



Joe Lombardo
Governor

NEVADA HEALTH AUTHORITY

DIRECTOR'S OFFICE

4070 Silver Sage Drive
Carson City, NV 89701
NVHA.NV.GOV



Stacie Weeks
Director

Medical Facility Application for Waiver of NRS 439.589(4)

Please complete the following information requested below for the health care facility requesting a waiver of the provisions of NRS 439.589(4), as defined in NRS 629.031 (gg) and must be eligible according to [NRS 449.0151](#). The waiver is valid until the applicant's next provider license renewal cycle as determined by the applicant's regulatory licensing board or agency (typically biennially), at which time the provider must submit a new application to obtain a renewal of the waiver from the Nevada Health Authority. All providers must be licensed through the Bureau of Health Care Quality and Compliance (HCQC).

Medical Facility Information	
Application Point of Contact Name:	
Applicant Phone:	
Applicant Email:	
Applicant Legal Business Name:	
Applicant National Provider Identifier (NPI) number:	
Applicant License Number:	
Applicant Licensure Board/Authority Name:	
Applicant License Expiration Date (mm/dd/yyyy):	
Applicant license type and state where issued:	

Medical Facility Eligibility (to be completed by the application point of contact.)

Please answer all of the following questions:

1. Does your medical facility have access to the internet? _____ Yes _____ No
2. If you do not have access to the internet, why not? (Provide detailed explanation in the box below)

3. Please describe the infrastructure related to maintaining electronic health records currently available to you and your practice in the box below:

4. What additional infrastructure do you need to have to be able to comply with the provisions of NRS 439.589, subsection 4? (Provide description of infrastructure needs in the box below)

5. Explain why obtaining such infrastructure is not reasonably practicable, including cost considerations, in the box below:

6. Should you be granted a waiver of the provisions of NRS 439.589(4), how will you provide health records to your patients and other health care providers in a secure, accessible format? Please explain in the box below:

7. Did you apply for grant funding available through the Nevada Health Authority (formally known as the Department of Health and Human Services, Division of Health Care Financing and Policy, DHCFP), to health care providers in 2024 and 2025 specifically for the purposes of complying with the requirements of subsection 4 of NRS 439.589? ____ Yes ____ No

8. If you did not apply for the funding that was available, why not? Provide an explanation in the box below:

9. What is the average number of patients your practice sees annually? _____

Medical Facility Verification for Waiver Application

I, _____, associated with the medical facility health care practice name, _____, located at,

_____, hereby declare and affirm that I am applying for a medical facility waiver to the Nevada Health Authority from the provisions of NRS 439.589(4) because (**initial next to each**):

_____ This medical facility does not currently have the infrastructure necessary to comply with the provisions of NRS 439.589, subsection 4, including, without limitation, because this practice lacks access to internet due to its geographic location in the state; **and**

_____ Obtaining such infrastructure is not reasonably practicable, including, without limitation, because the cost of such infrastructure would make it difficult for this health care practice to continue to operate.

I, the undersigned, affirm that the contents of this application are true and accurate to the best of my knowledge.

Applicant Signature

Date

Printed Name

STATE OF NEVADA)
): ss.
COUNTY OF _____)

SUBSCRIBED AND SWORN to before me this
_____ day of _____, 20__.

By: _____

NOTARY PUBLIC in and for said
County and State