



## NOTICE OF PRIVACY PRACTICES

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**Este aviso describe cómo la información médica sobre usted puede ser utilizada y revelada y como se puede obtener acceso a esta información. Por favor, revise cuidadosamente. La privacidad de tu información de salud es importante para nosotros.**

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### **NUESTRO DEBER LEGAL**

Estamos obligados por aplicables leyes federales y estatales a mantener la privacidad de su información de salud. Estamos también obligados a dar este Aviso sobre nuestras prácticas de privacidad, nuestros deberes legales, y sus derechos sobre su información de salud. Tenemos que seguir las prácticas de privacidad que son descritas en este Aviso mientras que esten en efecto. Este anuncio esta en efecto 08/27/2010, y permanecerá en efecto hasta que la sustituyamos.

Nos reservamos el derecho a cambiar nuestras prácticas de privacidad y los términos de este Aviso en cualquier momento, proveido que esos cambios son permitidos por la ley aplicable. Nos reservamos el derecho a efectuar los cambios en nuestras prácticas para toda información de salud que mantenemos, incluyendo información de salud hemos creado o recibido antes de que los cambios. Antes de que podamos hacer un cambio significativo en nuestras prácticas de privacidad, vamos a cambiar este Aviso y hacer el nuevo Aviso disponible por quien lo pida.

Usted puede solicitar una copia de nuestro Aviso en cualquier momento. Para más información sobre nuestras prácticas de privacidad, o de ejemplares adicionales de este anuncio, por favor contáctenos utilizando la información que se encuentra al final de este Aviso.

### **LOS USOS Y COMUNICACIONES DE INFORMACIÓN DE SALUD.**

Utilizamos y divulgamos información sobre su salud de tratamiento, pago y operaciones de atención médica. Por ejemplo:

**Tratamiento:** Podemos utilizar o revelar su información de salud a un médico o otro tipo de médico que proporcione tratamiento a usted.

**Pago:** Podemos usar o revelar su información de salud para obtener pago para servicios que proveemos.

**Operaciones de Salud Medica:** Podemos utilizar o revelar su información de salud en relación con nuestras operaciones de atención médica. Operaciones de salud medica incluyen evaluación de la calidad y la mejoría de actividades, revisión de la competencia o calificaciones de profesionales de la salud, la evaluación del practicante y desempeño del proveedor, programas de formación, acreditación, certificación, licencias o acreditación actividades.

**Su permiso:** Además de nuestro uso de su información de salud para su tratamiento, pago o operaciones de salud, usted puede darnos autorización escrita para utilizar su información de salud o revelarla a alguien para cualquier propósito. Si nos dan una autorización, usted puede revocar por escrito en cualquier momento. Su revocación no afectará cualquier uso o revelaciones permitidos por su autorización mientras estaba en efecto. A menos que nos dan una autorización escrita, no podemos usar o divulgar su información excepto en situaciones que se explican en este Aviso.

**A su familia y amigos:** We must disclose your health information to you, as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

**Persons Involved In Care:** We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

**Marketing Health-Related Services:** We will not use your health information for marketing communications without your written authorization.

**Required by Law:** We may use or disclose your health information when we are required to do so by law.

**Abuse or Neglect:** We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your

health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

**National Security:** We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody of protected health information of inmate or patient under certain circumstances.

**Appointment Reminders:** We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters).

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#### **PATIENT RIGHTS**

**Access:** You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. (You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this Notice. We may charge you a reasonable cost-based fee for expenses such as copies and staff time. You may also request access by sending us a letter to the address at the end of this Notice. If you request an alternative format, we will charge a cost-based fee for providing your health information in that format. If you prefer, we will prepare a summary or an explanation of your health information for a fee. Contact us using the information listed at the end of this Notice for a full explanation of our fee structure.)

**Disclosure Accounting:** You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

**Restriction:** You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

**Alternative Communication:** You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. **{You must make your request in writing.}** Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

**Amendment:** You have the right to request that we amend your health information. (Your request must be in writing, and it must explain why the information should be amended.) We may deny your request under certain circumstances.

**Electronic Notice:** If you receive this Notice on our Web site or by electronic mail (e-mail), you are entitled to receive this Notice in written form.

#### **QUESTIONS AND COMPLAINTS**

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If you want more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Officer: Walter D. Perez, M.D., FAAP

Telephone: 630-757-4010\_Fax: 630-757-4011