

Notification of Privacy Practices

Your information. Your Rights. Our responsibilities. This Notice describes how medical information may be used and disclosed and how you can access this information.

Please read this carefully.

If you have any questions regarding the information contained in this notice, you should contact our Privacy Officer and Compliance.

Your Rights:

You have the right to:

- Inspect and / or Get a paper or electronic copy of your medical records (medical)
- Corrections of your medical / clinical (paper or electronic)
- Request confidential communication
- I want to limit the information we share
- Get a list of those with whom we share your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices:

You can choose some options in how we use and share information such as:

- Say which of your friends and family can be informed of their Condition
- Provide humanitarian aid
- Include you in a directory of the Institute
- Provide for mental health services
- Market our services and sell your information
- Fundraise

Our Uses and Disclosures:

We may use and share your information as :

- For Treatment
- To care operations of our organization
- For Payment services
- Assist with problems of public health and safety
- Doing research
- Comply with the law
- Organ and Tissue Donation
- Working with a medical examiner or funeral director
- Workers Compensation, police, required by law, and other government requests
- Meeting the demands and legal actions

I. YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOUR HEALTH

When it comes to your health, you have certain rights. This section explains your rights and some of our responsibilities to help.

Get a paper or electronic copy of your medical record:

- You can ask to see (inspect) or obtain an electronic or paper copy of your medical records and other medical information we have about you. Ask us how.
- We will provide a copy or a summary of your health information within the term established by law we may charge a reasonable fee based on the cost.

Ask us to correct your medical record:

- You can ask us to amend health information about you that you believe is incorrect or incomplete. Ask us how.
- You can say "no" to your request, but we will tell you the reason in writing within 60 days.

Request Confidential Communications:

- You may ask that we contact you in a specific way (eg. Home or office phone) or send an email to a different address.
- Let's say "yes" to all reasonable requests.

Ask us to limit how we use or share:

- You can ask us not to use or share certain health information for treatment, payment, or operations. We are not required to agree to your request, and you can say "no" if it would affect their care.
- If you pay for a private medical service or in its entirety, you can ask us not to share this information for the purpose of payment or operations of your health insurance company. Let's say "yes" unless the law requires us to share that information.
- **Get a list of those with whom we share your information:**
You may request a list (accounting) of the time we have shared your health information for the six years prior to the date you request, we share with, and why.

- We will include all disclosures except for those on treatment, payment and health care operations, and certain other information (as anyone who asks us to do). We'll provide an accounting of a year for free, but will be charged a reasonable fee based on the cost if you ask another within 12 months.

Get a copy of this privacy notice:

- You may request a paper copy of this notice at any time, even if you have agreed to receive electronic notification. We will provide you with a paper copy promptly.

Choose someone to represent you:

- If you have given someone medical power or if someone is your legal guardian, that person can exercise their rights and make decisions about your health.
- We will ensure that the person has the authority and can act on your behalf before taking any action.

File a complaint if you feel your rights are violated:

- You may file a complaint if you believe we have violated your rights by contacting us through our Privacy Officer in person, by calling 787-769-2477 and/or submit your complaint in writing to the address indicated on page 6 of this booklet.
- You can file a complaint with the Office of the Department of Health and Human Services U.S. Civil Rights by sending a letter to 200 Independence Avenue, SW, Washington, DC 20201, by calling 1-877-696-6775, or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
We will not retaliate against you for filing a complaint.

II. YOUR CHOICES

- For certain health information, you can tell us your choices about what we share. If you have a preference for how they share information in the situations described below, talk to us. Tell us what you want to do, and we will follow your instructions.
- In these cases, you have the right and option to tell us that information:
- Share with your family, friends, or others involved in your care
- Share in an emergency situation.

- Include a directory of the Institute
If you are not able to tell us your choice for example if you are unconscious, we can go ahead and share your information if we believe it is in your best interest. We may also share your information as necessary to lessen a serious and imminent threat to health or safety.
- In these cases, we do not share your information unless you give us written permission to:
 - Marketing Purposes
 - The sale of your information
 - Share information psychotherapy notes
- For fundraising:
 - We may contact you to raise funds, but you can tell us not to contact you again.

III. OUR USES AND DISCLOSURES

- **How do you usually use or share your health information?**
Normally we use or share your health information in the following ways.
- **For Treatment**
We may use your health information and share it with other professionals who are treating. Example: A doctor treating you for an injury to another doctor asks about your general health.
- **To care operations**
We may use and disclose your health information to run our practice, improve care and to contact you when necessary. Example: We use Medical information about you to manage your treatment and services.
- **Billing/payment for their services**
We may use and disclose your health information to bill and receive payment from health plans or other entities. Example: We give information about you to your health insurance plan to get paid for their services.
- **How can we use or share your health information?**
We are permitted or required to share your information in other ways - usually in ways that contribute to the public good, such as public health and research. We have to fulfill many conditions in the law before we share your information for these purposes. For more information, see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

- **Assist with problems of public health and safety**
We may share your health information for certain situations such as:
 - Disease Prevention
 - Assist with product recalls
 - Reporting adverse reactions to medicines
 - Report any suspected abuse , neglect or domestic violence
 - Avoid or reduce a serious threat to the health or safety of any person
- **Research**
We may use or share your information for health research.
- **Comply with the law**
We will share information about you when state or federal laws require that even with the Department of Health and Human Services if you will see that we are in compliance with federal privacy laws.
- **Donations to the organs and tissues**
We may share your health information with organ procurement organizations.
- **Medical examiner or funeral director**
We may share health information with a coroner or funeral director when a person dies.
- **Compensation for workers, police , and other**
We may use or share your health information:
 - For claims of workers compensation
 - For reasons of public order or a law enforcement officer
 - With health oversight agency for activities authorized by law
 - For specialized government functions such as national security, military and presidential protection services
- **Meeting the demands and legal actions**
We may share your health information in response to a court or administrative order, or in response to a subpoena.
- **Proof of Immunization**
Disclose proof of immunization to a school that is required to have before admitting a student who has consented to the disclosure by you or your dependent.

IV. OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of protected health information.
- We will notify you as soon as possible if there is a breach that may have compromised the privacy or security of your information.
- We must continue the duties and privacy practices described in this notice and give you a copy of it.
- Do not use or share your information other than as described here unless you tell us what we can in writing. If we say we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information, see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Mailing Address: PO Box 190990 San Juan Hato Rey Station, PR 00919-0990

Physical Address: 65th Infantry Ave # 11310, Carolina PR 00985 (next to Carolina Justice Center)

Tel: (787) 769-2477
Fax: (787) 276-0065
Email: info@ojosypiel.com

Changes in the terms of this Notice

We may change the terms of this notice , and the changes apply to all information we have about you . The new notice will be available on request in our website. www.ojosypiel.com and we will send (by mail) a copy to you if requested.

Effective Date: September 23, 2013

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