



NOTICE OF PRIVACY PRACTICES

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about our patients may be used and disclosed and how you (patient) can get access to this information.

Please, review this notification carefully.

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared 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 have some choices in the way that we use and share your information, as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

Our Uses and Disclosures

We may use and share your information, as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions



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Your Rights

When it comes to your health information, you have certain rights. Ask us how to do the following requests.

Authorized Representatives for Minors (less than 21 years old)

As mandated by Law we will share information about our patients with child legal guardian (father and mother; unless restricted by court) and any other authorized representative by court or child legal guardian. A parent that is a minor may have the rights to the patient health information as described in this notice, but rights for authorization of treatments may be limited as required by Puerto Rico Law.

Get an electronic or paper copy of your medical record

- You can ask to see or get a paper copy of your medical record and other information about your healthcare with us.
- Whenever your healthcare record has been registered in our Electronic Health Record system, you can ask to see or get an electronic copy of your medical record and other information about your healthcare with us.
- We will provide a copy or a summary of your health information, usually within 15 days of your request as required by Puerto Rico Law. We may charge a reasonable cost-based fee as permitted by Law.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete.
- We may say “No” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “Yes” to all reasonable requests, as we are capable to do.

Ask us to limit what we use or share

- You can ask us not to 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” if it would affect your care or life.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer or health plan. We will say “Yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any requested by you). We may charge a reasonable cost-based fee as permitted by Law.



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Get a copy of this Notice of Privacy Practices

- An updated copy of this Notice is available in our web site.
- You can ask for an electronic or paper copy of this Notice at any time.

Choose someone to act for you

- You may request in written for us to give someone else authorization to act as a representative or the medical power of attorney; that person can exercise your rights and make choices about you or your child health care as a patient.
- We will make sure the person has this authority and can act on your behalf prior taking any action or sharing information.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights as described in this notice. To fulfill your complaint with us; you may contact our **Compliance Officer** by visiting or writing to the **Patient Service Department** PO Box 6308 Santurce, PR 00912-6308, calling to (787)727-1000 X. 4134/4473, or sending Email to hipaa@sanjorgechildrenshospital.com.
- You may 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 www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can inform us your choices about what we share and with whom. In such case we may evaluate your request to determine the actions to be taken or refusal.

In these cases, you have both the right and choice to inform us in writing to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

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

In these cases we never share your information unless you give us permission in writing:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes (as established by Puerto Rico Laws)

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.



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Our Uses and Disclosures

How do we typically use or share your health information?

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

- **Treatment – Treat you**
We can use your health information and share it with other professionals who are treating you. Example: A doctor treating your emergency condition asks another doctor (such as your primary care physician) about your overall health condition.
- **Health Care Operations - Run our organization**
We can use and share your health information to run our health care services and for our administration, improve your care, and contact you when necessary. Example: We use health information about you to evaluate your treatment and our services.
- **Payment - Bill for your services**
We can use and share your health information to bill and get payment from health plans or other entities. Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health, safety and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information ask us how you may contact our Compliance Officer.

- **Help with public health and safety issues** - We can share health information about you for certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone's health or safety
- **Do research** - We can use or share your information for health research.
- **Comply with the law** - We will share information about you if state or federal laws require it, including with the Department of Health of the state and federal if wanted to see that we're complying with federal privacy law.



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- **Respond to organ and tissue donation requests** - We can share health information about you with organ procurement organizations.
- **Work with a medical examiner or funeral director** - We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
- **Address workers' compensation, law enforcement, and other government requests** - We can use or share health information about you:
 - For workers' compensation claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies for activities authorized by law
 - For special government functions such as military, national security, and presidential protective services
- **Respond to lawsuits and legal actions** - We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

For more information ask us how you may contact our Compliance Officer.

- We are required by law to maintain the privacy and security of your information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices as described in this notice and we have available an updated copy for your request and in our web site (www.sanjorgechildrenshospital.com).
- We will not use or share your information other than as described in this notice. You may authorize or restrict us for using in other way at any time. Always, make your request and any changes by letting us know in writing.

Changes to the Terms of this Notice

We can 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 web site.

General Information

- Effective Date of this notice – January 1, 2014
- You may access an updated copy of this Notice in our web site (www.sanjorgechildrenshospital.com).
- You may contact our **Compliance Officer** by visiting or writing to the **Patient Service Department** PO Box 6308 Santurce, PR 00912-6308, calling to (787)727-1000 X. 4134/4473, or sending Email to hipaa@sanjorgechildrenshospital.com.