

NOTICE OF PRIVACY PRACTICES

THIS NOTIFICATION DESCRIBES HOW YOUR MEDICAL INFORMATION CAN BE USED, DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE, REVIEW IT CAREFULLY.

First Medical Health Plan, Inc. (First Medical), in compliance with the Health Insurance Portability and Accountability Act (HIPAA), 45 CFR Part 164 Section 164.520 and the Puerto Rico Health Insurance Code, is committed to maintain the privacy, confidentiality and security of your Protected Health Information (PHI). It is our obligation, to provide you this notification about our legal responsibilities, how First Medical can use and disclose your Protected Health Information (PHI) and notify you in case of a not authorized exposure of your health information.

Protected Health Information (PHI) is information that identifies you (name, last name, social security); including your demographic information (address, zip code), obtained through an application or other necessary document to obtain a service, created or received by a health care provider, a health plan, intermediaries who process health service claims, business associates and that is related to: (1) your past, present or future physical or behavioral health condition; (2) the provision of health care services (3) past, present or future payments for the health care services provided.

How can First Medical use or disclose your Protected Health information?

First Medical has the right to use and disclose your Protected Health Information for treatment, payment and/or health care administrative operations; for example: medical claims payments, quality of services evaluations, medical assessments, legal services, audits and fraud and abuse detection, among others.

First Medical, can also use and disclose your Protected Health Information to provide information:

- To you, the person you designate ("designee") or the person who has the legal right to act on your behalf (your personal representative),
- To the Secretary of the Department of Health and Human Services of the United States of America (DHHS).
- To our business associates (individuals or organizations), to perform various functions on our behalf or to provide certain types of services. (Business associates may receive, create, maintain, use or disclose Protected Health Information, after agreeing in writing that they will properly safeguard the information).

First Medical may use or disclose your Protected Health Information, without your authorization, in the following scenarios:

- For research studies that comply with all the requirements of the Privacy Act,
- To avoid a serious and imminent threat to health or safety,
- For public health activities; such as, reports of statistics of diseases and vital information, among others,
- To respond to a request from the state or federal agency,
- For judicial and administrative proceedings; such as, a response to a court order,
- To inform an authorized government official, in cases of abuse or neglect against minors or adults or situations of domestic violence, and
- To contact you, to inform you about changes or new benefits in your coverage, to provide you with meeting or appointment reminders or information about services related to your health.

When can First Medical not use or disclose your Protected Health Information?

Except in the scenarios previously described in this Privacy Practice Notification, First Medical must obtain your written consent (an "authorization") to use or disclose your Protected Health Information. Even if you designate an authorized representative, the Privacy Rule of the HIPAA Act allows us to choose not to treat the person as your authorized representative, if in our professional judgment, we conclude that: (i) you have been subject of domestic violence, mistreatment or negligence by that person, or could be; (ii) treating that person as your authorized representative could put you in danger you or (iii) we determine in the exercise of our professional judgment that it is not in your best interest to treat that person as your authorized representative.

The following uses and disclosures require your authorization in accordance with Section 164.508 (a)(2)-(a)(4) of the Privacy Regulation

- To share psychotherapy notes, which are notes documented by a Mental Health Professional and in which conversations carried out in group or individual therapy sessions are documented or analyzed;
- For Marketing Activities, which involve a communication about a product or service and which stimulates the recipient of the communication to acquire or use that product or service;
- For the Sale of Protected Health Information, which carry a disclosure of Protected Health Information by a covered entity or business associate in exchange of direct or indirect financial compensation.

You have the right to revoke an authorization to use and disclose your Protected Health Information in writing at any time. The revocation will be in effective for future uses and disclosures and will not affect information used and disclosed while your authorization was in effect. Unless you send us a new written authorization after making a revocation, we will not use or disclose your Protected Health Information for any other reason that is not described in this Notification.

You have the following rights regarding your Protected Health Information

Request a copy. You have the right to request a printed copy of this notice even after accessing this Notice of Privacy Practices electronically through our websites.

Request an Amendment. You have the right to request that First Medical amend your Protected Health Information, if you understand that it is incorrect or incomplete, by completing the Request for Amendments to Protected Health Information Form, available in our Service Offices.

Request Restrictions. You have the right to request restrictions on certain uses and disclosures of your Protected Health Information in compliance with Section 164.522 of the Privacy Rule. First Medical, is not obligated to accept the restrictions you request.

Request Confidential Communications. You have the right to receive your Health Information through reasonable alternative methods or at an alternative location. For example, you can request that we only contact you at your work or family member address. You can request confidential communication by filling out the form available for this purpose in our Service Offices.

Inspect and Copy. You have the right to inspect and receive an electronic or printed copy of your personal, financial, insurance or health information, within the limits and exceptions provided by law. To obtain it, you must complete the Form available for this purpose in our Service Offices. First Medical may deny your request to examine and obtain a copy under certain limited circumstances. You also have the right to obtain a copy of the Privacy Policies and Procedures by submitting your request to the following electronic address cumplimiento@firstmedicalpr.com or by calling 787-474-3999, extension 2108. First Medical may charge you a reasonable fee to cover the expenses related to your request.

Request a Disclosure Report. You have the right to obtain a Report of the Disclosures made by First Medical of your Protected Health Information in the last six years, except those made for treatment, payment or health care operations, or those made at your request. First Medical, will provide a report of a period of twelve (12) months free of charge; additional reports may have a fee. You can request the Report of Disclosures by filling out the Form available for this purpose in our Service Offices.

File a Complaint. You have the right to file a Grievance with First Medical or with the Secretary of the Department of Health and Human Services of the United States of America (DHHS), if you understand that your privacy or security rights have been violated. First Medical will not retaliate against you in any way for filing a complaint with us or with the DHHS. You can file a complaint by phone by calling 787-474-3999 extension 2108. You can also file a complaint using the Form available for this purpose at the Service Offices or by writing to the following address:

First Medical Health Plan, Inc.
Grievances and Appeals Department
PO Box 191580
San Juan, PR 00919-1580
Fax: (787)-300-3913
Telephone: (787)-474-3999, ext. 5010

To exercise any of the rights described herein, you only have to submit your request in writing using the Form available at our Service Offices.

Changes to this Notice and Distribution. First Medical reserves the right to amend this Notice of Privacy Practices and to enforce new provisions for Protected Health Information (PHI) of our members. In case of amending this Notice, a copy of the amended document will be published on our website www.firstmedicalpr.com. You may request an updated copy of the Notice at any time.

Effective date of this Notification: September 23, 2013
Revised: April 24, 2020



Telephones

Corporate Compliance
787-625-2051

Fraud Alert Line
1-866-933-9336

First Medical Health Plan, Inc.

PO Box 191580
San Juan, PR 00919-1580

Websites

www.firstmedicalpr.com
www.firstmedicalvital.com

