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Barceloneta • Sabana Hoyos

Notice of Privacy Practices

Your Information. Your Rights. Our Responsibilities.

This notice describes how your health information may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Your Rights

You have the right to:

- View or obtain a copy of your medical record, in paper or electronic format.
- Request to correct your medical records on paper or electronically.
- Request confidential communication or at a specific address.
- Ask us to limit the information we use or share.
- Receive a list of those with whom we have shared your information.
- Request a copy of this notice and ask questions about our privacy practices.
- Appoint an authorized representative to act on your behalf.
- File a complaint if you believe your privacy rights have been violated, without fear of retaliation.

Your Choices

You have a few choices about how we use and share information when:

- We share with his family and friends his personal condition.
- We provide disaster relief.
- We include it in a hospital directory.
- We provide mental health care.
- We promote our services and sell your information.
- We fundraised.

Our Uses and Disclosures

We may use or share your information when:

- We treat you and coordinate your care.
- We bill for your services or perform administrative operations.
- We help with public health and safety issues.
- We conduct medical research.
- We comply with the law.
- We respond to requests for organ and tissue donation.
- We work with a coroner or funeral director.
- We honor workers' compensation, law enforcement, and other government requests.

- We respond to lawsuits and legal actions.
  - If we have your records as a patient with substance use disorders, subject to part 2 of Title 42 CFR, we will not share that information for investigations or legal proceedings against you without (1) your written consent or (2) a court order or subpoena.

  - We will not disclose information related to reproductive health services to investigate, enforce, or identify individuals for seeking, receiving, providing, or facilitating such services, as long as the care is lawful.

Your 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 a copy of your medical records in electronic or paper format

- You can view or obtain an electronic or paper copy of your medical records and other health information we have about you. Ask us how to do it.
- We will give you a copy or summary of your health information, usually within 30 days of your request. We may charge a reasonable fee based on cost.

Ask us to correct your medical records

- You can ask us to correct health information about you that you believe is incorrect or incomplete. Ask us how to do it.
- We can say "no" to your request, but we will explain it to you in writing within 60 days.

Request confidential communications

- You can request that we communicate with you in a specific way (e.g., by home or work phone) or that we send correspondence to a different address.
- We will say "yes" to all reasonable requests.

Request that we limit the information we use or share

- You can ask that we not use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no", for example, if this may affect your care. If we accept your request, we may still share this information if you need emergency treatment.
- If you pay for a health care service or item out-of-pocket in full, you may request that we not share that information with your health insurer for payment or our operations. We will say "yes" unless we are required by law to share that information.

Receive a list of those with whom we have shared information

- You can ask for a list (accounting) of how many times we have shared your health information during the six years prior to the date of your request, who we shared it with, and why.
- We will include all disclosures except those related to treatment, payment, and health care operations, and certain other disclosures (such as those you have requested from us). We offer one accounting a year for free, but we will c harge a reasonable fee based on cost if you request another one within 12 months.

Request a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you agreed to receive it electronically. We will give you a paper copy right away.

Appoint a representative to act on your behalf

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

File a complaint if you believe your privacy rights have been violated

- You can file a complaint if you believe that we have violated your rights by contacting us in writing at P.O. Box 2045, Barceloneta, P.R. 00617 or via email cc@atlanticmedical.org.
- You can file a complaint with the U.S. Department of Health and Human Services' Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting https://www.hhs.gov/hipaa/filing-a-complaint/index.html.
- We will not retaliate against you for filing a complaint.

Your Options

For certain health information, you can tell us about your choices about what we share. If you have a clear preference for how we share your information in the situations described below, please contact us. Let us know what you want us to do and we will follow your instructions.

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

- We share information with your family, close friends, or others involved in your care or payment for your care.
- Let's share information in a disaster relief situation.
- Include your information in a hospital directory

If you are unable to tell us your preference, for example if you are unconscious, we may share your information if we believe it is in your best interest. We may also share your information when necessary to reduce a serious and imminent threat to health or safety.

In the following cases, we never share your information unless you give us written permission:

- Marketing Purpose
- Selling Your Information
- Most cases where psychotherapy notes are shared.

In the case of fundraising:

- We may contact you to raise funds, but you can tell us not to contact you again.

If we have your records of patients with substance use disorders, subject to 42 CFR Part 2, we will give you clear and conspicuous notice in advance and the option to choose whether you want to receive fundraising communications that use your Part 2 information.

Our Uses and Disclosures

We typically use or share your health information in the following ways:

Treatment

- We may use your health information and share it with other professionals who are treating you.

  Example: A doctor treating you for an injury asks another doctor about your overall health.

Running our organization

- We may use and share your health information to manage our administrative operations, improve your care, and contact you when necessary.

  Example: We use your health information to manage your treatment and services.

Bill for your services

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

  Example: We provide your information to your health insurance to cover your services.

How else may 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 medical research. We have to meet many legal conditions before we can share your information for these purposes.

In all cases, including those listed below, if we have your records as a patient with substance use disorders, subject t o 42 CFR Part 2, we may not use or share information from those records in civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your consent or (2) a court order or subpoena.

Assist with public health and safety issues

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

- Disease prevention.
- Help with product recalls..
- Report of adverse drug reactions.
- Report suspected abuse, neglect, or domestic violence.
- Prevent or reduce a serious threat to the health or safety of any person.

Conduct medical research

- We may use or share your information for health research.

Comply with the law

- We may share your information if required by state or federal law, including sharing the information with the Department of Health and Human Services if the Department of Health and Human Services wants to verify that we comply with the Federal Privacy Act.

Respond to organ and tissue donation requests

- We may share your health information with organ procurement organizations.

Working with a coroner or funeral director

- We may share health information with a coroner, medical examiner, or funeral director when a person dies.

Fulfill workers' compensation, law enforcement, and other government requests

We may use or share your health information:

- In workers' compensation claims
- For the purpose of complying with the law or with a security official
- With health oversight agencies for activities authorized by law
- For special government functions such as military service, national security, and presidential protective services.

Respond to lawsuits and legal actions

- We may share your health information in response to an administrative or court 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 immediately if a breach occurs that may have compromised the privacy or security of your health information.
- We must follow the duties and privacy practices described in this notice and provide you with a copy.
- We will not use or share your information other than as described in this notice unless you tell us to do so in writing. If you tell us we can, you can change your mind at any time. Write down if you change your mind.

> *At Atlantic Medical Center, we are committed to enforcing the provisions of HIPAA that ensure the security and privacy of the health information we handle about our patients.*

If you have questions, you can channel them with:

Merixa Cabrera Mont, MPH
Corporate Compliance and Privacy Officer

Mechanisms available to channel your concerns related to the management of your health information include:

- Email: cc@atlanticmedical.org
- Compliance Line: 787-623-5361
- Visiting the Corporate Compliance Program Office

Changes to the Terms of this Notice

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

Date Reviewed: February 2026