

Notification on Health Information Usage Practices

This notification describes the use or how it could be used and disclosed, the information you provide us and how you can have access to the same. Please review it carefully.

Understanding your Medical Record / Health Information

Each time you visit a hospital, physician or any other health service provider, information is created or added to your record. Typically, this record contains information on symptoms, tests and laboratory test results or clinical studies, diagnoses, treatments and plan for your care or future treatment. This information is usually known as your medical or health record, and serves as:

- base for planning the care or treatment
- a way of communication between health professionals who contribute to your care
- legal document that describes the treatment you are receiving
- a way that you or a service payer (medical plan) can verify the services that have been provided
- a tool to educate health care professionals and a source of data for medical research
- a source of information for public health officials in charge of improving health conditions to the society in general
- a data source for planning and marketing services
- a tool which can be used to evaluate and work continuously in improving health care services offered by a provider and the results we seek to achieve
- understand the information contained in your record and how it is used
- ensure its veracity or accuracy
- a better understanding of who, what, when, where and why others had access to your health information
- as a way to make informed decisions when authorizing disclosure of information to others

Your Rights on Health Information

Although the medical record is physically, property of the provider or facility that holds it, the information contained in the record is yours. You have the right to:

- request the restriction on the use and disclosure of your information as provided in 45 CFR 164.522
- obtain a written copy notification of practices in the use of information, by request
- inspect and obtain a copy of your medical record as provided by 45 CFR 164.524
- amend your medical record as provided by 45 CFR 164.528
- obtain information on accounting of health information disclosure as provided by 45 CFR 164.528
- request communications on your health information by other means or alternate locations

- revoke your authorization for the use or disclosure of health information, except in situations where the information has already been shared

Our Responsibilities

This organization has the obligation to:

- maintain the privacy of your health information
- provide you with a notification on our legal responsibility and privacy practices regarding the information we collected and maintain about you
- act in accordance with the terms of such notification
- notify if we could not access a restriction requested by you
- try to satisfy your request reasonably in communicating health information by other means or alternate location

We reserve the right to change our practices and take the necessary measures in maintaining health information protected. If our practices change, we will send you a revised notification to the address you have provided.

We will not use or disclose your health information without your authorization, except as it is described in this notification.

Additional information or notification of a problem

If you have any questions or wish to receive additional information, you can contact the Privacy Officer at 787-878-6909 or by mail:

Oficial de Privacidad First Medical Health Plan, Inc.

P.O. Box 195559
San Juan, PR 00919-5559

If you understand that your right to privacy has been violated, you may file a written grievance to the Privacy Officer of the company or the Secretary of the Federal Department of Health and Human Services. No retaliation will be taken as a consequence of your grievance submission.

Examples of Disclosure for Medical Treatment, Claims Payment or Healthcare Operation Services

Using your health information to authorize a service.

For example: Under certain circumstances it may be necessary to require the authorization of a service to the health plan. In such circumstances it is likely that you, your doctor or health care

professional are asked for your health information in order to make a decision related to your request.

Using your health information to pay a provider's claim.

For example: Under certain circumstances a third party or yourself, could receive a billing invoice for overpaid non-covered medical services, coordination of benefits or expiration of policy. Information that appears or accompanies the invoice can include information that identifies you, as well as diagnosis, procedure and materials used.

Using your information as part of our regular service operations.

For example : As part of the revisions for services that plan members have received, it is possible that personnel assigned to quality control functions, health education or medical director, review the results of your treatment or services received.

Other Uses and Disclosure Permitted or Required

Business Partners: Some services which pay our Organization are conducted through contact with our business partners. Examples of these are specialized studies, elective hospitalizations, pharmacy and vision benefits, and health information copies that are made under certain circumstances, to evaluate or approve a service. We might be in the obligation to share your health information with some of our business partners as part of the services offered, that are necessary for them to carry out the function we have entrusted. To protect your health information, we require the business partner to protect this health information.

Notification: In emergency situations, we may receive a request for information from your immediate family member, personal representative or another person responsible for your health care, on your general condition or location.

Communication with a family member: A health professional could disclose health information to a family member, personal friend or another person you have authorized, as long as that person has any relationship with your care or payment related to your health care services.

Research: We may disclose information to research scientists who have been authorized by a body or institutional board who has reviewed the research proposal and are established protocols to ensure the privacy of your health information.

Funeral director: We may share health information provided that is consistent with the implementation of existing laws that can carry out their services. **Organ donation-related organizations:** we may share health information with organizations requesting the donation of organs or other entities involved in the promotion, database, or transplantation of organs for the purpose of tissue donation and transplantation.

Marketing: We may contact you for management, related to medical appointments reminders or information on alternatives of treatment or other benefits related to health services that could be

of interest to you.

Campaigns collecting funds: We may contact you as part of a charitable activity to collect funds.

Federal Drug and Food Administration (FDA): We may disclose information on adverse events related to food, food supplements, products or product defects or post-marketing surveillance that enable call returns, repairs or product replacement.

Employee Compensation (“Corporación Del Fondo del Seguro del Estado”): We may disclose health information concerning an employee’s claim compensation or other similar programs established by law.

Public Health: As required by law, we may disclose health information to authorities of the public health or justice in charge of preventing or controlling diseases, injuries or disability.

Correctional Institutions: If you were confined in a penal institution, we may share health information with the institution or agents whenever the information is necessary for the care of your health or the health and safety of other individuals.

Police Force: We may disclose information to state security officers for those purposes that are consistent with the application of the law or in response to a court order.

Effective date: April 14, 2003

Phone: 787-474-3999 o 1-888-364-7535

Dirección Física

First Medical Health Plan
Ext. Villa Caparra
530 Calle Marginal Buchanan
Guaynabo, PR 00966

Dirección Postal

First Medical Health Plan
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San Juan, PR 00919-5559