departments, the Food and Drug Administration (FDA), the Centers for Disease Control and Prevention (CDC), and the Occupational Safety and Health Administration (OSHA). Generally, covered entities are required reasonably to limit the protected health information disclosed for public health purposes to the minimum amount necessary to accomplish the public health purpose. However, covered entities are not required to make a minimum necessary determination for public health disclosures that are made pursuant to an individual’s authorization, or for disclosures that are required by other law. See 45 CFR 164.502(b).

For disclosures to a public health authority, covered entities may reasonably rely on a minimum necessary determination made by the public health authority in requesting the protected health information. See 45 CFR 164.514(d)(3)(iii)(A). For routine and recurring public health disclosures, covered entities may develop standard protocols, as part of their minimum necessary policies and procedures, that address the types and amount of protected health information that may be disclosed for such purposes. See 45 CFR 164.514(d)(3)(i).

Reference Link: <https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/disclosures-public-health-activities/index.html>



## Standards and Laws in Nevada

In order to protect public health and safety, public health authorities require accurate and personal information from individuals with a communicable disease. Nevada law prohibits the public health authority from disclosing that information without the consent of the individual except in limited circumstances.

The Nevada Legislature has balanced the privacy interest of every individual to their confidential medical information with the need for disclosure of that information for the protection of others in the community. The health authorities disclose the information necessary to assist the public in controlling or preventing communicable disease without violating the rights of any individual who shares their personal health information.

**NRS 441A.220 Confidentiality of information; permissible disclosure.** *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 drug overdose, or by any person who has a communicable disease or has suffered a drug overdose, 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 Disclosure of personal information prohibited without consent.** *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.*

**NAC 441A.300 Health authority: Authorization to disclose information of personal nature to certain persons; duty to educate certain persons on transmission, prevention, control, diagnosis and treatment. (NRS 441A.120)**



1. Pursuant to subsection 6 of NRS 441A.220, information of a personal nature provided by a person making a report of a case or suspected case or provided by the person having a communicable disease, or determined by investigation of the health authority, may be disclosed by the health authority to:

(a) A person who has been exposed, in a manner determined by the health authority likely to have allowed transmission of a communicable disease, to blood, semen, vaginal secretions, saliva, urine, feces, respiratory secretions or other body fluids which are known through laboratory confirmation or reasonably suspected by the health authority to contain the causative agent of a communicable disease.

(b) The parent or legal guardian of a case or suspected case or of a person described in paragraph (a) if determined by the health authority to be necessary for the protection of the parent or legal guardian or for the well-being of the case, suspected case or person described in paragraph (a).

(c) The health care provider of a case or suspected case or of a person described in paragraph (a) if determined by the health authority to be necessary for the protection of the health care provider or for the well-being of the case, suspected case or person described in paragraph (a).

(d) The employer of a person having a communicable disease if that person is employed in a sensitive occupation and the health authority determines that the potential for transmission of the disease is enhanced by his or her employment.

(e) The principal, director or other person in charge of a medical facility, school, child care facility, correctional facility or licensed house of prostitution if:

(1) A person attending, working, residing or being cared for in the medical facility, school, child care facility, correctional facility or licensed house of prostitution has a communicable disease; and

(2) The health authority determines that the potential for transmission of the disease is enhanced by the activities of the person described in subparagraph (1).

(f) An animal control officer of any town, city or county, or of any state or federal agency, for the purpose of an investigation of a report of an animal bite by a rabies-susceptible animal.

(g) Any other person determined by the health authority through an investigation of a case to be at risk for acquiring the communicable disease.

2. Information of a personal nature must not be disclosed to a person pursuant to subsection 1 unless the health authority has determined that the person has been or is likely to be exposed sufficiently to the causative agent of a communicable disease as to have allowed transmission of the disease.

3. The health authority making a disclosure pursuant to subsection 1 shall disclose only that information of a personal nature which is necessary for the protection of the person to whom it is disclosed.

4. If a health authority has determined that a person has been exposed to blood, semen, vaginal secretions, saliva, urine, feces, respiratory secretions or other body fluids in a manner likely to have allowed transmission of a communicable disease, he or she shall take reasonable measures to educate the exposed person on the transmission, prevention, control, diagnosis and treatment of the disease.

**NAC 441A.305** Duty of health authority to disclose information of personal nature to certain persons; duties of firefighters, police officers and persons providing emergency medical services; limitation on power of health authority to order test or examination. (NRS 441A.120)



1. Pursuant to subsection 10 of NRS 441A.220, the health authority shall disclose information of a personal nature:
  - (a) Provided by a person making a report of a case or suspected case or provided by the person having a communicable disease; or
  - (b) Determined by investigation of the health authority, to a firefighter, police officer or person providing emergency medical services if the information relates to a communicable disease significantly related to that occupation. The communicable diseases which are significantly related to the occupation of a firefighter, police officer or person providing emergency medical services are acquired immune deficiency syndrome (AIDS), human immunodeficiency virus infection (HIV), diphtheria, hepatitis B, hepatitis C, hepatitis delta, measles, meningococcal disease, plague, rabies and tuberculosis.
2. Information of a personal nature must not be disclosed to a firefighter, police officer or person providing emergency medical services pursuant to subsection 1 unless the health authority has determined that the person has been exposed, in a manner likely to cause transmission of a communicable disease specified in subsection 1, to blood, semen, vaginal secretions, saliva, urine, feces, respiratory secretions or other body fluids which are known, through laboratory confirmation, or reasonably suspected by the health authority to contain the causative agent of a communicable disease specified in subsection 1.
3. A firefighter, police officer or person providing emergency medical services shall report to his or her employing agency any exposure to blood, semen, vaginal secretions, saliva, urine, feces, respiratory secretions or other body fluids in a manner likely to have allowed transmission of a communicable disease. Upon receiving the report, the employing agency shall immediately make available to the exposed employee a confidential medical evaluation and follow-up, in accordance with the postexposure evaluation and follow-up described in the relevant portions of 29 C.F.R. 1910.1030(f).
4. The health authority making a disclosure pursuant to subsection 1 may disclose only that information of a personal nature which is necessary for the protection of the exposed firefighter, police officer or person providing emergency medical services.
5. The health authority shall not order a medical test or examination solely for the purpose of determining the exposure of a firefighter, police officer or person providing emergency medical services to a carrier of a communicable disease.

## Process for Notifying County Health Officers of positive COVID-19 Cases

Controlling communicable disease in rural counties, where there is no health district, falls to the county board of health and the Chief Medical Officer for the Division of Public and Behavioral Health (DPBH), or their designee. The powers and authority of this process are detailed in NRS/NAC 441A and NRS 439. As it applies to COVID-19 response efforts in counties where DPBH serves as the health authority, the following process will occur:

- Upon receipt of a positive/detectable laboratory result for a resident in one of those counties, DPBH will contact the County Health Officer, and if applicable, the Deputy County Health Officer and notify them of the following:
  - Known information on the patient, which may include demographic information and patient identifiers.
  - Plan for epidemiological investigation including contact tracing, if known.
- The County Health Officer is responsible for notifying other county officials.



- The County Health Officer may choose to notify other members of the County Board of Health and the designated quarantine officer based on the following powers of the Board.
  - The County Board of Health, which is comprised of the board of county commissioners, the sheriff and the county health officer must ensure the following, per [NRS 439.360](#) – *County Board of Health: Powers*:
    - Subsection 2: Establish and maintain an isolation hospital or quarantine station when necessary for the isolation or quarantine of a person or a group of persons.
    - Subsection 3: Restrain, quarantine and disinfect any person or group of persons sick with or exposed to any contagious or infectious disease that is dangerous to the public health.
    - Subsection 4: Appoint quarantine officers when necessary to enforce a quarantine, shall provide whatever medicines, disinfectants and provisions which may be required, and shall arrange for the payment of all debts or charges so incurred from any funds available, but each patient shall, if the patient is able, pay for his or her food, medicine, clothes and medical attendance.
  - Subsection 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.
  - Subsection 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.
- NRS 441A.200 is further detailed in [NAC 441A.300](#) and [NAC 441A.305](#) as noted earlier.