

NOTICE OF PRIVACY PRACTICES

Do you have any doubt or complaint related to this Law?

You can stop by our Compliance and Privacy office

Entity: Camuy Health Services, Inc.

Address: PO Box 660
Camuy PR 00627

Telephone: (787) 898-3325
(787) 898-2660

Fax: (787) 262-3789

You information  You Rights

Our responsibilities

This Notice of Privacy Practice describes how medical information about you may be used and how it may be disclosed. Also, how you can access this information.

Please, revise very carefully!

YOU RIGHTS

You have the right to:

- Obtain a copy of your documents or electronic medical record.
- Correct or amend documents of your electronic medical record.
- Request confidential communication.
- Ask about how to limit the information we share.
- Obtain a list of those with whom we have shared your information.
- Obtain a copy of this Notice of Privacy.
- Choose someone to represent you.
- File a complaint and / or complaint, if you believe your privacy rights have been violated.

YOUR ALTERNATIVES:

You have some options in the way we use and share the information; for example:

- Tell your friends and / or family about your condition.
- Provide help in case of disaster.
- Include you in a hospital directory (if applicable).
- Provide mental health services.
- Market our services and sell the information.
- Raise funds.

OUR USES AND DISCLOSURES

- We may use and share your information in:
- Treatment for you.
 - Manage our facility.
 - Bill for services.
 - Help with public health and safety problems.
 - Conduct research
 - Comply with the law
 - Respond to requests for donation of organs and tissues
 - Work with a forensic doctor or funeral director.
 - For workers compensation, police and other government requests.
 - Respond to lawsuits and legal actions

YOU RIGHTS

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can request, see or obtain an electronic or paper copy of your medical record and other medical information we have about you. Ask us how to do it.
- We will provide you with a copy or summary of your health information, usually within 30 days of your request. We can charge a reasonable fee based on the cost.
- Ask us if you need to correct or amend your medical record.
- You can ask to correct or amend medical information about you; That understands that it is incorrect or incomplete. Ask us how to do it.
- We can say "no" to your request, but we will tell you the reason in writing within a period of 60 days.

REQUEST OF CONFIDENTIAL COMMUNICATIONS

- You can request how we can contact you in a specific way (for example, your home or office phone), or send an email to a different address.
- We will respond "yes" to any reasonable request

CONSULT US TO LIMIT WHAT WE USE OR SHARE

Ask us what to do so that we do not use or share certain health information for treatment, payment or health service operation.

- We are not required to accept your request, and you can say "no" if it affects your care.
- If you pay for a service or medical item out of pocket in full; You can ask us not to share that information for the purpose of payment to the health services insurer.
- We will say "yes" unless the law requires us to share this information.

OBTAIN A LIST OF THOSE WITH WHOM WE HAVE SHARED INFORMATION

You may request a list (accounting) of the times we have shared your health information for the six years prior to the date you request, what we share with, and why.

- We will include all disclosures, except for those about treatment, payment and health service operations, and certain other disclosures (such as anyone who asks us to do so).
- We can offer one-year accounting for free, but a reasonable fee based on cost will be charged if you request another one within a 12-month period.

GET A COPY OF THIS PRIVACY NOTICE

- You may request a copy of this notice at any time even if you have agreed to receive the notice electronically.
We will provide you a copy promptly.



CHOOSE SOMEONE TO REPRESENT YOU

- If you have given someone a power of attorney or if someone is your legal guardian, that person can exercise your rights and make decisions about your health information.
- We will make sure to verify that the person has the authority and can act on their behalf before taking any action and / or decision.

SUBMIT A COMPLAINT IF YOU BELIEVE THAT YOUR RIGHTS ARE VIOLATED

- You can file a complaint if you think we have violated your rights by contacting us using the information in this notification.
- You can file a complaint with the Office of Civil Rights of the US Department of Health and Human Services by sending a letter to the following address: 200 Independence Avenue, SW, Washington, DC 20201 or call 1-877-696- 6775, or visit the web site: www.hhs.gov/ocr/privacy/hipaa/complaints/
- We will not take any kind of retaliation against you for filing a complaint since this is your right.

YOUR OPTIONS AND / OR ALTERNATIVES

To obtain certain health information, you can tell us your choices about what we share. If you have a clear preference for the way we share the information in the situations described below, talk to us, tell us what you want us to do, and we will follow your instructions.

In these cases, you have the right and the option to tell us:

- What information to share with your family, friends, or other people involved in your care.
- What information to share in an emergency.
- What information to include in a hospital directory.

If you are not able to tell us your preference, for example, if you become unconscious, we can go ahead and share your information if we believe it is in your best interest. We may also share your information when necessary to lessen a serious and imminent threat to your health or safety.

In these cases, **we do not share** your information, unless you give us written permission regarding:

- Marketing purposes
- Sale of information
- Psychotherapy notes

In the case of fundraising:

We can contact you for fund-raising, but you can tell us not to be contacted again.

OUR USES AND DISCLOSURES

How do we usually use or share your health information?

We normally use or share your health information as follows:

- In the treatment we offer you
 - We can use your health information and share it with other professionals who are treating you.
 - Example: A doctor treating you for an injury may ask another doctor about your general health condition.
 - Manage our facility
 - Example: We use medical information about you to manage your treatment and services

- Bill for services

We may use and share your medical information to bill and receive payment from health plans or other entities.

Example: We provide information about you to your health insurance plan for the payment of the services offered.

Other ways we can use or share your health information

If you allow or are required to share your information in other ways that contribute to public safety and health and research.

We have to meet many conditions of law before we can share your information for these purposes. For more information, see the following website:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Assistance with public health and safety problems

We may share information about your health for certain situations such as:

- Prevention of diseases
- Help with removing products
- Report adverse reactions to medications.
- Report any suspected abuse, neglect or domestic violence.
- Prevent or reduce a serious threat to the health or safety of any person.

RESEARCH

We may use or share your research's information in the health field for the following reason:

Comply with the law - We will share information about you when required by state or federal law. Even the Department of Health and Human Services may request compliance with federal privacy laws.

Respond to requests for donations of organs and tissues.

- We can share information about your health with organ donation organizations.

Work with a forensic doctor or funeral director

We may share health information with a forensic doctor or funeral director when a person dies.

With workers' compensation, police, and other government requests

We may use or share information about your health:

- For workers' compensation claims.
- For reasons of public order or with an agent of law and order.
- With public health agencies for activities authorized by law.
- For special government functions such as national security, armed forces and presidential protection services.
- Respond to lawsuits and legal actions.
- We may share your health information in response to a court or administrative order, or in response to a subpoena.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know as soon as possible if a violation occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and you will be given a copy of it.
- We will not use or share your information with other than that described **here** unless you tell us what can we disclose or use in writing.
- If you notify us that it can be used or disclosed, you can change your mind at any time.
- Tell us in writing if you change your mind.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/notice.html

Changes in the conditions of this Notice

- We can change the terms of this notice, and the changes may apply to all the information we have about you and the new privacy notice will be available upon request, in our office.