

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND 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 of 1996 (HIPAA), 45 CFR Part 164 Section 164.520, the Puerto Rico Health Insurance Code, and other applicable confidentiality laws, is committed to maintaining the privacy, confidentiality, and security of your Protected Health Information (PHI, for its acronym in English). It is our obligation to provide you with this Notice of our legal responsibilities 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); including your demographic information (such as address and zip code), obtained through an application or other document to obtain a service. Information that is created or received by a health care provider, health plan, health bill processing intermediaries, or business associates that relates to: (1) your past, present, or future physical or mental health or condition; (2) the provision of health care services; or (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 have a copy of your medical history, claims, and other medical information we have about you shown to you by completing the Utilization of Services Report and Medical History Request Form. We will provide you with a copy or report of your medical history and claims, usually within 30 business days of your request. We may charge a reasonable fee for subsequent copies.

Request Amendment. You have the right to request that First Medical amend your 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 website. We may deny your request, but we will give you a written reason within 30 business days.

Request Confidential Communications. You have the right to receive your Health Information through reasonable alternative means or at an alternate location. For example, you may request that we contact you only at your work address or a family member's address. You may request confidential communication by filling out the Confidential Communication Request Form. Your request will be answered within 30 working days.

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 by completing the Request for Restriction of Use and/or Disclosure of Protected Health Information Form. First Medical is not required to agree to any restrictions you request if it affects your health care. Your request will be answered within 30 working days.

Request an Accounting of Disclosures. You have the right to request an accounting of the times we have shared your health information during the six years prior to the date of your request, with whom we shared, and why. We will include all disclosures, except those about treatment, payment, and health care operations. We will provide you with a free report for a period of one year; you may charge for additional reports. You may request the Disclosure Report by completing the Disclosure Request Form. Your request will be answered within 30 working days.

Request a Copy. You have the right to request a paper copy of this Notice at any time, even if you agreed to receive the Notice electronically. We will provide you with a copy of the paper immediately. You can request it at the nearest Service Office or via email at cumplimiento@firstmedicalpr.com.

Designate an Authorized Representative. You have the right to choose an Authorized Representative to receive your Protected Health Information (PHI) and act on your behalf by completing the HIPAA Authorized Representative Designation Form. Your request will be answered within 30 working days.

Even if you designate an Authorized Representative, the HIPAA Privacy Rule allows us to choose not to treat the individual as your Authorized Representative if, in our professional judgment, we conclude that (1) you have been or may be subjected to domestic violence, abuse, or neglect by that person; (2) treating such person as an Authorized Representative could put you in danger; or (3) we determine, in the exercise of our professional judgment, that it is not in your best interest for us to treat that person as your Authorized Representative.

Tell you your choice about what we share for certain health information.

In these cases, you have the right as an option to ask us to:

- We share information with your family, close friends, or others involved in paying for your care.
- Let's share information about the disaster relief situation.

Revoke an Authorization. You have the right to revoke an authorization to use and disclose your Protected Health Information in writing at any time by completing the Request to Revoke Use and/or Disclosure of Protected Health Information Form. Your request will be answered within 30 working days. The revocation will be in effect for future uses and disclosures and will not affect the uses and disclosures permitted by your authorization while the revocation was in effect. Unless you give us a new written authorization after you make a revocation, we may not use or disclose your Protected Health Information for any reason other than as described in this Notice.

You have all these Forms available at our Service Offices or on our website and you send them completed via email to the following address: cumplimiento@firstmedicalpr.com.

File a Grievance. You have the right to file a complaint if you believe we have violated your rights. To do so, you can complete the HIPAA Complaint Form and contact First Medical via:

Attention: Chief Compliance and Privacy Officer
Phone: 787-474-3999, extension 2108. Fax: 787-300-3913
Email: cumplimiento@firstmedicalpr.com
Address: PO Box 191580, San Juan, PR 00919-1580

You can file a complaint with the U.S. 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, by calling 1-800-368-1019, or by visiting www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/factsheets_spanish.html, the latter two available in Spanish.

We will not retaliate against you for filing a complaint or grievance. The resolution of this will be communicated in the next 30 working days, after the complaint is filed or before, if the situation presented warrants it.

How May 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, 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 detection of fraud and abuse, and administration of the health plan, among others.

First Medical May Use and Disclose Your Protected Health Information to Provide Information:

- To you, the person you designate ("appointee") or the person who has the legal right to act on your behalf (your personal representative);
- The Secretary of the U.S. Department of Health and Human Services (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 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 the 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 comply with the law;
- For Public Health and Safety activities; such as reports of 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 abuse or neglect of minors or adults or situations of domestic violence;
- To share medical information with a coroner or funeral director when an individual dies;
- To share your health information with organ procurement organizations;

- For workers' compensation claims, comply with law enforcement or law enforcement, with health oversight agencies, and government functions such as presidential protective services, homeland security, and military services;
- To contact you, to tell you about changes or new benefits to your coverage, to provide you with 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 Notice of Privacy Practices, First Medical must obtain your written consent (an "authorization") to use or disclose your Protected Health Information. You will be asked to complete the Authorization Form for Release of Your Protected Health Information.

The following Uses and Disclosures require your authorization in accordance with Section 164.508(a)(2) – (a)(4) of the Privacy Rule:

- a) 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.
- b) For marketing activities, which involve communication about a product or service and which encourage the recipient of the communication to acquire 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.
- d) For information related to your reproductive health care for Health Oversight Activities, Judicial and Administrative Proceedings, Law Enforcement Purposes, and for use by coroners and medical examiners.
- e) For your substance abuse and mental health records, such as progress notes and records, diagnostic and treatment information, and/or test results and lab reports.

We will not use or share your information in any manner other than as described herein.

Changes to this Notice and Distribution. First Medical reserves the right to amend this Notice of Privacy Practices and put in effect new provisions for our members' Protected Health Information (PHI). If this notice is amended, a copy of the amended document will be posted on our websites, www.firstmedicalpr.com, www.firstmedicalvital.com. You may request an updated copy of the Notice at any time, and a copy will be mailed or emailed to you at your preference.

The original effective date of this notice was September 23, 2013. This notice was last revised on February 3, 2026.