

[Rev. 12/21/2019 2:50:47 PM--2019]

CHAPTER 629 - HEALING ARTS GENERALLY

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GENERAL PROVISIONS**Definitions**

NRS 629.011 Definitions. As used in this chapter, unless the context otherwise requires, the words and terms defined in [NRS 629.016](#) to [629.031](#), inclusive, have the meanings ascribed to them in those sections. (Added to NRS by [1977, 1313](#); A [2015, 1554](#); [2017, 2756](#))

NRS 629.016 “Custodian of health care records” and “custodian” defined.

1. “Custodian of health care records” or “custodian” means:
 - (a) Any person having primary custody of health care records pursuant to this chapter; or
 - (b) Any facility that maintains the health care records of patients.
 2. For the purposes of this section, a provider of health care shall not be deemed to have primary custody of health care records or to be the operator of a facility that maintains the health care records of patients:
 - (a) Solely by reason of the status of the provider as a member of a group of providers of health care; or
 - (b) If another person is employed or retained to maintain custody of the health care records of the provider.
- (Added to NRS by [2017, 2756](#))

NRS 629.021 “Health care records” defined. “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. (Added to NRS by [1977, 1313](#); A [1993, 916](#))

NRS 629.026 “Medical facility” defined. “Medical facility” has the meaning ascribed to it in [NRS 449.0151](#). (Added to NRS by [2015, 1554](#))

NRS 629.031 “Provider of health care” defined. Except as otherwise provided by a specific statute:

1. “Provider of health care” means:
 - (a) A physician licensed pursuant to [chapter 630, 630A](#) or [633](#) of NRS;
 - (b) A physician assistant;
 - (c) A dentist;
 - (d) A licensed nurse;
 - (e) A person who holds a license as an attendant or who is certified as an emergency medical technician, advanced emergency medical technician or paramedic pursuant to [chapter 450B](#) of NRS;
 - (f) A dispensing optician;
 - (g) An optometrist;
 - (h) A speech-language pathologist;
 - (i) An audiologist;
 - (j) A practitioner of respiratory care;
 - (k) A licensed physical therapist;
 - (l) An occupational therapist;
 - (m) A podiatric physician;
 - (n) A licensed psychologist;
 - (o) A licensed marriage and family therapist;
 - (p) A licensed clinical professional counselor;
 - (q) A music therapist;
 - (r) A chiropractor;

- (s) An athletic trainer;
 - (t) A perfusionist;
 - (u) A doctor of Oriental medicine in any form;
 - (v) A medical laboratory director or technician;
 - (w) A pharmacist;
 - (x) A licensed dietitian;
 - (y) An associate in social work, a social worker, an independent social worker or a clinical social worker licensed pursuant to [chapter 641B](#) of NRS;
 - (z) An alcohol and drug counselor or a problem gambling counselor who is certified pursuant to [chapter 641C](#) of NRS;
 - (aa) An alcohol and drug counselor or a clinical alcohol and drug counselor who is licensed pursuant to [chapter 641C](#) of NRS; or
 - (bb) A medical facility as the employer of any person specified in this subsection.
2. For the purposes of [NRS 629.400](#) to [629.490](#), inclusive, the term includes:
- (a) A person who holds a license or certificate issued pursuant to [chapter 631](#) of NRS; and
 - (b) A person who holds a current license or certificate to practice his or her respective discipline pursuant to the applicable provisions of law of another state or territory of the United States.
- (Added to NRS by [1977, 1313](#); A [1983, 1492](#); [1987, 2123](#); [1991, 1126](#); [1993, 2217](#); [1995, 1792](#); [1997, 679](#); [2003, 904](#); [2005, 69](#); [2007, 3041, 3050](#); [2009, 2942](#); [2011, 1092, 1510, 2678](#); [2013, 275, 2282](#); [2015, 878, 1554, 2292](#); [2017, 1578, 2756](#))

Reporting of Certain Injuries and Diagnoses

NRS 629.041 Provider of health care to report persons having injuries apparently inflicted by knife or firearm in nonaccidental circumstances. Every provider of health care to whom any person comes or is brought for treatment of an injury which appears to have been inflicted by means of a firearm or knife, not under accidental circumstances, shall promptly report the person's name, if known, his or her location and the character and extent of the injury to an appropriate law enforcement agency.

(Added to NRS by [1977, 239](#))

NRS 629.043 Provider of health care to report persons having injuries inflicted during existence of state of emergency or declaration of disaster or illnesses contracted during public health emergency or other health event; immunity of certain persons from civil action for disclosure.

1. To the extent feasible, every provider of health care to whom any person comes or is brought for the treatment of an injury which the provider concludes was inflicted during the existence of a state of emergency or declaration of disaster pursuant to [NRS 414.070](#) or an illness which the provider concludes was contracted during a public health emergency or other health event pursuant to [NRS 439.970](#) shall submit a written report electronically to the State Disaster Identification Coordination Committee on a form prescribed by the State Disaster Identification Coordination Committee.

2. The report required by subsection 1 must include, without limitation:

- (a) The name, address, telephone number and electronic mail address of the person treated, if known;
- (b) The location where the person was treated; and
- (c) The character or extent of the injuries or illness of the person treated.

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

(Added to NRS by [2019, 1079](#))

NRS 629.045 Provider of health care to report persons having certain burns; immunity of certain persons from civil action for disclosure.

1. Every provider of health care to whom any person comes or is brought for the treatment of:

- (a) Second or third degree burns to 5 percent or more of the body;
- (b) Burns to the upper respiratory tract or laryngeal edema resulting from the inhalation of heated air; or
- (c) Burns which may result in death,

➤ shall promptly report that information to the appropriate local fire department.

2. The report required by subsection 1 must include:

- (a) The name and address of the person treated, if known;
- (b) The location of the person treated; and
- (c) The character and extent of the injuries.

3. A person required to make a report pursuant to subsection 1 shall, within 3 working days after treating the person, submit a written report to:

- (a) The appropriate local fire department in counties whose population is 45,000 or more; or
- (b) The State Fire Marshal in counties whose population is less than 45,000.

➤ The report must be on a form provided by the State Fire Marshal.

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

(Added to NRS by [1991, 1896](#); A [2001, 1996](#); [2011, 1300](#))

NRS 629.047 Physician or advanced practice registered nurse to report certain persons diagnosed with epilepsy; use and confidentiality of statement; liability.

1. If a physician or an advanced practice registered nurse determines that, in his or her professional judgment, a patient's epilepsy severely impairs the ability of the patient to safely operate a motor vehicle, the physician or advanced practice registered nurse shall:

(a) Adequately inform the patient of the dangers of operating a motor vehicle with his or her condition until such time as the physician or advanced practice registered nurse or another physician or advanced practice registered nurse informs the patient that the patient's condition does not severely impair the ability of the patient to safely operate a motor vehicle.

(b) Sign a written statement verifying that the physician or advanced practice registered nurse informed the patient of all material facts and information required by paragraph (a). The physician or advanced practice registered nurse shall, to the extent practicable, provide a copy of the statement signed by the physician or advanced practice registered nurse to the patient. The statement signed by the physician or advanced practice registered nurse pursuant to this paragraph shall be deemed a health care record.

(c) Within 15 days after making such a determination, provide to the Department a copy of the statement signed by the physician or advanced practice registered nurse pursuant to paragraph (b). A statement received by the Department pursuant to this paragraph:

(1) Is confidential, except that the contents of the statement may be disclosed to the patient; and

(2) May be used by the Department solely to determine the eligibility of the patient to operate a vehicle on the streets and highways of this State.

2. Except as otherwise provided in subsection 1, a physician or an advanced practice registered nurse is not required to notify the Department about a patient who has been diagnosed with epilepsy. No cause of action may be brought against a physician or an advanced practice registered nurse based on the fact that he or she did not notify the Department about a patient who has been diagnosed with epilepsy unless the physician or advanced practice registered nurse does not comply with the requirements set forth in subsection 1.

3. No cause of action may be brought against a physician or an advanced practice registered nurse based on the fact that he or she provided a copy of a statement pursuant to subsection 1 unless the physician or advanced practice registered nurse acted with malice, intentional misconduct, gross negligence or intentional or knowing violation of the law.

4. As used in this section:

(a) "Department" means the Department of Motor Vehicles.

(b) "Patient" means a person who consults or is examined or interviewed by a physician or an advanced practice registered nurse for the purposes of diagnosis or treatment.

[1:269:1953] + [2:269:1953] + [3:269:1953] + [4:269:1953] + [5:269:1953] — (NRS A [1957, 630; 1963, 941; 1985, 1990; 2001, 2615; 2007, 2107; 2015, 1457; 2019, 528](#)) — (Substituted in revision for NRS 439.270)

Health Care Records; Test Results

NRS 629.051 Retention of records; disclosure to patients concerning destruction of records; exceptions; regulations.

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 custodian of health care records shall retain the health care records of patients as part of the regularly maintained records of the custodian 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 meets the requirements of [NRS 439.581](#) to [439.595](#), inclusive, and the regulations adopted pursuant thereto.

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 custodian of health care records 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.
 (Added to NRS by [1977, 1313](#); A [1993, 916](#); [1997, 1123](#); [2009, 2549](#); [2011, 1762](#); [2017, 2757](#))

NRS 629.053 Disclosure on Internet website by State Board of Health and certain regulatory boards concerning destruction of records; regulations.

1. The State Board of Health and each board created pursuant to [chapter 630, 630A, 631, 632, 633, 634, 634A, 635, 636, 637, 637B, 640, 640A, 640B, 640C, 641, 641A, 641B](#) or [641C](#) of NRS shall post on its website on the Internet, if any, a statement which discloses that:
 - (a) Pursuant to the provisions of subsection 7 of [NRS 629.051](#):
 - (1) The health care records of a person who is less than 23 years of age may not be destroyed; and
 - (2) The health care records of a person who has attained the age of 23 years may be destroyed for those records which have been retained for at least 5 years or for any longer period provided by federal law; and
 - (b) Except as otherwise provided in subsection 7 of [NRS 629.051](#) and unless a longer period is provided by federal law, the health care records of a patient who is 23 years of age or older may be destroyed after 5 years pursuant to subsection 1 of [NRS 629.051](#).
2. The State Board of Health shall adopt regulations prescribing the contents of the statements required pursuant to this section.
(Added to NRS by [2009, 2549](#); A [2015, 2292](#))

NRS 629.061 Inspection; copies; use in public hearing; immunity of certain persons from civil action for disclosure.

1. Each custodian of health care records 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](#);
 - (g) Any authorized representative or investigator of a state licensing board during the course of any investigation authorized by law; or
 - (h) Any coroner or medical examiner to identify a deceased person, determine a cause of death or perform other duties as authorized by law.
2. The records described in subsection 1 must be made available at a place within the depository convenient for physical inspection. Except as otherwise provided in subsection 3, if the records are located:
 - (a) Within this State, the custodian of health care records shall make any records requested pursuant to this section available for inspection within 10 working days after the request.
 - (b) Outside this State, the custodian of health care records shall make any records requested pursuant to this section available in this State for inspection within 20 working days after the request.
3. If the records described in subsection 1 are requested pursuant to paragraph (e), (f), (g) or (h) of subsection 1 and the investigator, grand jury, authorized representative, coroner or medical examiner, as applicable, declares that exigent circumstances exist which require the immediate production of the records, the custodian of health care records shall make any records which are located:
 - (a) Within this State available for inspection at the time of the request or at another reasonable time designated by the investigator, grand jury or authorized representative, as applicable.
 - (b) Outside this State available for inspection within 5 working days after the request.
4. Except as otherwise provided in subsection 5, the custodian of health care records 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.
5. The custodian of health care records 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 custodian 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 custodian 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 custodian 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.

6. 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.

7. 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.

8. Subsection 7 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.

9. A provider of health care, custodian of health care records 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.

10. 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) "Health care records" has the meaning ascribed to it in [NRS 629.021](#), but also includes any billing statement, ledger or other record of the amount charged for medical services or care provided to a patient.

(c) "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.

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

(e) "Personal representative" has the meaning ascribed to it in [NRS 132.265](#).

(Added to NRS by [1977, 1313](#); A [1985, 2246](#); [1987, 728, 1040](#); [1989, 2049](#); [1991, 1055](#), [1947](#); [1993, 781](#); [1995, 1879](#); [1999, 78](#); [2001, 829](#); [2003, 1331](#); [2005, 397](#); [2011, 845, 2856](#); [2013, 3179](#); [2017, 2758, 4407](#))

NRS 629.063 Custodian of health care records prohibited from preventing inspection or receipt of copies by provider of health care; duty of custodian ceasing to do business in State to deliver records or copies to provider of health care; penalties.

1. Subject to the provisions of the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, or any other federal law or regulation:

(a) A custodian of health care records having custody of any health care records of a provider of health care pursuant to this chapter shall not prevent the provider of health care from physically inspecting the health care records or receiving copies of those records upon request by the provider of health care in the manner specified in [NRS 629.061](#).

(b) If a custodian of health care records specified in paragraph (a) ceases to do business in this State, the custodian of health care records shall, within 10 days after ceasing to do business in this State, deliver the health care records created by the provider of health care, or copies thereof, to the provider of health care.

2. A custodian of health care records who is not otherwise licensed pursuant to title 54 of NRS and violates a provision of this section is guilty of a gross misdemeanor and shall be punished by imprisonment in the county jail for not more than 364 days, or by a fine of not more than \$25,000 for each violation, or by both fine and imprisonment.

3. In addition to any criminal penalties imposed pursuant to subsection 2, a custodian of health care records who violates a provision of this section is subject to a civil penalty of not more than \$5,000 for each violation as applied to a patient's entire health care record, to be recovered in a civil action brought in the district court in the county in which the provider of health care's principal place of business is located or in the district court of Carson City.

4. As used in this section, "custodian of health care records" does not include:

- (a) A facility for hospice care, as defined in [NRS 449.0033](#);
 - (b) A facility for intermediate care, as defined in [NRS 449.0038](#);
 - (c) A facility for skilled nursing, as defined in [NRS 449.0039](#);
 - (d) A hospital, as defined in [NRS 449.012](#); or
 - (e) A psychiatric hospital, as defined in [NRS 449.0165](#).
- (Added to NRS by [2015, 1709](#); A [2017, 2760](#))

NRS 629.065 Records relating to test of blood, breath or urine: Availability to district attorney and agencies of law enforcement; use as evidence; immunity of certain persons from civil action for disclosure.

1. Each custodian of health care records 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 custodian 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 custodian of health care records 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 custodian of health care records 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](#).

(Added to NRS by [1989, 182](#); A [1997, 334](#); [1999, 3436](#); [2005, 171](#); [2009, 1889](#); [2017, 2761](#))

NRS 629.066 Custodian of health care records to maintain record of health plan information provided by patient; limitation on amount of payment by patient if provider of health care fails to submit claim; exceptions.

1. After a patient provides to a provider of health care, and the provider of health care accepts from the patient, any information regarding a health care plan for the purpose of paying for a service which has been or may be rendered to the patient:

(a) The custodian of health care records of the patient shall maintain a record of the information provided by the patient; and

(b) If the provider of health care fails to submit any claim for payment of any portion of any charge pursuant to the terms of the health care plan, the provider of health care shall not request or require payment from the patient of any portion of the charge beyond the portion of the charge which the patient would have been required to pay pursuant to the terms of the health care plan if the provider of health care had submitted the claim for payment pursuant to the terms of the health care plan.

2. The provisions of paragraph (b) of subsection 1 do not apply to a claim if the patient provides information to the provider of health care which is inaccurate, outdated or otherwise causes the provider of health care to submit the claim in a manner which violates the terms of the health care plan.

3. Any provision of any agreement between a patient and a provider of health care which conflicts with the provisions of this section is void.

4. As used in this section, "health care plan" has the meaning ascribed to it in [NRS 679B.520](#).

(Added to NRS by [2013, 71](#); A [2017, 2761](#))

NRS 629.068 Custodian of health care records to provide Department of Corrections with records of offender; use of records of offender; immunity from civil liability.

1. A custodian of health care records 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 custodian of health care records and any agent or employee of the custodian are immune from civil liability for a disclosure made in accordance with the provisions of this section.

(Added to NRS by [1997, 3191](#); A [2001 Special Session, 247](#); [2017, 2762](#))

NRS 629.069 Provider of health care to disclose results of tests for certain contagious diseases to certain persons; immunity from civil liability; information confidential.

1. A provider of health care shall disclose the results of all tests performed pursuant to [NRS 441A.195](#) to:

- (a) The person who was tested and, upon request, a member of the family of a decedent who was tested;

(b) The law enforcement officer, correctional officer, emergency medical attendant, firefighter, county coroner or medical examiner or their employee or volunteer, other person who is employed by or volunteers for an agency of criminal justice or other public employee or volunteer of a public agency who filed the petition or on whose behalf the petition was filed pursuant to [NRS 441A.195](#);

(c) The designated health care officer for the employer of the person or the public agency for which the person volunteers, as described in paragraph (b) or, if there is no designated health care officer, the person designated by the employer or public agency to document and verify possible exposure to communicable diseases;

(d) If the person who was tested is incarcerated or detained, the person in charge of the facility in which the person is incarcerated or detained and the chief medical officer of the facility in which the person is incarcerated or detained, if any; and

(e) A designated investigator or member of the State Board of Osteopathic Medicine during any period in which the Board is investigating the holder of a license pursuant to [chapter 633](#) of NRS.

2. 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.

3. A person to whom the results of a test pursuant to paragraph (b) or (c) of subsection 1 are disclosed shall keep any information relating to the identity of the person about whom the results relate in strict confidence and shall not disclose any information about that person or the results of any test which would identify the person to any other person or governmental entity.

(Added to NRS by [1999, 1123](#); A [2005, 348](#); [2007, 89](#); [2009, 2942](#); [2013, 600](#))

Miscellaneous Provisions

NRS 629.071 Provider of health care required to furnish patient with itemized bill. 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.

(Added to NRS by [1985, 906](#))

NRS 629.075 Provider of health care to disclose financial interest in facility at which physical therapy is provided when making referral to or recommending facility.

1. If a provider of health care refers a patient to or recommends that a patient receive physical therapy at a specific facility in which the provider of health care has a financial interest, the provider of health care shall disclose that interest to the patient in writing in a conspicuous manner.

2. The provisions of this section do not authorize a referral or recommendation which is otherwise prohibited, including, without limitation, by the provisions of [NRS 439B.425](#).

3. As used in this section:

(a) "Financial interest" includes, without limitation, any share in the ownership of or profit from a facility at which physical therapy is provided and any form of compensation from a facility at which physical therapy is provided for a prescription for physical therapy.

(b) "Physical therapy" has the meaning ascribed to it in [NRS 640.022](#).

(Added to NRS by [2007, 730](#))

NRS 629.076 Standards for advertisements; provider of health care to affirmatively communicate and display specific licensure or certification; name tag; requirements for physician or osteopathic physician to indicate certification in specialty or subspecialty; penalties; exceptions.

1. Except as otherwise provided in subsection 3:

(a) An advertisement for health care services that names a health care professional must identify the type of license or certificate held by the health care professional and must not contain any deceptive or misleading information. If an advertisement for health care services is in writing, the information concerning licensure and board certification that is required pursuant to this section must be prominently displayed in the advertisement using a font size and style to make the information readily apparent.

(b) Except as otherwise provided in subsection 4, a health care professional who provides health care services in this State shall affirmatively communicate his or her specific licensure or certification to all current and prospective patients. Such communication must include, without limitation, a written patient disclosure statement that is conspicuously displayed in the office of the health care professional and which clearly identifies the type of license or certificate held by the health care professional. The statement must be in a font size sufficient to make the information reasonably visible.

(c) A health care professional shall, during the course of providing health care services other than sterile procedures in a health care facility, wear a name tag which indicates his or her specific licensure or certification.

(d) A physician or osteopathic physician shall not hold himself or herself out to the public as board certified in a specialty or subspecialty, and an advertisement for health care services must not include a statement that a physician or osteopathic physician is board certified in a specialty or subspecialty, unless the physician or osteopathic physician discloses the full and correct name of the board by which he or she is certified, and the board:

(1) Is a member board of the American Board of Medical Specialties or the American Osteopathic Association; or

(2) Requires for certification in a specialty or subspecialty:

(I) Successful completion of a postgraduate training program which is approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association and which provides complete training in the specialty or subspecialty;

(II) Prerequisite certification by the American Board of Medical Specialties or the American Osteopathic Association in the specialty or subspecialty; and

(III) Successful completion of an examination in the specialty or subspecialty.

(e) A health care professional who violates any provision of this section is guilty of unprofessional conduct and is subject to disciplinary action by the board, agency or other entity in this State by which he or she is licensed, certified or regulated.

2. A health care professional who practices in more than one office shall comply with the requirements set forth in this section in each office in which he or she practices.

3. The provisions of this section do not apply to:

(a) A veterinarian or other person licensed under [chapter 638](#) of NRS.

(b) A person who works in or is licensed to operate, conduct, issue a report from or maintain a medical laboratory under [chapter 652](#) of NRS, unless the person provides services directly to a patient or the public.

4. The provisions of paragraph (b) of subsection 1 do not apply to a health care professional who provides health care services in a medical facility licensed pursuant to [chapter 449](#) of NRS or a hospital established pursuant to [chapter 450](#) of NRS.

5. As used in this section:

(a) "Advertisement" means any printed, electronic or oral communication or statement that names a health care professional in relation to the practice, profession or institution in which the health care professional is employed, volunteers or otherwise provides health care services. The term includes, without limitation, any business card, letterhead, patient brochure, pamphlet, newsletter, telephone directory, electronic mail, Internet website, physician database, audio or video transmission, direct patient solicitation, billboard and any other communication or statement used in the course of business.

(b) "Deceptive or misleading information" means any information that falsely describes or misrepresents the profession, skills, training, expertise, education, board certification or licensure of a health care professional.

(c) "Health care facility" has the meaning ascribed to it in [NRS 449.2414](#).

(d) "Health care professional" means any person who engages in acts related to the treatment of human ailments or conditions and who is subject to licensure, certification or regulation by the provisions of this title.

(e) "Medical laboratory" has the meaning ascribed to it in [NRS 652.060](#).

(f) "Osteopathic physician" has the meaning ascribed to it in [NRS 633.091](#).

(g) "Physician" has the meaning ascribed to it in [NRS 630.014](#).

(Added to NRS by [2013, 1484](#))

NRS 629.077 Provider of health care prohibited from providing psychiatric care to child in custody of certain agencies without obtaining consent; maintenance of copy of consent.

1. A provider of health care who is asked to provide psychiatric care to a child who is in the custody of an agency which provides child welfare services shall not examine, treat or otherwise provide psychiatric services to the child unless consent has been obtained from the person who is legally responsible for the psychiatric care of the child pursuant to [NRS 432B.197](#) and [432B.4681](#) to [432B.469](#), inclusive, and the policies adopted pursuant thereto.

2. A copy of the written consent required by [NRS 432B.4686](#) must be maintained in the health care record of the child.

(Added to NRS by [2011, 2678](#))

NRS 629.078 Prohibition in certain circumstances from acquiring debt or lien based upon services provided to patient who has filed or intends to file civil claim to recover damages; penalty.

1. A provider of health care or a health facility that provides services to a patient who has filed or intends to file a civil claim to recover damages, or a business in which such a provider of health care or health facility holds a financial interest, shall not purchase or acquire a debt or a lien that is based upon services which:

(a) Are provided to the patient in relation to the same claim for which the provider of health care or health facility provided services to the patient; and

(b) Are provided to that patient by another provider of health care or health facility.

2. A person who violates subsection 1 is guilty of a category E felony and shall be punished as provided in [NRS 193.130](#), and may be further punished by a fine of not more than \$25,000 for each violation.

3. As used in this section:

(a) "Financial interest" includes, without limitation, any share in the ownership of or profit from a business and any form of compensation from a business relating to a debt or lien based upon services provided by a provider of health care or health facility.

(b) "Health facility" has the meaning ascribed to it in [NRS 439A.015](#).

(Added to NRS by [2013, 711](#))

NRS 629.079 Complaints received by health care licensing board: Referral to appropriate jurisdiction; notification of immediate threats to health and safety of public; immunity from civil liability for certain actions.

1. If a health care licensing board determines that a complaint received by the health care licensing board concerns a matter within the jurisdiction of another health care licensing board, the health care licensing board which received the complaint shall:

(a) Except as otherwise provided in paragraph (b), refer the complaint to the other health care licensing board within 5 days after making the determination; and

(b) If the health care licensing board also determines that the complaint concerns an emergency situation, immediately refer the complaint to the other health care licensing board.

2. If a health care licensing board determines that a complaint received by the health care licensing board concerns a public health emergency or other health event that is an immediate threat to the health and safety of the public in a health care facility or the office of a provider of health care, the health care licensing board shall immediately notify the appropriate health authority for the purposes of [NRS 439.970](#).

3. A health care licensing board may refer a complaint pursuant to subsection 1 or provide notification pursuant to subsection 2 orally, electronically or in writing.

4. The provisions of subsections 1 and 2 apply to any complaint received by a health care licensing board, including, without limitation:

(a) A complaint which concerns a person who or entity which is licensed, certified or otherwise regulated by the health care licensing board that received the complaint and by another health care licensing board; and

(b) A complaint which concerns a person who or entity which is licensed, certified or otherwise regulated solely by another health care licensing board.

5. The provisions of this section do not prevent a health care licensing board from acting upon a complaint which concerns a matter within the jurisdiction of the health care licensing board regardless of whether the health care licensing board refers the complaint pursuant to subsection 1 or provides notification based upon the complaint pursuant to subsection 2.

6. A health care licensing board or an officer or employee of the health care licensing board is immune from any civil liability for any decision or action taken in good faith and without malicious intent in carrying out the provisions of this section.

7. As used in this section:

(a) "Health care facility" means any facility licensed pursuant to [chapter 449](#) of NRS.

(b) "Health care licensing board" means:

(1) A board created pursuant to [chapter 630](#), [630A](#), [631](#), [632](#), [633](#), [634](#), [634A](#), [635](#), [636](#), [637](#), [637B](#), [639](#), [640](#), [640A](#), [640B](#), [640C](#), [640D](#), [640E](#), [641](#), [641A](#), [641B](#) or [641C](#) of NRS.

(2) The Division of Public and Behavioral Health of the Department of Health and Human Services.

(Added to NRS by [2011, 983](#); A [2015, 2293](#))

NRS 629.081 Conditions under which person who observes rendering of care by practitioner of healing art is immune from civil action. A person who is present solely to improve his or her own personal skill or knowledge by observing the rendering of care by a practitioner of a healing art is immune from any civil action for damages arising from the alleged negligent rendering of that care if the person does not participate in any way in the rendering of that care and is not compensated for that care.

(Added to NRS by [1985, 1891](#))

NRS 629.086 Conditions and limitations on injection of dermal or soft tissue fillers.

1. A person shall not inject dermal or soft tissue fillers:

(a) Unless the person is:

(1) A physician or physician assistant licensed pursuant to [chapter 630](#) of NRS;

(2) A dentist who has successfully completed the training prescribed by the Board of Dental Examiners of Nevada pursuant to [NRS 631.391](#);

(3) A registered nurse or advanced practice registered nurse;

(4) A physician or physician assistant licensed pursuant to [chapter 633](#) of NRS; or

(5) A podiatric physician who has successfully completed the training prescribed by the State Board of Podiatry pursuant to [NRS 635.086](#).

(b) Outside his or her scope of practice.

(c) At a location other than a medical facility or the office of a physician or physician assistant licensed pursuant to [chapter 630](#) or [633](#) of NRS, dentist, advanced practice registered nurse or podiatric physician.

2. A person who is authorized by subsection 1 to inject dermal or soft tissue fillers shall not delegate such injection to a person who is prohibited by subsection 1 from injecting dermal or soft tissue fillers.

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

4. As used in this section, "dermal or soft tissue filler" means a material that is injected into the skin to fill in wrinkles or into the soft tissue to alter the contour of the soft tissue.

(Added to NRS by [2017, 1253](#))

NRS 629.091 Personal assistant authorized to perform certain services for person with disability if approved by provider of health care; requirements; liability of provider of health care for civil damages.

1. Except as otherwise provided in subsection 4, a provider of health care may authorize a person to act as a personal assistant to perform specific medical, nursing or home health care services for a person with a disability without obtaining any license required for a provider of health care or his or her assistant to perform the service if:

(a) The services to be performed are services that a person without a disability usually and customarily would personally perform without the assistance of a provider of health care;

(b) The provider of health care determines that the personal assistant has the knowledge, skill and ability to perform the services competently;

(c) The provider of health care determines that the procedures involved in providing the services are simple and the performance of such procedures by the personal assistant does not pose a substantial risk to the person with a disability;

(d) The provider of health care determines that the condition of the person with a disability is stable and predictable; and

(e) The personal assistant agrees with the provider of health care to refer the person with a disability to the provider of health care if:

(1) The condition of the person with a disability changes or a new medical condition develops;

(2) The progress or condition of the person with a disability after the provision of the service is different than expected;

(3) An emergency situation develops; or

(4) Any other situation described by the provider of health care develops.

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.

3. After a provider of health care has authorized a personal assistant to perform specific services for a person with a disability, no further authorization or supervision by the provider is required for the continued provision of those services.

4. A personal assistant shall not:

(a) Perform services pursuant to this section for a person with a disability who resides in a medical facility.

(b) Perform any medical, nursing or home health care service for a person with a disability which is not specifically authorized by a provider of health care pursuant to subsection 1.

(c) Except if the services are provided in an educational setting, perform services for a person with a disability in the absence of the parent or guardian of, or any other person legally responsible for, the person with a disability, if the person with a disability is not able to direct his or her own services.

5. A provider of health care who determines in good faith that a personal assistant has complied with and meets the requirements of this section is not liable for civil damages as a result of any act or omission, not amounting to gross negligence, committed by the provider of health care in making such a determination and is not liable for any act or omission of the personal assistant.

6. As used in this section:

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

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

(c) "Personal assistant" means a person who, for compensation and under the direction of:

(1) A person with a disability;

(2) A parent or guardian of, or any other person legally responsible for, a person with a disability who is under the age of 18 years; or

(3) A parent, spouse, guardian or adult child of a person with a disability who suffers from a cognitive impairment,

↳ performs services for the person with a disability to help the person with a disability maintain independence, personal hygiene and safety.

(d) "Provider of health care" means a physician licensed pursuant to [chapter 630](#), [630A](#) or [633](#) of NRS, a dentist, a registered nurse, a licensed practical nurse, a physical therapist or an occupational therapist.

(Added to NRS by [1995, 749](#); A [2005, 69](#))

NRS 629.093 Provider of health care authorized to use credit for continuing education relating to Alzheimer's disease toward continuing education requirements; limitations. Unless a specific statute or regulation requires or authorizes a greater number of hours, a provider of health care may use credit earned for continuing education relating to Alzheimer's disease in place of not more than 2 hours each year of the continuing education that the provider of health care is required to complete, other than any continuing education relating to ethics that the provider of health care is required to complete.

(Added to NRS by [2015, 249](#))

NRS 629.095 Commissioner of Insurance to develop standardized form for use by insurers and other entities to obtain information related to credentials of certain providers of health care.

1. Except as otherwise provided in subsection 2, the Commissioner of Insurance shall develop, prescribe for use and make available a single, standardized form for use by insurers, carriers, societies, corporations, health

maintenance organizations, managed care organizations, hospitals, medical facilities and other facilities that provide health care in obtaining any information related to the credentials of a provider of health care.

2. The provisions of subsection 1 do not prohibit the Commissioner of Insurance from developing, prescribing for use and making available:

(a) Appropriate variations of the form described in that subsection for use in different geographical regions of this State.

(b) Addenda or supplements to the form described in that subsection to address, until such time as a new form may be developed, prescribed for use and made available, any requirements newly imposed by the Federal Government, the State or one of its agencies, or a body that accredits hospitals, medical facilities or health care plans.

3. With respect to the form described in subsection 1, the Commissioner of Insurance shall:

(a) Hold public hearings to seek input regarding the development of the form;

(b) Develop the form in consideration of the input received pursuant to paragraph (a);

(c) Ensure that the form is developed in such a manner as to accommodate and reflect the different types of credentials applicable to different classes of providers of health care;

(d) Ensure that the form is developed in such a manner as to reflect standards of accreditation adopted by national organizations which accredit hospitals, medical facilities and health care plans; and

(e) Ensure that the form is developed to be used efficiently and is developed to be neither unduly long nor unduly voluminous.

4. As used in this section:

(a) "Carrier" has the meaning ascribed to it in [NRS 689C.025](#).

(b) "Corporation" means a corporation operating pursuant to the provisions of [chapter 695B](#) of NRS.

(c) "Health maintenance organization" has the meaning ascribed to it in [NRS 695C.030](#).

(d) "Insurer" means:

(1) An insurer that issues policies of individual health insurance in accordance with [chapter 689A](#) of NRS; and

(2) An insurer that issues policies of group health insurance in accordance with [chapter 689B](#) of NRS.

(e) "Managed care organization" has the meaning ascribed to it in [NRS 695G.050](#).

(f) "Provider of health care" means a provider of health care who is licensed pursuant to [chapter 630](#), [631](#), [632](#) or [633](#) of NRS.

(g) "Society" has the meaning ascribed to it in [NRS 695A.044](#).

(Added to NRS by [2003, 3374](#); A [2011, 2537](#))

NRS 629.097 Governor to solicit nominees for board positions from applicable professional association.

1. If the Governor must appoint to a board a person who is a member of a profession being regulated by that board, the Governor shall solicit nominees from one or more applicable professional associations in this State.

2. To the extent practicable, such an applicable professional association shall provide nominees who represent the geographic diversity of this State.

3. The Governor may appoint any qualified person to a board, without regard to whether the person is nominated pursuant to this section.

4. As used in this section, "board" refers to a board created pursuant to [chapter 630](#), [630A](#), [631](#), [632](#), [633](#), [634](#), [634A](#), [635](#), [636](#), [637](#), [637B](#), [639](#), [640](#), [640A](#), [640B](#), [640C](#), [641](#), [641A](#), [641B](#) or [641C](#) of NRS.

(Added to NRS by [2007, 1822](#); A [2015, 2294](#))

GENETIC INFORMATION

NRS 629.101 Definitions. As used in [NRS 629.101](#) to [629.201](#), inclusive, unless the context otherwise requires, the words and terms defined in [NRS 629.111](#) and [629.121](#) have the meanings ascribed to them in those sections.

(Added to NRS by [1997, 1463](#))

NRS 629.111 "Genetic information" defined. "Genetic information" means any information that is obtained from a genetic test.

(Added to NRS by [1997, 1463](#))

NRS 629.121 "Genetic test" defined. "Genetic test" means a test, including a laboratory test that uses deoxyribonucleic acid extracted from the cells of a person or a diagnostic test, to determine the presence of abnormalities or deficiencies, including carrier status, that:

1. Are linked to physical or mental disorders or impairments; or

2. Indicate a susceptibility to illness, disease, impairment or any other disorder, whether physical or mental.

(Added to NRS by [1997, 1463](#))

NRS 629.131 Applicability.

1. The provisions of [NRS 629.101](#) to [629.201](#), inclusive, do not apply to any action taken by an insurer or a third-party administrator relating to a policy that provides coverage for long-term care or disability income.

2. As used in this section, “third-party administrator” has the meaning ascribed to it in [NRS 616A.335](#).
(Added to NRS by [1997, 1463](#))

NRS 629.141 Right to inspect or obtain. A person who takes a genetic test may inspect or obtain any genetic information included in the records of the test.
(Added to NRS by [1997, 1463](#))

NRS 629.151 Obtaining genetic information of person without consent unlawful; exceptions. 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.
- (Added to NRS by [1997, 1463](#); A [1999, 1062](#))

NRS 629.161 Retention of genetic information that identifies person without consent unlawful; exceptions; destruction of genetic information.

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 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 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.

(Added to NRS by [1997, 1464](#); A [2007, 1982](#); [2015, 1555](#))

NRS 629.171 Disclosure of identity genetic information of person without consent unlawful; exceptions. 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](#).
(Added to NRS by [1997, 1464](#); A [1999, 1063, 3515](#))

NRS 629.181 Procedure for obtaining consent of person; regulations.

1. Except as otherwise provided in subsection 2, the State Board of Health shall by regulation:
 - (a) Establish a procedure for obtaining the informed consent of a person pursuant to [NRS 629.101](#) to [629.201](#), inclusive; and
 - (b) Prescribe a form for use in obtaining the informed consent of a person. The form must include:
 - (1) Information relating to the use and confidentiality of the genetic information of the person set forth in [NRS 629.101](#) to [629.201](#), inclusive; and
 - (2) Any other information the State Board of Health may prescribe.
2. The State Board of Health is not required to adopt regulations establishing a procedure for obtaining the informed consent of a person pursuant to [NRS 629.101](#) to [629.201](#), inclusive, if the procedure for obtaining that consent is required by federal law or regulation.
(Added to NRS by [1997, 1465](#))

NRS 629.191 Penalty. A person who violates any of the provisions of [NRS 629.151](#), [629.161](#) or [629.171](#) is guilty of a misdemeanor.
(Added to NRS by [1997, 1465](#))

NRS 629.201 Right to bring civil action for disclosure of genetic information. Any person who suffers an injury as a result of the disclosure of his or her genetic information by another person in violation of [NRS 629.171](#) may bring a civil action for the recovery of his or her actual damages, including costs and attorney's fees.

(Added to NRS by [1997, 1465](#))

NONEMBRYONIC CELLS

NRS 629.300 Definitions. As used in [NRS 629.300](#) to [629.390](#), inclusive, unless the context otherwise requires, the words and terms defined in [NRS 629.310](#), [629.320](#) and [629.330](#) have the meanings ascribed to them in those sections.

(Added to NRS by [2009, 2743](#))

NRS 629.310 "Allogeneic" defined. "Allogeneic" means originating from the body of another person.
(Added to NRS by [2009, 2743](#))

NRS 629.320 "Autologous" defined. "Autologous" means originating from within a person's own body.
(Added to NRS by [2009, 2743](#))

NRS 629.330 "Nonembryonic cells" defined. "Nonembryonic cells" means autologous or allogeneic cellular material, including, without limitation, stem cells and immune cells, that:

1. Has not been isolated or obtained directly from human embryos; and
 2. May have been or may be combined with one or more:
 - (a) Naturally occurring biomaterials; or
 - (b) Materials approved or cleared for any purpose by the United States Food and Drug Administration or other applicable agency or authority.
- (Added to NRS by [2009, 2744](#))

NRS 629.340 Scope of regulation, disciplinary action, liabilities or penalties for engaging in authorized activities.

1. Notwithstanding any other provision of law, any department, commission, board or agency of a state or local government, including, without limitation, a state professional board, shall not:
 - (a) Except as otherwise provided in subsection 2 of [NRS 629.370](#) and subsection 2 of [NRS 629.390](#), regulate the activities authorized by [NRS 629.300](#) to [629.390](#), inclusive; or
 - (b) Take disciplinary action or impose civil or criminal liabilities or penalties against a person for engaging in an activity authorized by [NRS 629.300](#) to [629.390](#), inclusive.
 2. This section does not:
 - (a) Absolve a professional licensing board of the duty to regulate licensees or otherwise prohibit or limit the powers and duties of a licensing board to regulate the procedures used to administer the nonembryonic cells.
 - (b) Absolve any person of civil or criminal liability or penalty for failure to use the reasonable care, skill or knowledge ordinarily used in rendering medical services under similar circumstances.
- (Added to NRS by [2009, 2744](#))

NRS 629.350 Provisions do not indicate status of authorized activities under federal law. Nothing in [NRS 629.300](#) to [629.390](#), inclusive, shall be construed to indicate the status of any of the activities authorized pursuant to [NRS 629.300](#) to [629.390](#), inclusive, as regards federal law.

(Added to NRS by [2009, 2744](#))

NRS 629.360 Operation of cell or tissue bank authorized.

1. Notwithstanding any other provision of law, a cell or tissue bank may operate in this State.
2. As used in this section, "cell or tissue bank" means a facility that stores nonembryonic cells or tissues, or both.

(Added to NRS by [2009, 2744](#))

NRS 629.370 Administration of nonembryonic cells. Notwithstanding any other provision of law, nonembryonic cells may be administered to a person by:

1. That person himself or herself; or
2. A person licensed or authorized in this State to administer or assist in the administration of medicine or health care to others if the mode of delivery used by the person to deliver the nonembryonic cells is a mode of delivery permitted under the person's license or authorization.

(Added to NRS by [2009, 2744](#))

NRS 629.380 Compounding of drug, medicine or health product using nonembryonic cells authorized. Notwithstanding any other provision of law:

1. A drug, medicine or health product may be compounded using as an ingredient, by itself or with other ingredients, nonembryonic cells; and
2. A pharmacy that compounds a drug, medicine or health product described in subsection 1 may be owned or operated, or both, in this State.

(Added to NRS by [2009, 2744](#))

NRS 629.390 Importation and administration of certain compounds, drugs or treatments containing nonembryonic cells authorized. Notwithstanding any other provision of law:

1. A person may import into this State any compound, drug or other treatment containing nonembryonic cells if:

(a) The compound, drug or other treatment was obtained without violating the laws of the jurisdiction in which it was obtained; and

(b) The compound, drug or other treatment is for personal use.

2. A person who is licensed or authorized in this State to administer or assist in the administration of medicine or health care to others may administer or assist in the administration of, to a person described in subsection 1, the imported compound, drug or other treatment if the mode of delivery used to deliver the nonembryonic cells by the person who is licensed or authorized in this State is a mode of delivery permitted under the person's license or authorization.

(Added to NRS by [2009, 2744](#))

VOLUNTARY HEALTH CARE SERVICE

NRS 629.400 Legislative declaration. The Legislature hereby finds and declares that:

1. Access to high-quality health care service is of concern to all persons;
2. Access to such service is severely limited for some residents of this State, particularly those who reside in remote, rural areas or in the inner city;
3. Physicians and other providers of health care have traditionally worked to ensure broad access to health care service;
4. Many providers of health care from this State and other states or territories of the United States are willing to volunteer their services to address the health care needs of Nevadans who may otherwise not be able to obtain such service; and
5. It is the public policy of this State to encourage and facilitate the provision of voluntary health care service.

(Added to NRS by [2013, 2280](#))

NRS 629.410 Definitions. As used in [NRS 629.400](#) to [629.490](#), inclusive, unless the context otherwise requires, the words and terms defined in [NRS 629.420](#), [629.430](#) and [629.440](#) have the meanings ascribed to them in those sections.

(Added to NRS by [2013, 2280](#))

NRS 629.420 "Division" defined. "Division" means the Division of Public and Behavioral Health of the Department of Health and Human Services.

(Added to NRS by [2013, 2280](#))

NRS 629.430 "Sponsoring organization" defined. "Sponsoring organization" means an organization that:

1. Organizes or arranges for the provision of voluntary health care service in association with one or more providers of health care; and

2. Is registered with the Division pursuant to [NRS 629.460](#).
(Added to NRS by [2013, 2280](#))

NRS 629.440 “Voluntary health care service” defined. “Voluntary health care service” means professional health care service that is provided to a patient by a provider of health care:

1. Without charge to the patient or to a third party on behalf of the patient; and
2. In association with a sponsoring organization.

(Added to NRS by [2013, 2280](#))

NRS 629.450 Provider of health care authorized to provide voluntary health care service; limitations.

1. Notwithstanding any provision of law to the contrary and except as otherwise provided in this section, a provider of health care may provide voluntary health care service in this State in association with a sponsoring organization.

2. A provider of health care shall not provide voluntary health care service in this State if:

(a) The professional license or certificate of the provider of health care is suspended or revoked, or has been suspended or revoked within the immediately preceding 5 years, pursuant to disciplinary proceedings in this State or in any other state or territory of the United States;

(b) The voluntary health care service provided is outside the scope of practice authorized by the professional license or certificate of the provider of health care; or

(c) The provider of health care has not actively practiced his or her profession continuously for the immediately preceding 3 years.

3. A provider of health care who provides voluntary health care service pursuant to this section shall not accept compensation of any type, directly or indirectly, or any other benefit or consideration from any person or other source for the provision of the service.

(Added to NRS by [2013, 2280](#))

NRS 629.460 Sponsoring organization to register with Division; contents of form; registration deemed prima facie evidence of due care; authority of Division to revoke registration.

1. A sponsoring organization shall, before organizing or arranging for the provision of voluntary health care service in this State, register with the Division by submitting to the Division a form prescribed by the Division which contains:

(a) The name, street address and telephone number of the sponsoring organization;

(b) The name, street address and telephone number of each person who is an officer, director or organizational official of the sponsoring organization and who is responsible for the operation of the sponsoring organization; and

(c) Any other information required for registration by the Division.

2. Each sponsoring organization shall:

(a) Notify the Division in writing of any change in the information required for registration pursuant to subsection 1 not later than 10 days after the change.

(b) File a report with the Division not later than 10 days after the end of each calendar quarter identifying each provider of health care who provided voluntary health care service during the calendar quarter in association with the sponsoring organization. The report filed pursuant to this paragraph must include a copy of the current license or certificate of each provider of health care identified in the report and the date, location and type of service provided by each provider of health care. A sponsoring organization shall maintain a record of each report filed pursuant to this paragraph for a period of not less than 5 years after the date on which the report is filed. Each report maintained pursuant to this paragraph, including copies thereof, must be made available for inspection by the Division upon reasonable request.

3. Compliance with this section shall be deemed to be prima facie evidence that a sponsoring organization has exercised due care in selecting a provider of health care to associate with the sponsoring organization to provide voluntary health care service.

4. The Division may, after reasonable notice and a hearing, revoke the registration of any sponsoring organization that fails to comply with the requirements of this section.

(Added to NRS by [2013, 2281](#))

NRS 629.470 Duty of provider of health care to carry liability insurance. Each provider of health care who provides voluntary health care service pursuant to [NRS 629.400](#) to [629.490](#), inclusive, shall obtain or otherwise carry, before providing such service, a policy of professional liability insurance which insures the provider of health care against any liability arising from the provision of voluntary health care service by the provider of health care pursuant to [NRS 629.400](#) to [629.490](#), inclusive.

(Added to NRS by [2013, 2282](#))

NRS 629.480 Provider of health care to report suspension or revocation of license or certificate, other disciplinary action or information concerning malpractice to Division; submission of fingerprints. A provider of health care currently providing voluntary health care service pursuant to [NRS 629.400](#) to [629.490](#), inclusive, shall:

1. Report to the Division:

(a) Any suspension or revocation of a license or certificate of the provider of health care or any other disciplinary action taken against the provider of health care by a regulatory body in another state or territory of the United States; and

(b) Any charge or complaint of malpractice made against the provider of health care or any final disposition of a court with respect to such a charge or complaint of malpractice.

2. If the state or territory of the United States in which the provider of health care is licensed or certified does not require, as a condition of licensure or certification, the submission of fingerprints for a background check by the Federal Bureau of Investigation, submit to the Division a complete set of fingerprints and written permission authorizing the Division to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report.

(Added to NRS by [2013, 2282](#))

NRS 629.490 Regulations. The Division shall adopt regulations to carry out the provisions of [NRS 629.400](#) to [629.490](#), inclusive.

(Added to NRS by [2013, 2282](#))

TELEHEALTH

NRS 629.510 Legislative findings and declarations. The Legislature hereby finds and declares that:

1. Health care services provided through telehealth are often as effective as health care services provided in person;

2. The provision of services through telehealth does not detract from, and often improves, the quality of health care provided to patients and the relationship between patients and providers of health care; and

3. It is the public policy of this State to:

(a) Encourage and facilitate the provision of services through telehealth to improve public health and the quality of health care provided to patients and to lower the cost of health care in this State; and

(b) Ensure that services provided through telehealth are covered by policies of insurance to the same extent as though provided in person or by other means.

(Added to NRS by [2015, 621](#))

NRS 629.515 Valid license or certificate required; exception; restrictions; jurisdiction over and applicability of laws.

1. Except as otherwise provided in this subsection, before a provider of health care who is located at a distant site may use telehealth to direct or manage the care or render a diagnosis of a patient who is located at an originating site in this State or write a treatment order or prescription for such a patient, the provider must hold a valid license or certificate to practice his or her profession in this State, including, without limitation, a special purpose license issued pursuant to [NRS 630.261](#). The requirements of this subsection do not apply to a provider of health care who is providing services within the scope of his or her employment by or pursuant to a contract entered into with an urban Indian organization, as defined in 25 U.S.C. § 1603.

2. The provisions of this section must not be interpreted or construed to:

(a) Modify, expand or alter the scope of practice of a provider of health care; or

(b) Authorize a provider of health care to provide services in a setting that is not authorized by law or in a manner that violates the standard of care required of the provider of health care.

3. A provider of health care who is located at a distant site and uses telehealth to direct or manage the care or render a diagnosis of a patient who is located at an originating site in this State or write a treatment order or prescription for such a patient:

(a) Is subject to the laws and jurisdiction of the State of Nevada, including, without limitation, any regulations adopted by an occupational licensing board in this State, regardless of the location from which the provider of health care provides services through telehealth.

(b) Shall comply with all federal and state laws that would apply if the provider were located at a distant site in this State.

4. As used in this section:

(a) "Distant site" means the location of the site where a telehealth provider of health care is providing telehealth services to a patient located at an originating site.

(b) "Originating site" means the location of the site where a patient is receiving telehealth services from a provider of health care located at a distant site.

(c) "Telehealth" means the delivery of services from a provider of health care to a patient at a different location through the use of information and audio-visual communication technology, not including standard telephone, facsimile or electronic mail.

(Added to NRS by [2015, 621](#))

DUTY OF MENTAL HEALTH PROFESSIONALS CONCERNING CERTAIN THREATS

NRS 629.550 Duty to apply for emergency admission to mental health facility of patient who communicates certain threats or to make reasonable effort to timely communicate threats to certain persons; civil or criminal liability or disciplinary action.

1. If a patient communicates to a mental health professional an explicit threat of imminent serious physical harm or death to a clearly identified or identifiable person and, in the judgment of the mental health professional, the patient has the intent and ability to carry out the threat, the mental health professional shall apply for the emergency admission of the patient to a mental health facility pursuant to [NRS 433A.160](#) or make a reasonable effort to communicate the threat in a timely manner to:

- (a) The person who is the subject of the threat;
- (b) The law enforcement agency with the closest physical location to the residence of the person; and
- (c) If the person is a minor, the parent or guardian of the person.

2. A mental health professional shall be deemed to have made a reasonable effort to communicate a threat pursuant to subsection 1 if:

- (a) The mental health professional actually communicates the threat in a timely manner; or
- (b) The mental health professional makes a good faith attempt to communicate the threat in a timely manner and the failure to actually communicate the threat in a timely manner does not result from the negligence or recklessness of the mental health professional.

3. A mental health professional who exercises reasonable care in determining that he or she:

- (a) Has a duty to take an action described in subsection 1 is not subject to civil or criminal liability or disciplinary action by a professional licensing board for disclosing confidential or privileged information.
- (b) Does not have a duty to take an action described in subsection 1 is not subject to civil or criminal liability or disciplinary action by a professional licensing board for any damages caused by the actions of a patient.

4. The provisions of this section do not:

- (a) Limit or affect the duty of the mental health professional to report child abuse or neglect pursuant to [NRS 432B.220](#) or the commercial sexual exploitation of a child pursuant to [NRS 432C.110](#); or

(b) Modify any duty of a mental health professional to take precautions to prevent harm by a patient:

- (1) Who is in the custody of a hospital or other facility where the mental health professional is employed; or
- (2) Who is being discharged from such a facility.

5. As used in this section, "mental health professional" includes:

- (a) A physician or psychiatrist licensed to practice medicine in this State pursuant to [chapter 630](#) or [633](#) of NRS;

(b) A psychologist who is licensed to practice psychology pursuant to [chapter 641](#) of NRS or authorized to practice psychology in this State pursuant to the Psychology Interjurisdictional Compact enacted in [NRS 641.227](#);

(c) A social worker who:

- (1) Holds a master's degree in social work;
- (2) Is licensed as a clinical social worker pursuant to [chapter 641B](#) of NRS; and

(3) Is employed by the Division of Public and Behavioral Health of the Department of Health and Human Services;

(d) A registered nurse who:

- (1) Is licensed to practice professional nursing pursuant to [chapter 632](#) of NRS; and
- (2) Holds a master's degree in psychiatric nursing or a related field;

(e) A marriage and family therapist licensed pursuant to [chapter 641A](#) of NRS;

(f) A clinical professional counselor licensed pursuant to [chapter 641A](#) of NRS; and

(g) A person who is working in this State within the scope of his or her employment by the Federal Government, including, without limitation, employment with the Department of Veterans Affairs, the military or the Indian Health Service, and is:

(1) Licensed or certified as a physician, psychologist, marriage and family therapist, clinical professional counselor, alcohol and drug counselor or clinical alcohol and drug counselor in another state;

(2) Licensed as a social worker in another state and holds a master's degree in social work; or

(3) Licensed to practice professional nursing in another state and holds a master's degree in psychiatric nursing or a related field.

(Added to NRS by [2015, 1551, 1817](#); A [2017, 911](#); [2019, 1937](#))

WELLNESS SERVICES

NRS 629.580 Provision of services is not violation of law based on unlicensed practice; exceptions; required disclosures; penalty; applicability.

1. A person who provides wellness services in accordance with this section, but who is not licensed, certified or registered in this State as a provider of health care, is not in violation of any law based on the unlicensed practice of health care services or a health care profession unless the person:

- (a) Performs surgery or any other procedure which punctures the skin of any person;
- (b) Sets a fracture of any bone of any person;
- (c) Prescribes or administers X-ray radiation to any person;
- (d) Prescribes or administers a prescription drug or device or a controlled substance to any person;
- (e) Recommends to a client that he or she discontinue or in any manner alter current medical treatment prescribed by a provider of health care licensed, certified or registered in this State;
- (f) Makes a diagnosis of a medical disease of any person;

- (g) Performs a manipulation or a chiropractic adjustment of the articulations of joints or the spine of any person;
 - (h) Treats a person's health condition in a manner that intentionally or recklessly causes that person recognizable and imminent risk of serious or permanent physical or mental harm;
 - (i) Holds out, states, indicates, advertises or implies to any person that he or she is a provider of health care;
 - (j) Engages in the practice of medicine in violation of [chapter 630](#) or [633](#) of NRS, the practice of homeopathic medicine in violation of [chapter 630A](#) of NRS or the practice of podiatry in violation of [chapter 635](#) of NRS, unless otherwise expressly authorized by this section;
 - (k) Performs massage therapy as that term is defined in [NRS 640C.060](#), reflexology as that term is defined in [NRS 640C.080](#) or structural integration as that term is defined in [NRS 640C.085](#); or
 - (l) Provides mental health services that are exclusive to the scope of practice of a psychiatrist licensed pursuant to [chapter 630](#) or [633](#) of NRS, or a psychologist licensed pursuant to [chapter 641](#) of NRS.
2. Any person providing wellness services in this State who is not licensed, certified or registered in this State as a provider of health care and who is advertising or charging a fee for wellness services shall, before providing those services, disclose to each client in a plainly worded written statement:
- (a) The person's name, business address and telephone number;
 - (b) The fact that he or she is not licensed, certified or registered as a provider of health care in this State;
 - (c) The nature of the wellness services to be provided;
 - (d) The degrees, training, experience, credentials and other qualifications of the person regarding the wellness services to be provided; and
 - (e) A statement in substantially the following form:

It is recommended that before beginning any wellness plan, you notify your primary care physician or other licensed providers of health care of your intention to use wellness services, the nature of the wellness services to be provided and any wellness plan that may be utilized. It is also recommended that you ask your primary care physician or other licensed providers of health care about any potential drug interactions, side effects, risks or conflicts between any medications or treatments prescribed by your primary care physician or other licensed providers of health care and the wellness services you intend to receive.

➤ A person who provides wellness services shall obtain from each client a signed copy of the statement required by this subsection, provide the client with a copy of the signed statement at the time of service and retain a copy of the signed statement for a period of not less than 5 years.

3. A written copy of the statement required by subsection 2 must be posted in a prominent place in the treatment location of the person providing wellness services in at least 12-point font. Reasonable accommodations must be made for clients who:

- (a) Are unable to read;
- (b) Are blind or visually impaired;
- (c) Have communication impairments; or
- (d) Do not read or speak English or any other language in which the statement is written.

4. Any advertisement for wellness services authorized pursuant to this section must disclose that the provider of those services is not licensed, certified or registered as a provider of health care in this State.

5. A person who violates any provision of this section is guilty of a misdemeanor. Before a criminal proceeding is commenced against a person for a violation of a provision of this section, a notification, educational or mediative approach must be utilized by the regulatory body enforcing the provisions of this section to bring the person into compliance with such provisions.

6. This section does not apply to or control:

- (a) Any health care practice by a provider of health care pursuant to the professional practice laws of this State, or prevent such a health care practice from being performed.
- (b) Any health care practice if the practice is exempt from the professional practice laws of this State, or prevent such a health care practice from being performed.
- (c) A person who provides health care services if the person is exempt from the professional practice laws of this State, or prevent the person from performing such a health care service.
- (d) A medical assistant, as that term is defined in [NRS 630.0129](#) and [633.075](#), an advanced practitioner of homeopathy, as that term is defined in [NRS 630A.015](#), or a homeopathic assistant, as that term is defined in [NRS 630A.035](#).

7. As used in this section, "wellness services" means healing arts therapies and practices, and the provision of products, that are based on the following complementary health treatment approaches and which are not otherwise prohibited by subsection 1:

- (a) Anthroposophy.
- (b) Aromatherapy.
- (c) Traditional cultural healing practices.
- (d) Detoxification practices and therapies.
- (e) Energetic healing.
- (f) Folk practices.
- (g) Gerson therapy and colostrum therapy.

(h) Healing practices using food, dietary supplements, nutrients and the physical forces of heat, cold, water and light.

(i) Herbology and herbalism.

(j) Reiki.

(k) Mind-body healing practices.

(l) Nondiagnostic iridology.

(m) Noninvasive instrumentalities.

(n) Holistic kinesiology.

(Added to NRS by [2015, 2340](#); A [2017, 1445](#))

CONVERSION THERAPY

NRS 629.600 Conversion therapy prohibited.

1. A psychotherapist shall not provide any conversion therapy to a person who is under 18 years of age regardless of the willingness of the person or his or her parent or legal guardian to authorize such therapy.

2. Any violation of subsection 1 is a ground for disciplinary action by a state board that licenses a psychotherapist as defined in subsection 3.

3. As used in this section:

(a) "Conversion therapy" means any practice or treatment that seeks to change the sexual orientation or gender identity of a person, including, without limitation, a practice or treatment that seeks to change behaviors or gender expressions or to eliminate or reduce sexual or romantic attractions or feelings toward persons of the same gender. The term does not include counseling that:

(1) Provides assistance to a person undergoing gender transition; or

(2) Provides acceptance, support and understanding of a person or facilitates a person's ability to cope, social support and identity exploration and development, including, without limitation, an intervention to prevent or address unlawful conduct or unsafe sexual practices that is neutral as to the sexual-orientation of the person receiving the intervention and does not seek to change the sexual orientation or gender identity of the person receiving the intervention.

(b) "Psychotherapist" means:

(1) A psychiatrist licensed to practice medicine in this State pursuant to [chapter 630](#) of NRS;

(2) A homeopathic physician, advanced practitioner of homeopathy or homeopathic assistant licensed or certified pursuant to [chapter 630A](#) of NRS;

(3) A psychiatrist licensed to practice medicine in this State pursuant to [chapter 633](#) of NRS;

(4) A psychologist licensed to practice in this State pursuant to [chapter 641](#) of NRS;

(5) A social worker licensed in this State as an independent social worker or a clinical social worker pursuant to [chapter 641B](#) of NRS;

(6) A registered nurse holding a master's degree in the field of psychiatric nursing and licensed to practice professional nursing in this State pursuant to [chapter 632](#) of NRS;

(7) A marriage and family therapist or clinical professional counselor licensed in this State pursuant to [chapter 641A](#) of NRS; or

(8) A person who provides counseling services as part of his or her training for any of the professions listed in subparagraphs (1) to (7), inclusive.

(Added to NRS by [2017, 111](#))