LCB File No. R179-09

PROPOSED REGULATION OF THE STATE BOARD OF HEALTH

Outpatient Settings

These are newly generated regulations being proposed in accordance with Assembly Bill 123, of the 2009 legislative session, section 15 and all other sections concerning offices of physicians or facilities that provide healthcare, other than medical facilities.

EXPLANATION – Matter in ***italics*** is new;

Section 1. Chapter 449 of NAC is hereby amended by adding thereto the provisions set forth as sections 2 to 35, inclusive, of this regulation.

Definitions

Sec. 2. ***"Biohazardous waste" means all biological waste or biologically contaminated waste that may cause harm to humans, animals or plants.***

Sec. 3. ***"Biologic indicator test" means a test used in every ethylene oxide cycle and in every sterilization load of implantable medical items to demonstrate through the destruction of highly resistant bacterial spores whether all parameters, including, without limitation, time, temperature, sterilant and humidity, were met to effectively sterilize the medical items.***

Sec. 4. ***"Cleaning" means the physical removal of organic material or soil from objects by using water, with or without detergents, that is designed to remove, rather than kill, microorganisms.***

Sec. 5. ***"High-level disinfection" means a type of disinfection which destroys all microorganisms with the exception of high levels of bacterial spores. Such disinfection may be***

accomplished through the use of processes that include, without limitation, boiling items in water, steaming items in water and soaking items in chemical disinfectants.

Sec. 6. *"Implantable device" means a medical device that is implanted in the human body, including, without limitation, a pacemaker, defibrillator, heart valve, hearing device or joint replacement.*

Sec. 7. *"Invasive procedure" means a medical procedure involving entry into the human body by puncture or incision or by insertion of an instrument.*

Sec. 8. *"Low-level disinfection" means a type of disinfection which eliminates most bacteria, some viruses and some fungi, but which may not kill resistant microorganisms. Such disinfection may be accomplished through the use of processes that include, without limitation, soaking items in chemical disinfectants.*

Sec. 9. *"Multidose vial" means a vial, including, without limitation, a sealed sterile vial, which may be accessed by insertion of a needle and which, according to the manufacturer's instructions, contains:*

1. *More than one dose of a medication; and*
2. *May be used for one or more patients.*

Sec. 10. *"Reprocess" means the process of subjecting a single-use medical device that has been previously used on a patient to additional cleaning, disinfection or sterilization, manufacturing steps, including, without limitation, repackaging and relabeling, and testing of the technical and functional safety of the device to make the device ready for safe use on another patient.*

Sec. 11. ***"Outpatient setting" defined. Outpatient setting means an office of a physician or a facility that provides healthcare, other than a medical facility, that uses general anesthesia, conscious sedation or deep sedation in the performance of medical procedures.***

Sec. 12. ***"Single-dose vial" means a vial, including, without limitation, a sealed sterile vial, which may be accessed by insertion of a needle and which, according to the manufacturer's instructions:***

1. ***Contains only one dose of a medication; and***
2. ***May be used for only one patient.***

Sec. 13. ***"Sterilization" means a process using medical equipment, including, without limitation, a dry heat sterilizer or an autoclave, to destroy all forms of microbial life.***

Permitting

Sec. 14. ***Each outpatient setting must either apply for a permit or apply for an exemption in accordance with the provisions of this section.***

1. ***If an outpatient setting only administers a medication to a patient to relieve the patient's anxiety or pain and if the medication is not given in a dosage that is sufficient to induce in a patient a controlled state of depressed consciousness or unconsciousness similar to general anesthesia, deep sedation or conscious sedation, and therefore pursuant to section 8 of AB123 of the 2009 Legislative Session the outpatient setting is not required to obtain a permit or accreditation, the outpatient setting must apply to the Division for an exemption from the provisions of sections 3 to 15, inclusive, of AB123 and the provisions of this regulation.***
2. ***An application for an exemption submitted pursuant to subsection 1 must include a description of the medication administered in the outpatient setting, including the***

specific reasons for administering the medication and the specific dosage of medication administered.

3. ***After receiving an application for an exemption submitted pursuant to subsection 1, the Division will notify the outpatient setting whether it is exempt from the provisions of sections 3 to 15, inclusive, of AB123 of the 2009 Legislative Session and the provisions of this regulation.***
4. ***If an outpatient setting disagrees with the decision of the Division, it may appeal in writing to the State Board of Health within 30 days after the date of the decision. The Secretary of the State Board of Health shall provide public notice of the appeal and the date of the public hearing by publishing the notice in one or more newspapers of general circulation within the area affected by the request for an exemption. The notice must be published at least once, not less than 10 days before the hearing and must specify the time, date and place of the hearing, and the nature of the appeal.***
5. ***The State Board of Health will hold a public hearing on the appeal 40 or more days after the date on which the Secretary receives the appeal. The hearing will be held:***
    - ***(a) At its next regularly scheduled meeting;***
    - ***(b) At its next meeting in Carson City, Las Vegas or Reno, as requested by the applicant in his application; or***
    - ***(c) As soon as the schedule of the Board permits.***
6. ***The following procedures apply to the hearing conducted pursuant to subsection 6:***
    - ***(a) The staff of the Division shall submit to the State Board of Health a report, including relevant data and a recommendation, concerning the appeal. A copy of the report must be mailed to the applicant at least 5 days before the hearing.***

(b) Members of the Board may ask relevant questions of any person.

(c) Any person with a demonstrated interest in the appeal may present evidence but not testimony which is argumentative or redundant.

(d) The outpatient setting has the burden of proof as to the necessity for the exemption.

(e) At the conclusion of the hearing and after consideration of all the evidence presented concerning the requested exemption, the Board will:

(1) Grant the exemption;

(2) Deny the exemption; or

(3) If further information is needed, continue the hearing until such time as the information is obtained.

(f) In granting an exemption, the Board may impose such conditions as it deems necessary or desirable.

(g) Failure of the outpatient setting to comply with any of the conditions imposed by the Board constitutes grounds for immediate revocation of the exemption.

7. Within 14 days after the hearing, the State Board of Health will provide the outpatient setting with a written decision concerning the exemption. The decision will contain the Board's findings of fact and, if the exemption is granted, will specify any conditions imposed by the Board and, in a case where appropriate, the date on which the exemption expires.

8. If an outpatient setting that has received an exemption pursuant to this section changes the manner in which it administers medication so that it no longer qualifies for an

exemption, it must submit an application for a permit and comply with the provisions of sections 3 to 15, inclusive, of AB123 and the provisions set forth in this regulation.

Sec. 15. *After it receives a properly completed and notarized application, accompanied by the appropriate fee, the Division shall conduct an on-site inspection of the outpatient setting.*

Sec. 16. *Each application for a permit as an outpatient setting must comply with the requirements set forth in NRS 449.040. In addition to the requirements established in NRS 449.040, the applicant must provide evidence that the outpatient setting has applied for accreditation with one of the entities described in section 17 of these regulations.*

Sec. 17. *Within 6 months after a permit is issued by the Division, the outpatient setting must become accredited by one of the following accrediting organizations:*

1. *The Joint Commission on Accreditation of Health Care Organizations, the Accreditation Association for Ambulatory Health Care or the American Association for Accreditation for Ambulatory Surgery Facilities, or any authorized accrediting organization approved in accordance with subsection 2;*
2. *Any accrediting organization may apply to the Health Division for consideration as an accrediting body that is authorized to accredit an outpatient setting. The Health Division will review the application and make a recommendation to the State Board of Health concerning whether the accrediting body should be authorized to accredit an outpatient setting. The Health Division will base its recommendation on whether the applicant meets minimum requirements to ensure high quality standards for outpatient settings.*

Sec. 18. *After the Division conducts an on-site inspection, if it is determined that the outpatient setting is in substantial compliance with the standards of the accrediting*

organization for which it has applied and/or received accreditation and these regulations, the Division will issue a permit.

Sec. 19. *During the term of the permit, the permitted entity must maintain substantial compliance with the accrediting organization standards for which it has applied and/or received accreditation and these regulations. Any violation of the standards or regulations may result in citations and administrative sanctions in accordance with chapter 449 of NRS.*

Sec. 20. *The Health Division may deny an application for a permit or may suspend or revoke any permit issued for any of the grounds set forth in NRS 449.160 and NAC 449.0118.*

Sec. 21. *The administrative sanctions described in NAC 449.9982 to 449.99939, inclusive may be used to ensure conformance with accrediting organization standards for which the permitted entity has applied and/or received accreditation and these regulations. Whenever sanctions are applied, they must be applied in accordance with the requirements specified in NAC 449.9982 to 449.99939, inclusive.*

Inspections

Sec. 22. *Inspections of the outpatient setting will be conducted to ensure compliance with the accrediting organization standards for which the entity has applied and/or received accreditation and these regulations, with a focus on infection control and to ensure the health, safety and well-being of patients.*

Infection Control

Sec. 23. *The outpatient setting shall adopt guidelines which must be used in establishing the program for the prevention and control of infections and communicable diseases as required pursuant to section 24 of this regulation.*

1. *The guidelines adopted may include, without limitation, guidelines, statements or recommendations issued or published by other agencies or organizations, and must:*

   (a) Be based on evidence, theoretical rationale or scientific data; and

   (b) Include well-designed experimental, clinical or epidemiological studies which document the processes used in the development of the studies and grade the strength of the evidence relied on in the studies.

2. *The outpatient setting shall ensure that a copy of the guidelines adopted pursuant to subsection 1 is available and accessible to all staff of the outpatient setting and the public.*

Sec. 24. *Each outpatient setting shall establish and maintain a program for the prevention and control of infections and communicable diseases.*

1. *In addition to complying with the provisions of the guidelines adopted pursuant to section 23 of this regulation, a program for the prevention and control of infections and communicable diseases must be:*

   (a) Appropriate for the services provided at the outpatient setting; and

   (b) Developed in a manner that takes into consideration:

      (1) All the surgical and other medical services provided in the outpatient setting;

      (2) The types of patients typically treated in the outpatient setting, including, without limitation, those whose age or medical condition makes them vulnerable to infections and communicable diseases;

      (3) The types of injuries or illnesses typically treated in the outpatient setting;

      (4) The number of patients typically treated in the outpatient setting;

      (5) The level of education and training of the staff of the outpatient setting;

(6) The number of nurses available at the outpatient setting, the qualifications of such nurses and the amount of support required of the nurses by the physicians at the outpatient setting;

(7) The types of invasive procedures performed at the outpatient setting;

(8) The locations within the outpatient setting where invasive procedures are performed;

(9) The specific medical instruments and equipment used at the outpatient setting;

(10) The physical design of the outpatient setting; and

(11) The causes, risks and patterns of infections and transmission of communicable diseases that arise in the performance of each medical procedure performed at the outpatient setting.

Sec. 25. *Each program for the prevention and control of infections and communicable diseases must include policies and procedures to prevent exposure to blood-borne and other potentially infectious pathogens, including, without limitation, policies and procedures relating to:*

1. *Hand hygiene, including provisions regarding the time and procedure for handwashing with soap and water or use of an alcohol-based hand rub.*
2. *The proper use of medical gloves. Those policies and procedures must, at a minimum, provide that each person who works at the outpatient setting must wear medical gloves when the person:*

   (a) Anticipates coming in contact with blood or bodily fluids;

   (b) Handles contaminated instruments, items and equipment;

   (c) Handles biohazardous waste;

(d) Handles linens potentially contaminated with biohazardous waste; and

(e) Performs housekeeping activities or cleans contaminated surfaces.

3. Safe injection practices to prevent the contamination of equipment used for injections and medication. Those policies and procedures must provide that a new sterile needle and new sterile syringe must be used for each patient and may not be used for more than one patient.

4. The proper handling of sharp instruments and the disposal of sharp instruments. Those policies and procedures must be consistent with the standards developed by the Occupational Safety and Health Administration for the handling and disposal of such instruments.

5. Techniques for accessing a vial of medication. Those policies and procedures must comply with the requirements set forth in section 26 of this regulation.

6. The infusion of intravenous medications. Those policies and procedures must provide that intravenous tubing and fluid bags or bottles must not be used for more than one patient.

7. The proper sterilization and disinfection of all medical equipment, instruments and devices. Those policies and procedures must, at a minimum, require the outpatient setting to:

(a) Sterilize or ascertain the sterility of items that enter sterile tissue or the vascular system, including, without limitation, surgical instruments, endoscopes, endoscopic accessories, catheters, needles and probes used for ultrasounds;

(b) Perform high-level disinfection of reusable items that come in contact with nonintact skin or mucus membranes, including, without limitation, respiratory

therapy equipment, anesthesia equipment, bronchoscopes and gastrointestinal endoscopes; and

(c) Perform low-level disinfection of reusable items that come in contact with only intact skin, including, without limitation, tourniquets, blood pressure cuffs, linens, stands that are used to hold medical instruments and other furnishings.

8. The proper handling of equipment, instruments and devices. Those policies and procedures must, at a minimum, require an outpatient setting to:

(a) Sterilize or disinfect reusable items according to the item's use;

(b) Properly dispose of single-use equipment, instruments and devices after use, if the outpatient setting has decided not to have the equipment, instruments or devices reprocessed;

(c) Ensure that:

(1) All equipment, instruments and devices that may be reprocessed are reprocessed only by a third-party processor approved by the United States Food and Drug Administration; and

(2) No equipment, instruments or devices that may be reprocessed are reprocessed at outpatient setting.

9. The proper handling and disposal of medical waste and specimens.

10. The proper cleaning and disinfection of all areas in which patient care is provided.

11. The proper maintenance of a clean and sanitary environment.

12. The identification and reporting of the development and transmission of infections and communicable diseases. Those policies and procedures must include the method by which the outpatient setting must:

(a) Track and document the development and transmission of infections and communicable diseases which are related to the medical procedures performed in the outpatient setting;

(b) Report the development and transmission of infections and communicable diseases as required by federal, state and local laws; and

(c) Identify and address trends in such developments and transmissions of infections and communicable diseases.

13. The care of patients with a communicable disease, including, without limitation, patients who are known to have a communicable disease at the time of arrival at the outpatient setting and patients who are found to have a communicable disease during the course of treatment at the outpatient setting.

14. The screening for communicable diseases as described in NAC 441A.375 of all employees of the outpatient setting.

Sec. 26.

1. Each program for the prevention and control of infections and communicable diseases must include policies and procedures for single-dose vials which provide that a single-dose vial may be accessed only by using an aseptic technique. The policies and procedures must provide that:

(a) Each injection of a medication from a single-dose vial must be prepared in a clean, designated area where contamination by blood or bodily fluid is unlikely to occur;

(b) The medication in a single-dose vial must not be used for more than one patient;

(c) A single-dose vial, including any remaining medication in the vial after its use, must be discarded; and

(d) Any remaining medication in a single-use vial after its use must not be combined with any other medication or otherwise used for any other patients.

2. Each program for the prevention and control of infections and communicable diseases must include policies and procedures for multidose vials which provide that a multidose vial may be accessed only by using an aseptic technique. The policies and procedures must provide that:

(a) The cap of a multidose vial must be cleaned with an alcohol-based wipe before the vial is accessed;

(b) A new sterile needle and new sterile syringe must be used each time to access a multidose vial;

(c) Upon first access of a multidose vial, the person who accessed the vial shall date and initial the vial;

(d) Each injection of a medication from a multidose vial must be prepared in a clean, designated area where contamination by blood or bodily fluid is unlikely to occur;

(e) A needle must not be left inserted in the cap of a multidose vial after its use; and

(f) A multidose vial must be discarded when the medication in the vial has expired or 28 days after the vial was initially accessed, whichever occurs first.

Sec. 27.

1. All surgical instruments, items or equipment used in the care of patients at an outpatient setting must be sterilized or disinfected according to the program for the prevention and control of infections and communicable diseases adopted by the outpatient setting pursuant to section 25 of this regulation.

2. *If such instruments, items and equipment are sterilized or disinfected by equipment or cleaning agents at the outpatient setting:*

   (a) Before an employee or independent contractor may be assigned the responsibility for sterilizing or disinfecting any instrument, item or equipment, the employee or independent contractor must receive training concerning the instructions of the manufacturer of the device or sterilizer for:

      (1) Sterilizing and disinfecting the instrument, item or equipment;

      (2) The use and maintenance of the sterilizer or disinfecting equipment; and

      (3) The agents used to sterilize and disinfect the instrument, item or equipment.

   (b) An employee or independent contractor assigned the responsibility for sterilizing or disinfecting the instrument, item or equipment shall:

      (1) Receive annual training concerning the manufacturer's instructions described in paragraph (a); and

      (2) Receive training on any new equipment or procedures if there is any change in the equipment or procedures used to sterilize or disinfect an instrument, item or equipment.

   (c) The outpatient setting shall ensure that documentation of all training completed pursuant to this subsection is kept in the file of the employee or independent contractor.

3. *The manufacturer's instructions for operating any sterilizer or performing any disinfection procedure must be located or posted near the equipment used for sterilization or disinfection.*

4. *The outpatient setting shall ensure that each employee or independent contractor follows the manufacturer's instructions concerning:*

   (a) The instruments, items or equipment that may be sterilized or disinfected;

   (b) The procedures for cleaning an instrument, item or equipment before the instrument, item or equipment is sterilized or undergoes high-level disinfection;

   (c) The procedures for sterilizing or disinfecting an instrument, item or equipment;

   (d) The operation and maintenance of the sterilizer or the equipment used for high-level disinfection;

   (e) The frequency and type of biologic indicator testing of the sterilizer;

   (f) The recommended agents for sterilizing and disinfecting the instrument, item or equipment; and

   (g) The frequency of testing of any solution for disinfecting to ensure maintenance of the minimum level of effectiveness, but not less often than daily testing.

5. *The effectiveness of the sterilization procedures must be checked by performing a biologic indicator test:*

   (a) At least weekly, or more frequently if recommended by the manufacturer; and

   (b) While sterilizing all implantable devices.

6. *Sterilization records and logs of the results of the biologic indicator test must be maintained by the outpatient setting for at least 1 year after the test is performed to ensure that the recommended testing and maintenance of the equipment is performed and the manufacturer's instructions regarding proper sterilization techniques are followed. Each outpatient setting shall establish a method to track and recall*

instruments, items or equipment previously sterilized or disinfected if there is a failure of the biologic indicator test.

7. *To aid in environmental control, each outpatient setting shall provide a physical barrier between the decontamination and sterilization areas of the outpatient setting.*

Sec. 28.

1. *Each outpatient setting shall designate an employee or enter into a contract with a person to oversee and manage all aspects of the program for the prevention and control of infections and communicable diseases.*
2. *The person described in subsection 1:*
   - *(a) Shall have completed specialized training in the prevention and control of the development and transmission of infections and communicable diseases; and*
   - *(b) Shall ensure that the program for the prevention and control of infections and communicable diseases for the outpatient setting:*
     - *(1) Complies with all applicable federal, state and local laws;*
     - *(2) Is consistent with the guidelines adopted by the outpatient setting pursuant to section 25 of this regulation; and*
     - *(3) Is reviewed with all employees of the outpatient setting and all persons under contract with the outpatient setting who work at the outpatient setting and have exposure to patients at the outpatient setting within the first 10 days of employment and every 12 months thereafter, or more often if required pursuant to subsection 2 of section 29 of this regulation.*

Sec. 29.

1. *Each employee of an outpatient setting and each person under contract with an outpatient setting who works at the outpatient setting and has exposure to patients at the outpatient setting shall receive training and be evaluated by supervising staff on his knowledge and skills concerning the program for the prevention and control of infections and communicable diseases within the first 10 days of employment and at least every 12 months thereafter.*
2. *An employee or person under contract with the outpatient setting may be required to receive the training and evaluation described in subsection 1 more often than every 12 months if his supervisor determines that such training and evaluations are necessary to ensure that he understands and will follow the policies and procedures of the program for the prevention and control of infections and communicable diseases.*

Policies

Sec. 30. *Each entity that receives a permit pursuant to these regulations must maintain policies to ensure the health, safety and well-being of patients. The entity must provide services in accordance with such policies.*

Sec. 31. *Each entity that receives a permit pursuant to these regulations must maintain policies concerning professional standards of practice for the services provided. The entity must provide services in accordance with such policies.*

Personnel

Sec. 32.

1. *An outpatient setting shall have written policies for the personnel employed at the center. These policies must be provided to each employee in the form of a manual and*

must include provisions concerning hours of work, grievances in connection with termination, vacation, sick leave and leaves of absence.

2. ***Each employee of the outpatient setting must:***

   (a) Have a skin test for tuberculosis in accordance with NAC 441A.375. A record of each test must be maintained at the outpatient setting.

   (b) Within 10 days after the date of his employment, and periodically thereafter, be instructed in the control of infections, the safety of the patients, and the policies and procedures of the outpatient setting.

3. ***A current and accurate personnel record for each employee of the outpatient setting must be maintained at the outpatient setting. The record must include, without limitation:***

   (a) A job description that:

      (1) Includes the duties and responsibilities of, and the qualifications required for, the position held by the employee; and

      (2) Is signed by the employee;

   (b) Evidence that the employee has obtained any license, certificate or registration, and possesses the experience and qualifications, required for the position held by the employee;

Medical Staff

Sec. 33.

1. ***Physicians that perform procedures in the outpatient setting must hold or demonstrate they have held, unrestricted hospital privileges in the specialty at a licensed hospital. Only procedures included within those hospital privileges may be performed in the***

outpatient setting. If a hospital does not possess equipment or technology to allow a physician to be credentialed for a specific procedure, the physician may provide alternative evidence of training and competence in that procedure. Consideration will be given if the physician no longer possesses or cannot obtain such privileges, but can demonstrate that the loss of, or inability to obtain such privileges was not related to lack of clinical competence.

2. *Physicians that perform procedures in the outpatient setting must meet one of the following criteria:*
   - *(a) Certified or eligible for certification by one of the member boards of the American Board of Medical Specialties.*
   - *(b) Certified or eligible for certification by the American Osteopathic Association Bureau of Osteopathic Specialists.*
3. *Physicians may only perform those procedures described in their board certification and/or generally recognized by the certifying board as falling within the scope of training and/or practice for such physicians.*

Medical Records

Sec. 34.

1. *An employee shall oversee the completion, filing and retention of each medical record.*
2. *Records must be maintained for each patient admitted for care in the outpatient setting in accordance with accepted professional principles.*
3. *Only authorized personnel may have access to medical records. Information contained in a medical record must not be released without the written consent of the patient or his guardian except:*

(a) As required by law;

(b) Under a contract involving a third-party payor; or

(c) As otherwise provided by the agreement on admission.

4. A medical record may be microfilmed if the record can be legibly reproduced.

5. A permitted outpatient setting that ceases operations shall notify the Division of the arrangements made for access to and the safe preservation of medical records.

6. Medical records must not be removed from the outpatient setting except upon the issuance of an order by a court of competent jurisdiction.

7. The records of each patient discharged from the outpatient setting must be completed within 30 days after the date of his discharge.

8. An index of medical records must be maintained. The medical records of each patient must be indexed, within 6 months after discharge, according to the procedure performed and the physician attending the patient.

9. Each record must be protected against loss, destruction or unauthorized use.

10. The medical record of each patient must be complete, authenticated, accurate and current, and must include the following information:

(a) A complete identification of the patient, including information on his next of kin and on the person or agency legally or financially responsible for him.

(b) A statement concerning the admission and diagnosis of the patient.

(c) The medical history of the patient.

(d) Documentation that the patient has been given an evaluation within the 7 days immediately preceding the date of the patient's procedure.

(e) Evidence of any informed consent given for the care of the patient.

(f) Any clinical observations of the patient, such as the notes of a physician, a nurse or any other professional person in attendance. Such an entry must be signed by the person making the entry and include the title of that person.

(g) Reports of all studies ordered, including laboratory and radiological examinations.

(h) Confirmation of the original diagnosis, or the diagnosis at the time of discharge.

(i) A report of any procedure performed on the patient, prepared by the physician.

(j) A description of the procedure followed in any administration of anesthesia to the patient.

(k) A recovery report for the patient.

(l) A summary of discharge, including, without limitation, the disposition of the patient and any recommendations and instructions given to the patient.

(m) Documentation that a member of the outpatient setting staff interviewed the patient within 72 hours after the patient was discharged from the outpatient setting to determine the condition of the patient and whether the patient was satisfied with the services provided, and to receive any complaints or problems the patient may have.

11. The outpatient setting shall establish a policy for authentication that:

(a) If applicable, ensures the use of rubber stamps are only used by the person whose signature the stamp represents and prohibits the use of any stamp by any other person;

(b) Approves a method for identifying the person making an entry in any record or chart; and

(c) Requires that the professional title of the person making such an entry and the date of that entry is included with the entry.

Patient Rights

Sec. 35. *The outpatient setting shall ensure that:*

1. *Each patient admitted to the outpatient setting is treated with respect, consideration and dignity.*
2. *Each patient admitted to the outpatient setting is provided appropriate privacy.*
3. *Each patient admitted to the outpatient setting is informed of his rights as a patient in accordance with the provisions of NRS 449.730. He must be informed, at the time of his admission, of the services available and the estimated cost of those services. If a patient is unable to understand his rights, they must be explained to his guardian, next of kin or the agency financially responsible for his care.*
4. *The records of a patient admitted to the outpatient setting are kept confidential, except as otherwise provided by law.*
5. *Each patient admitted to the outpatient setting is given the opportunity to participate in decisions relating to his health care, unless he is unable to do so because of his medical condition.*
6. *Information is available to patients and members of the staff concerning:*

(a) The policies of the outpatient setting relating to the conduct and responsibilities of patients;

(b) The care that is available at the outpatient setting during emergencies and after normal business hours;

(c) The policies of the outpatient setting related to the payment of fees;

(d) A patient's right to refuse to participate in experimental research; and

(e) The procedures for filing complaints or grievances at the outpatient setting.