

WEB TERMS AND CONDITIONS OF USE POLICIES

Policy Name	Notice of Privacy Practices	Effective Date: October 2026
Policy Number	ADM_APP	Next Review: 2028
Prepared / Reviewed by: PCC-SEAM	HEAM Institutional Approval  Jorge L. Matta Serrano, MHSA Executive Director  Ricardo Hernandez, Director Information and Technology (IT)	*Revision Date: October 2026

Important notice

This Notice describes how the Hospital may use and disclose medical information about you, how you may obtain access to that information, and your rights. Please review it carefully. This website version must correspond exactly with the Notice of Privacy Practices approved by the Hospital. If there is any difference, the current institutional notice will control.

1 Our duties

The Hospital must protect the privacy and security of your protected health information; provide you with a notice concerning its practices and legal duties; notify you following a breach that may compromise your information; and comply with the notice currently in effect.

2 Permitted uses and disclosures

- Treatment, including coordination among participating professionals and entities.
- Payment, billing, claims, coverage determinations, and authorized collection activities.
- Healthcare operations, including quality, safety, auditing, compliance, accreditation, and administration.
- Activities permitted or required by law, including public health, health oversight, judicial proceedings, law enforcement, and prevention of serious threats, subject to applicable limitations.

3 Uses requiring authorization

The Hospital will request written authorization when required by law. You may revoke an authorization in writing, except to the extent action has already been taken in reliance upon it. Specific rules regarding psychotherapy notes, marketing, the sale of information, and records protected by special laws will apply as appropriate.

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4 Your rights

- Request access to or a copy of your medical and billing records.
- Request a correction or amendment.
- Request confidential communications or certain restrictions.
- Receive an accounting of certain disclosures.
- Obtain a paper copy of this Notice.
- Designate a person to exercise rights on your behalf, when authorized.
- File a complaint without fear of retaliation.

5 Information exchange and communications

The Hospital may participate in health information exchanges or use electronic communications in accordance with applicable laws, authorizations, and options. Specific practices, including any right to opt out, must be described according to the system used by the Hospital.

6 Complaints and contact

To exercise rights or file a complaint, contact the Hospital Privacy Officer: U.S Department of Health and Human Services (HHS), 200 Independence Avenue, SW Room 509F, HHH Building, Washington, DC 20201, United States. You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. The Hospital will not retaliate against you for filing a complaint.

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