

## NOTIFICATION OF OUR PRIVACY PRACTICES PREMIER MEDICAL ACCESS, LLC (“PMA”)

As required by a federal law called HIPAA: "Health Insurance Portability and Accountability Act of 1996"  
Effective Date: April 14, 2003

THIS NOTIFICATION DESCRIBES HOW YOUR HEALTH INFORMATION CAN BE MANAGED OR DISCLOSED BY THIS OFFICE. YOU MAY HAVE ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTIFICATION CAREFULLY. Collectively references to “us,” “our”, “our office,” “we” includes all the doctors who belong to the PMA network of doctors, including their nurses and office staff.

### OUR COMMITMENT TO PROTECT THE PRIVACY OF YOUR HEALTH INFORMATION

Our office is committed to maintain the privacy of all health information that identifies you. As part of our work, we create records with all information related to treatment and services provided to you. The HIPAA Privacy Rule requires us to maintain the confidentiality of any health information that identifies you. In addition, we are required to provide this Notice of our privacy practices relating to your health information. It is our duty to follow the terms of the practice according to the Notification we have in effect at the time.

This Notice provides information as follows:

- How we may use / disclose your health information
- Your rights to privacy of your health information
- Our obligation regarding use and disclosure of health information

The terms of our Notice of Privacy Practice apply to any records that contain health information that identifies you, and are created or maintained in this office. We reserve the right to review or amend this information. Any revision or amendment is effective for all health information records created in the past, and for any new records that could be created in the future. We always keep a copy of the most recent Notice in a place accessible to all our customers. You may request an updated Notice at any time or visit our website at [www.premiermedicalaccess.com](http://www.premiermedicalaccess.com) to read the Notice at any time.

IF YOU HAVE ANY QUESTIONS CONCERNING THIS NOTIFICATION, PLEASE CONTACT:  
Dr. Yadiel Alameda, Privacy Officer  
Phone: 787.854.1686 Fax: 787.854.1981

PMA, LLC  
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425 CARR 693 STE 1  
DORADO, PUERTO RICO 00646

## HOW WE CAN USE OR DISCLOSE YOUR HEALTH INFORMATION IN OUR OFFICE

The following categories describe how we may use and/or disclose health information that identifies you for treatment, payment or operations by this office.

**Treatment:** Our office may use or disclose health information that identifies you for treatment by our network of doctors. In addition, our office staff or network of doctors may use or disclose this information to coordinate or manage services, or assist others in your treatment, as your doctor or Nurse, etc. Your PMA doctor will keep a record of your medical visits and treatment and will send a copy of these records to PMA. For example, we may ask you to perform X-rays, lab tests or analysis, such as blood or urine tests, and may use the results to help identify a diagnosis. In addition, we may disclose your health information to others who may assist in your care as would a husband/spouse or relatives.

**Payment:** Our office may use or disclose health information that identifies you for the purpose of billing and to recover payment for services provided to you. For example, we may contact your health plan to certify that you are eligible for benefits; and we may provide your insurer with details regarding your treatment to determine if they will cover or will pay for the services to be rendered. For example, the use of an ambulance or other transport coordinated by our office.

**Operations.** Our office may use or disclose health information that identifies you for operations within our practice. Examples include: improved quality of services, skills assessment, management costs for services and training programs, among others.

### Other uses and disclosures

- **Appointment Reminders:** Our office may contact you to send you reminders of upcoming visits.
- **Benefits or other services related to your health:** Our office may contact you to inform you about other services or health-related benefits that could be of interest to improve your health.
- **Disclosure to family and/or friends** Our office may disclose your health information to a family member or friend who is helping you with the payments for health services or who is helping to provide such care.
- **Disclosures required by law.**

## OTHER USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

The following categories describe some scenarios in which we may use or disclose health information that identifies you.

1. **Risk to public health:** This office may disclose your health information to public health authorities which are authorized by law to collect information for the purpose of:
  - Keeping vital statistics such as births and deaths
  - Reporting abuse or carelessness or negligence of children
  - Preventing or controlling disease, injury or disability
  - Notifying individuals of the potential risk of spreading or contracting diseases or conditions
  - Notifying individuals about the potential exposure of contagious diseases
  - Reporting reactions to medications or problems with products or medical devices
  - Notifying individuals if the product or device there are using had any revocation
  - Notifying the appropriate government agencies or authorities regarding potential abuse or neglect in adult patients, including domestic violence; however, information will be disclosed only if the patient agrees or we are required or authorized by law to disclose this information
  - Notifying the employer of circumstances related to an injury or disease contracted at work or under medical surveillance
2. **Health oversight activities:** Our office may disclose your health information to agencies responsible for health surveillance activities authorized by law. These activities may include, for example, investigations, inspections, auditory, surveys, disciplinary actions related to licensing procedures, civil, administrative or criminal actions, or other activities necessary for the government to conduct such surveillance activities.
3. **Lawsuits and similar procedures.** Our office may use and disclose your health information in response to a court order or administrative order, if you were involved in a lawsuit or similar proceeding. We may disclose your health information for processes such as, discovery of evidence, subpoena or other lawful process by a third person in the dispute, but only if we made a reasonable effort to inform you about the request or to obtain an order protecting the information the party has requested.

4. **Strengthen compliance with laws:** Our office may disclose your health information if required by an officer in charge of law enforcement:

- Regarding a crime victim in certain situations, in case of failure to obtain the permission of the person.
  - Concerning a death that we might believe was the result of criminal conduct.
  - Regarding criminal conduct, at our office, in response to subpoena, court order or similar legal process.
  - To identify or locate a suspect, a fugitive or missing person.
  - In an emergency, to report a crime, including the location or victim of a crime; the description, identity or location of one who committed the crime.
5. **Serious threats to the health or safety:** Our office may use or disclose your health information as necessary to reduce or prevent a threat to your health and safety or the health and safety of another individual. In these circumstances, we will disclose the information to the person or organization able to help prevent the threat.
6. **Military Service:** Our office may disclose your health information if you are a member of the armed forces of the United States or another country as required by the appropriate military authorities.
7. **National Security:** Our office may disclose your health information to federal officials for intelligence and national security activities authorized by law. We may also disclose your information to federal officials to protect the President, other officials or foreign heads of state, or conduct an investigation.
8. **Refugees or prisoners:** Our office may disclose your health information to correctional institutions or other law enforcement officials if you are a refugee, inmate or under the custody of any of these. Disclosure for these purposes is necessary to: a) providing health care in the institution, b) security of the institution and / or c) protect their health, safety and the health and safety of others.
9. **Labor compensation:** Our office may disclose your health information for labor compensation and similar programs.

## RIGHTS ON YOUR HEALTH INFORMATION

You have the following rights regarding health information that identifies you that is maintained by our office:

1. **Confidential Communications:** You have the right to request that our office communicates with you about your health and other related matters, in a particular way or at a certain location. For example, you may request that our office communicate to your house, rather than your work place. To request confidential communications, you must do so in writing, specifying contact method or location where you want to be contacted. Our office will accommodate to make the more reasonable way possible. You do not have to provide reasons for their request.
2. **Request Restrictions:** You have the right to request our office to restrict the use or disclosure of health information that identifies you regarding treatment, payment or operations. Also you have the right to request that disclosure of this information be limited to only individuals involved in your care or with payment for your care such as your family or friends. We are not required to agree with your request; however, if we agree, we will abide by our agreement, except in cases required by law, like in emergencies or when the information is necessary for treatment. To request a restriction on the use or disclosure of your health information, you must do so in writing. Your request must describe in a clear and concise manner the following:
  - a) the information you want restricted,
  - b) if the request is to limit our office use or disclosure of your information, or both
  - c) to whom you want to limit the information.
3. **Inspect and Copy:** You have the right to inspect and obtain a copy of the health information that identifies you, including your medical record and billing record, but excluding psychotherapy notes, in cases where applicable. You must submit a written request to inspect or request a copy of your health information. Our office may request a fee for the costs of copying, sending these records and other expenses associated with this application. Our office can deny your request to inspect and/or copy your health information in certain limited circumstances; however, you can request a review of the denial. This review will be performed by another health professional selected by this office.

4. **Amendments:** While your information is maintained in our office, you may request amendments to your health information, if you think it is incorrect or incomplete. Your request of the amendment should be in writing. You must provide a reason that supports your request. If not, our office will reject the amendment. In addition, our office will deny amendments in the following cases: a) when the information is accurate and complete, b) is not part of your health information maintained by this office, c) is not part of the health information you can inspect or copy, or d) the information was not created by our office, unless the person or entity that created the information is not available.

5. **Accounting of Disclosures:** All of our patients have the right to request an accounting of disclosures. An accounting of disclosures is a list of certain disclosures that this office has made regarding your health information. For this list, you must submit a written request. All requests should have an established range of time that shall not exceed six years, and will not include dates before April 14, 2003. The first list that you request in a period of 12 months will be free of charge; however, we will charge for any other request of a list of disclosures made during the same period 12 months. This office will notify you the costs involved in additional requests, and you are entitled to cancel your request before incurring in any costs.

6. **Right to obtain a paper copy of this notice:** You have the right to receive a copy of the Notice of Privacy Practice at this office. You have the right to request a copy at any time you desire. You may review this Notice at any time on our website: [www.premiermedicalaccess.com](http://www.premiermedicalaccess.com).

7. **Right to file a complaint.** If you believe your privacy rights have been violated, you may file a complaint with this office or the Secretary of Department of Health in the United States. For complaints to this office, contact Dr. Yadiel Alameda, Privacy Officer. All complaints must be submitted in writing. You will not be penalized for reporting the complaint.

8. **Right to provide an authorization for other uses and disclosures:** Our office must obtain written authorization for any use or disclosure of your health information other than for treatment, payment, office operations and for any other such matters not contained in the Notification or by any other applicable law. This authorization must be in writing and can be revoked at any time. After the authorization has being revoked, this office will not use or disclose your health information. You may not make any claim for disclosures made before the revocation. Please, be aware that we are required to retain records of the care and services provided.

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