

Notification of Privacy Practices

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

First Medical Health Plan, Inc. (First Medical), in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR Part 164 Section 164.520, the Puerto Rico Health Insurance Code, and other applicable privacy laws, is committed to maintaining privacy, confidentiality, and security of your Protected Health Information (PHI). It is our obligation and responsibility to provide you with this Notification of our legal duties with respect to your information, how First Medical may use and disclose your Protected Health Information (PHI) and to notify you in the event of an unauthorized disclosure of your health information.

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

You have the following rights related to your Protected Health Information (PHI):

Request a Copy of Your Medical Records. You have the right to be shown or given a copy of your medical records, claims and other medical information we have about you. We will provide you with a copy or a report of your medical records and claims generally within 30 days of your request. We may charge a reasonable cost-related fee.

Request Amendment. You have the right to request that First Medical amend your Protected Health Information, if you believe it is incorrect or incomplete, by completing the Protected Health Information Amendment Request Form, available for that purpose at our Service Offices or on our web page. We may deny your request, but we will give you a written reason within 60 days.

Request Confidential Communications. You have the right to receive your Health Information by reasonable alternative means or at an alternative location. For example, you may request that we communicate with you only at your work or family member's address. You may request confidential communications by filling out the Confidential Communications Request Form available at our Service Offices or in our web page.

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 Regulations. First Medical is not required to agree to the restrictions you request if it affects your medical care.

Request a Report of Disclosures. You have the right to request a report of the times we have shared your health information for six years prior to the date of your request, who we shared it with, and

why. We will include all the disclosures except for those about treatment, payment and health care operations. We will provide you with a free report for a period of one year; additional reports may be charged for. You may request the Disclosure Statement by filling out the form available for that purpose at our Service Offices or on our web page.

Request a Copy. You have the right to request a paper copy of this Notification at any time, even if you have agreed to receive the Notification electronically. We will provide you with a paper copy promptly. You may request a paper copy from the Service Office nearest you, or by e-mailing cumplimiento@firstmedicalpr.com.

Designation of Authorized Representative. You have the right to choose an Authorized Representative to receive your Protected Health Information (PHI) to act on your behalf just by completing the form available for this purpose at our Service Offices and on our website. Even if you designate an Authorized Representative, the HIPAA Privacy Rule permits us to choose not to treat the person as your Authorized Representative if, in our professional judgment, we conclude that: (1) you have been subjected to domestic violence, abuse or neglect by that person, or may be subjected to domestic violence, abuse or neglect by that person; (2) treating that person as your Authorized Representative could endanger you; or (3) if we determine, in the exercise of our professional judgment, that it is not in your best interest that we treat that person as your Authorized Representative.

Indicate your decisions about what we share for certain health information. In these cases, you have the right to ask us to:

- Share information with your family, close friends, or others involved in the payment of your care;
- Share psychotherapy notes;
- Share information in a disaster relief situation;

Revoking an Authorization. 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 effective for future uses and disclosures and will not affect uses and disclosures permitted by your authorization while it was in effect. Unless you provide us with a new written authorization following a revocation, we may not use or disclose your Protected Health Information for any reason other than those described in this Notification.

File a Complaint. You have the right to file a complaint if you believe we have violated your rights by contacting First Medical through:

Attention: Chief Compliance and Privacy Officer

Phone: 787-474-3999 extension 2108 Fax: 787-300-3913

Email: cumplimiento@firstmedicalpr.com

Address: PO Box 19580 San Juan, PR 00919-1580

You can file a complaint with the Department of Health and Human Services Office for Civil Rights by sending a letter to: Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, D.C. 20201, or visiting <https://www.hhs.gov/civil->

[rights/filing-a-complaint/index.html](https://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/factsheets/Spanish.html)
www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/factsheets/Spanish.html or calling 1-800-368-1019, requesting interpretation service. The last two alternatives are available in Spanish.

We will not retaliate against you for filing a complaint or grievance.

How First Medical May 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 operations. For example: to help you manage the medical treatment you receive, payment of claims for your medical services, quality assessments to improve our services, medical reviews, legal services, audits and fraud and abuse detection, and health plan administration, among others.

First Medical may 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 U.S. Department of Health and Human Services (DHHS);
- To our business associates (persons 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, upon written agreement that they will appropriately safeguard such information.

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

- For research studies that meet all requirements of the Privacy Act;
- To avert a serious and imminent threat to health or safety;
- To respond to a request from a state or federal agency and to comply with the law;
- For Public Health and Safety activities, such as reporting disease statistics and vital information, among others;
- For judicial and administrative proceedings, such as responses to a court order or administrative order;
- To report to an authorized government official in cases of child or adult abuse, neglect, or domestic violence situations;
- To share medical information with a forensic investigation officer, medical examiner or funeral director when an individual dies;
- To share your health information with organ procurement organizations;
- For workers' compensation claims, law enforcement, health oversight agencies and government functions such as presidential protective services, national security and military services;
- To contact you, to tell you about changes or new benefits in your coverage, provide meeting or appointment reminders or information about health-related services.

When May First Medical Not Use or Disclose Your Protected Health Information?

Except in the scenarios previously described in this Notification of Privacy Practices, 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 HIPAA Privacy Rule permits us to opt out of treating the person as your authorized representative if, in our professional judgment, we conclude that: (I) you have been or may be subjected to domestic violence, abuse or neglect by that person; (II) treating that person as your authorized representative could endanger 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 Regulations:

- a) For sharing psychotherapy notes, which are notes documented by a Mental Health Professional documenting or analyzing conversations conducted in group or individual therapy sessions;
- b) For Marketing activities, which involve communication about a product or service, and which stimulate the recipient of the communication to purchase or use that product or service;
- c) For the Sale of Health Information, which involves the disclosure of Protected Health Information by a covered entity or business associate in exchange for direct or indirect financial compensation. We will not use or share your information other than as described here.

Changes to this Notification and Distribution. First Medical reserves the right to amend this Notification of Privacy Practices and to make new provisions effective for our members' Protected Health Information (PHI). If we amend this Notification, a copy of the amended Notification will be posted on our websites at www.firstmedicalpr.com and www.firstmedicalvital.com. You may request an updated copy of the Notification at any time, and a copy will be sent by mail or e-mail according to your preference.

The original effective date of this Notification was September 23, 2013. This Notification was last revised on April 23, 2025.