



## NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION AND HOW YOU CAN GET ACCESS TO IT. CHECK IT CAREFULLY.**

Manatí Medical Center  
Departamento de Administración de Información de Salud  
Oficial de Privacidad HIPAA  
PO Box 1142, Manatí, PR 00674  
Phone: (787) 621-3700, x-1309  
Effective Date: 23 de Marzo de 2026

### YOUR RIGHTS

**You have the following rights:**

- Get a copy of your medical record.
- Correct your medical record.
- Request confidential communications.
- Ask us to limit the information we share.
- Receive a list of those with whom we have shared your information.
- Get a copy of this privacy notice.
- Choose someone to act on your behalf.
- File a complaint if you believe your privacy rights have been violated.

### YOUR CHOICES

**You have a few choices regarding how we use and share your information when:**

- We tell your family and friends about your health condition.
- We provide relief in the event of a disaster.
- We include it in our hospital directory.
- We provide mental health care.
- We market our services and sell your information.
- We raise funds.

### HOW WE MAY USE YOUR INFORMATION

**We may use and share your information when:**

- We provide you services.
- We run our organization.
- We bill for your services.
- We help with public health and safety matters.
- We conduct clinical research.
- We comply with the law.
- We respond to requests for organ and tissue donation.
- We work with a coroner or funeral director.
- We deal with workers' compensation, law enforcement, and other government requests.
- We respond to lawsuits and legal actions.
- To prevent or mitigate a serious and imminent threat to the health or safety of a person or the public; and is for one or more persons reasonably capable of preventing or mitigating the threat, including the target of the threat.
- To the extent we have your record as a patient with substance use disorder, who are subject to Part 2 of Title 42 CFR of the Act, we will not share that information for investigations or legal proceedings against you without (1) your written consent or (2) a court order and subpoena.

**Uses and Disclosures Requiring Attestation:**

- In order to use or disclose potentially reproductive health-related information, we must obtain attestation.

**OTHER RIGHTS**

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

**The right to obtain a copy of your medical record in electronic or paper format.**

- You may ask to be shown or given an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do it.
- We will give you a copy or summary of your health information, usually within 30 days of your request. We may charge a reasonable cost based fee.

**The right to ask us to correct your medical record.**

- You can ask us to correct health information about you that you believe is incorrect or incomplete. Ask us how to do it.
- We may say "no" to your request, but we will tell you why in writing, usually within 30 days of your request.

**Right to Request Confidential Communications.**

- You may ask us to contact you in a specific way (e.g., by telephone to your home, office, or cell phone) or to send correspondence to a different address.
- We will say "yes" to all reasonable requests.

**The right to ask us to limit what we use or share.**

- You can ask us not to use or share certain health information for treatment, payment, or for our operations. We are not required to agree to your request and may say "no" if it could affect your health care. If we accept your request, we may still share this information in case you need emergency treatment.
- If you pay for any health care services or items out-of-pocket in full, you may ask us not to share that information for the purpose of payment or our operations with your health insurer. We will honor your request unless we are required by law to share such information.

**Right to receive a list of those with whom we have shared information.**

- You can ask for a list (report) of the times we have shared your health information during the six years prior to the date of your request, with whom we shared it, and why.
- We will include all disclosures except those related to treatment, payment, and health care operations, and certain other disclosures (such as any you have asked us to make). We will provide you with one free report per year but will charge a reasonable fee based on cost if you request another list within 12 months of another request.

**Right to Obtain a Copy of This Privacy Notice.**

- You can ask for a paper copy of this notice at any time, even if you agreed to receive the notice electronically. We will provide you with a paper copy immediately.

**The right to choose someone to act on your behalf.**

- If you have given someone authority to act as your personal representative, such as if someone has your medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make decisions about your health information.
- We will ensure that such person has the authority to act on your behalf before making any determination.

**The right to file a complaint if you believe your rights have been violated.**

- If you believe that we have violated your rights, you can file a complaint with us using the address provided on the first page.
- You may file a complaint with the Department of Health and Human Services Office of Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, DC 20201, by calling (877) 696-6775, or by visiting <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>.
- We will not retaliate against you for filing a complaint.

## YOUR CHOICES

**For certain health information, you can tell us what information we may share.** If you have a clear preference for how you prefer us to share your information in the situations described below, please contact us. Tell us what you want us to do, and we will follow your instructions.

**In the following cases, you have both the right and the option to ask us to:**

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.
- Include your information in our hospital directory.

If you are unable to tell us your preference, for example, if you are unconscious, we may go ahead and share your information if we believe it is for your own benefit. We may also share your information when necessary to reduce a serious and imminent threat to health or safety.

**In the following cases, we will never share your information unless you give us written permission:**

- Marketing purposes.
- Sale of your Information.
- Most cases where psychotherapy notes are shared.
- We never trade or sell personal information.
- We will not share your mental health treatment record without your written consent unless it is for treatment or if we are required by law to share the information.

**In the case of fundraising:**

- We may contact you about fundraising issues, but you can ask us not to contact you again.
- To the extent we have your record as a patient with substance use disorder, who are subject to Part 2 of Title 42 CFR of the Act, we will not share that information for investigations or legal proceedings against you without (1) your written consent or (2) a court order and subpoena.

## OUR USES AND DISCLOSURES

We generally use or share your health information in the following ways.

### Treatment

- We may use your health information and share it with other professionals who are treating you.  
**Example:** A doctor who is treating you for an injury asks another doctor about your general health.

### Payment

- We may use and share your information to bill and obtain payment from health plans and other entities.  
**Example:** We provide information about you to your health insurance plan so that it pays for your services.

### Operations

- We may use and disclose your information to conduct our practice, improve your care, and communicate with you when necessary.  
**Example:** We use medical information about you to manage your treatment and services.

### How else may we use or share your health information?

- We are permitted or required to share your information in other ways (usually in ways that contribute to the public benefit, such as public health and clinical research). We have to meet many legal conditions before we can share your information for such purposes.
- In all cases, including those listed below, if we have substance use disorder patient records about you, subject to 42 CFR Part 2, we may not use or share the information in those records for civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your consent or (2) a court order and subpoena.

### To give you access to your Health Information Portal.

- We may share your information with third parties so that you can access your information online through the patient portal. This access is required by law and allows you to use your information securely and privately. It also allows you to share your health information with your caregivers, family members, and health care providers that you choose to share.

**For the exchange of health information.**

- We may share your information to exchange with other health care providers who work with us to provide health care services to you. This sharing is required by law and makes it easier to coordinate your services, reduce duplication of treatments, avoid costly mistakes, and allow you to participate and be better informed about your health care.

**Assist with public health and safety issues.**

- We may share your health information in certain situations, such as:
  - Disease prevention.
  - Help with product recalls.
  - Report of adverse drug reactions.
  - Report suspected abuse, neglect, or domestic violence.
  - Prevention or reduction of serious threat to someone's health or safety.

**Conduct health research.**

- We may use or share your information for health research, but we must first obtain your written consent.

**Comply with the law.**

- We may share your information if required by federal or state agencies, including sharing the information with the U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES if they want to verify that we are HIPAA compliant.

**Respond to requests for organ and tissue donation.**

- We may share your health information with organ procurement organizations.

**Work with a coroner or funeral director.**

- We may share medical information with a coroner, coroner, or funeral director when an individual dies.

**For workers' compensation, law enforcement, and other government requests.**

- We may use or share your health information:
  - In workers' compensation claims.
  - For the purpose of complying with the law or law enforcement officials.
  - With oversight agencies of health institutions for activities authorized by law.
  - With special government agencies, such as the presidential protective services, national security, and military services.

**Uses and Disclosures Requiring *Attestation*.**

In the following cases, we may not use or disclose potentially reproductive health care-related information without first obtaining an *Attestation* that meets the requirements of §164.508(b)(5) of the law.

- Health Oversight Activities.*
- Judicial and administrative proceedings of a court.
- For law enforcement purposes.

**Respond to lawsuits and legal actions.**

- We may share your health information in response to an administrative or court order or in response to a court subpoena.

**OUR RESPONSIBILITIES**

- We are required by law to maintain the privacy and security of your protected health information.
- We will notify you if any breach occurs that may have compromised the privacy or security of your information.
- We must abide by and obey everything described in this notice and give you a copy of it.
- We will not use or share your information in any manner other than as described herein unless you tell us in writing that we may do so. If you tell us that we can, you can change your mind at any time, but you must do so in writing.
- For more information in Spanish, visit:  
[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/factsheets\\_spanish.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/factsheets_spanish.html)

**Changes to the Terms of this Notice.**

- We may modify the terms of this notice, and the changes will apply to all information we have about you. The new notification will be available as requested at our institution and on our website.

**Disclosures that are not protected.**

- The information that is disclosed may be shared by the recipient and, in that case, may no longer be protected by the confidentiality provisions of HIPAA.