

OUR RESPONSABILITY

At the SJCWH we are committed to maintaining the privacy and security of your information in accordance with law standards and best security practices. We have Policies and Procedures in place to ensure the Privacy and Security of your Information and we ensure compliance.

You may notify us at any time of your rights described in this Notice: access, authorizations, and restrictions.

We may update this Notice in accordance with our operational and compliance needs. An updated copy of this Notice is available on our Internet Portal (www.sanjorgechildrenhospital.com).

QUERIES, INCIDENTS AND COMPLAINTS

We answer questions or concerns, complaints, incidents, and suspected violations promptly. If we identify that your information has been compromised, we will send written notification to the address we have in your file.

If you have questions or suspect that the privacy and security of your information has been compromised as what is reported in this Notice; you may submit in writing to the **Risk Management Department** or contact our **Corporate Privacy and Security Officer** (Hipaa@sanjorgepr.com or at 252 San Jorge Street, San Juan, P.R. 00912)

NOTICE OF PRIVACY PRACTICES

Effective Date – December 1, 2020



NOTICE OF PRIVACY PRACTICES

PLEASE READ CAREFULLY

THIS NOTICE APPLIES TO SAN JORGE CHILDREN & WOMEN'S HOSPITAL (SJCWH), THIS DESCRIBES HOW WE USE AND DISCLOSE THE PROTECTED HEALTH INFORMATION OF THE PATIENT TO WHICH WE PROVIDE THE HOSPITAL AND/OR AMBULATORY SERVICE, AND HOW THE PATIENT (YOU) MAY ACCESS THIS INFORMATION.

This Notice of Privacy Practices is provided to you as a requirement of federal law known as HIPAA and may be modified at any time. You may contact the Department of Health Information Management or the Privacy and Security Officer (Hipaa@sanjorgepr.com) to clarify your doubts about this Notice.

ACKNOWLEDGEMENT OF RECEIPT AND INFORMED CONSENT OF PRIVACY PRACTICES

SJCWH uses and discloses your information as indicated in this Notice. In accordance with federal and state regulations we will request that you sign an acknowledgement of receipt and informed consent about our privacy practices. You have the right not to sign, in which case we may stop or deny the provision of the services, except for the emergency service covered under the EMTALA Act.

YOUR RIGHTS

You have the rights to:

- Obtain a copy and/or inspect the electronic and/or paper information of your clinical record.
- Authorize us to share your information to another person authorized by you.
- Request the amendment or correction of the information in your clinical record.
- Request to communicate confidentially, indicating how and contact.
- Request the restriction on the use and disclosure of your information, either on paper or electronically.
- Get a list of those with whom we have shared your information.
- Get a copy of this privacy Notice.
- File a complaint if you believe your privacy rights have been violated.

YOUR OPTIONS

You may choose to request limitations for the use and disclosure of your information as or when:

- Share the information with your family members, service providers and others.
- Include your information in the facility directory.
- We market our service and sell your information.
- We raise Funds.

OUR USE AND DISCLOSURE

We use and disclose your information for purposes authorized by law, when:

- We provide care services, billing, and others operational matters.
- We exchange information with your doctor for the continuity of your care.
- We support public health and national security issues.
- You participate in scientific research, and organ and tissue donations.
- Matters with Forensic or Funeral Physician.
- Comply with the Law, the Court, and the Government.

AUTHORIZED REPRESENTATIVES OF MINORS

(Applies to children under 21 years of age, non-emancipated, unmarried)

We will share information about minor patients with the child's legal guardian: both parents (except restricted by court), any other authorized representative or court-designated guardian. When the patient's parents are also minors, the parent shall have the right to the health information of the child (patient) as described in this Notice, but the consent of treatment will be given as established by the laws of Puerto Rico.

YOUR RIGHTS

Access to the Patient Portal

You can view your health information on our Patient Portal, we will guide you on how to access the portal.

Request a Copy or Inspect your Information

You can request a copy or inspect your clinical record, either on paper or electronically if it was documented in this way. It will not include Psychotherapy Notes and administrative classified information. Your application will be processed within 15 days and comes at a cost based on Law 194 of 2000, known as the "Carta de Derechos y Responsabilidades del Paciente".

Request Amendment to Your Information

Your request is processed in **60 days** from the receipt of the written requires. You can request that we correct your information, and we may deny it when the information:

- It is not created or maintained by us unless the person or entity responsible is not available to make the correction.
- It is classified as administrative for our exclusive use.
- It is accurate and complete.

Obtain a report of Disclosures and Access to your information

You may request a report to find out with whom we have disclosed your information, including: the individual name or entity, which information, date, and purpose. Some exceptions apply, as permitted by law. We may charge you a reasonable cost for this report.

Request the Restriction on the Use or Disclosure (sharing and transmitting) of Your Information

You can ask us to restrict how we use and disclose your health information for treatment, payment, and our operations, but by Law we may deny it if it interferes with your health care and/or our compliance with Federal and State Laws.

If you pay for a full health service, you can ask us not to share that health information with your health insurer or health plan. We will say “Yes” unless by law we are required to use and disseminate information.

Request Confidential Communication

You can ask that we contact you in a specific way for your greater privacy and confidentiality. We will say “Yes” to all requests, according to reasonableness and we have the ability to do so.

Authorize us to disclose your information

We will disclose your information for the purposes described in this Notice. You can authorize in writing to disclose your information with individuals and private entities, according to your needs. You can tell us about advance directives for making your health decisions. We will ensure that everyone has proper authorization before any disclosing.

File a Complaint

You can file a complaint if you become aware or suspect that your rights informed in this Notice have been violated. We will not discriminate against or retaliate against you for filing a complaint.

Notify your complaint at the **Risk Management Department** or with the **Privacy and Security Officer (Hipaa@sanjorgepr.com or at 252 San Jorge Street, San Juan, P.R. 00912).**

You may file a complaint with the US Department of Health and Human Services by sending a letter to:

Department of Health and Human Resources
Office of Civil Rights Hubert H. Humphrey Bldg.
200 Independence Avenue, S.W., Room 509F
HHH Building Washington, D.C. 20201
or calling to 1-877-696-6775; or via Internet
www.hhs.gov/ocr/privacy/hipaa/complaints/.

Get a Copy of this Notice of Privacy Practices

You may request a paper copy of this notice and you may download an electronic copy that is posted on www.sistemamenonita.com.

YOUR OPTIONS

You can inform us about how we may share your information. We will evaluate your request to determine approval or denial, as allowed by Law. Some options are:

- How to share information with family members and others who participate in your health care.
- Choose not to participate in the electronic exchange of your information with your service providers.
- Not include your information in the hospital directory.
- Do not share with chaplain or other religious services available in our services.

We do not share your information unless you give us written authorization for the purpose of:

- Marketing
- Sale of your Information
- Fundraising

OUR USE AND DISCLOSURE

The patient's record is available to be accessed by authorized personnel from any hospital and outpatient facility of the SJCWH as needed to care for the patient. We use and disclose patient health information verbally, written/paper or electronically, including patient's identifiable, as permitted by law and for the following:

• Treatment or Care of Your Health

Provide care service. For example: Medical Consultations, Medical Orders, Results, Transfer, and Education.

• Payment

Inform, bill and charge provided services to the health plan or payer. For Example: Eligibility Verification, Service Authorization, and Billing.

• Care Operations

Administrative processes. Example: Census or Directory, Medical Appointment, Quality of Service, and Compliance.

Information Exchange with Our Business Associates

Business associates are contracted by SJCWH to support certain processes and services in health care operations. SJCWH establishes an agreement and process with business associates to ensure the privacy and security of your information, and our compliance with federal and state laws.

Electronic Exchange of Your Information

We electronically exchange your information for the purpose of treatment, payment, and health care operations, not limited to our business partners and your health plan. In accordance with the HITECH Act, we may electronically exchange your information with providers involved in your health care, and others as required or permitted by law.

Other use and disclosure:

For the purpose of public health, safety, and research. We may share your information in our professional judgment that there is a suspicion that you are a victim of abuse and crime, or another threat to your health or life, including that of another person.

Public Health and Safety Issues

- Disease Prevention.
- Drug Adversity.
- Negligence, abuse, or domestic violence.
- Locate a suspect, fugitive, essential witness, or missing person.
- Emergency and Disaster Management.

Scientific Investigation – Required by Law for health research.

Organ and Tissue Donation – if you are a donor, we will share your information with organizations authorized for this process.

Issues with Forensic or Funeral

Coordinate the identification and transfer of a corpse to determine the cause of death.

Comply with the Law – when Federal and State Laws require it, including with the Federal and State Department of Health.

Other requirements of Law for the attention of matters such as:

- Issues and claims with the Government Workers Compensation Plan (State Insurance Fund)
- Special functions of the government such as military, national security and the protection services.
- Respond to lawsuits and legal actions.
- Military and Veterans Agencies or if you are or were a member of the armed forces.
- Correction or Criminal Agency that is in your custody, if you are confined or in the custody of a representative of the law.