



**MMM Healthcare, LLC.  
Notice of Privacy Practices**

**This notice will be effective on July 1, 2018**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**MMM Healthcare, LLC. (MMM) is committed to protect the privacy of your medical records and personal health information. MMM is required by law to maintain the privacy of your personal health information and provide you with a notice of our legal duties and privacy practices with respect to your personal health information. In case that a breach of unsecured protected health information occurs, you have the right to be notified. This notice describes how MMM use and disclose your personal health information. It also describes your rights and our legal obligations with respect to your personal health information. MMM follows the duties and privacy practices notified in this notice and will not use or share your personal health information in other way than described in this notice unless it is authorized by you in writing. A copy of this Notice will be posted in our web site at [www.mmm-pr.com](http://www.mmm-pr.com).**

**I. What is “personal health information”?**

- a. It's the data you gave us when you enrolled in MMM as well as your medical records and other medical and health information.
- b. The laws that protect your privacy give you rights related to getting information and controlling how your health information is used. MMM give you a written notice which is known as a Notice of Privacy Practices which contains information about:
  - i. how MMM protect the privacy of your health information
  - ii. how MMM use or disclose your health information
  - iii. how you can see the information in your records

**II. What is the Purpose of Identification and Sharing of Location?**

- a. Some of the Services MMM provides to its beneficiaries deal with location. In order to work, MMM needs to know the beneficiary's location at the time of service. This is a voluntary service and MMM shall have access to this information *only if* the beneficiary agrees to it and *only when* the service is needed or requested.
- b. If the beneficiary enables this function for MMM Apps, MMM shall have access to his/her location in two scenarios:
  - i. *Foreground.* The beneficiary opens the MMM App and clicks on the option to request MMM's service;



- ii. *Background.* The MMM App, registered on the mobile device's operative system, receives a notification of a detected fall/accident to the beneficiary.
- c. In either of these situations, MMM will have access to the beneficiary's location information (i.e., latitude / longitude / address) from the beneficiary's mobile device to tailor the services experience to such current location.
- d. Note that this information shall remain confidential and will NOT be shared with others for purposes that exceed the service to be provided.

### III. How MMM Protect the Privacy of Your Health Information?

- a. Your health information is in a medical record that is the property of MMM.
  - i. MMM make sure that unauthorized people don't see or change your records.
  - ii. MMM has a security protocol in all areas and equipment's where you could find members' health information.
  - iii. Generally speaking, MMM needs from you or your legal representative an authorization in writing before MMM disclose your health information to anyone who is not providing or paying for your healthcare.
  - iv. The law allows certain exceptions that do not require MMM to get your written permission first.
    - o For example, MMM is required to share your health information with government agencies that are monitoring the quality of your care.
- b. MMM uses health information about you for the purpose of providing you treatment, to obtain payment for treatment provided, for administrative purposes, and to evaluate the quality of care that you receive. Your health information is contained in a medical record that is the physical property of MMM.

### IV. How MMM May Use or Disclose Your Health Information?

- a. Your health information can be used or disclosed for one or more of the following purposes **without requiring your authorization:**
- b. **To provide you with medical treatment or other services,** ensuring that all healthcare providers serving your treatment have access to specific and first-hand information that is found in your record, so that your care is properly coordinated.
- c. **To obtain payment** of treatment and services that you have received. For example, a bill may be sent to you or a third-party payer, such as an insurance company or health plan. The information on the bill may contain information that identifies you, your diagnosis, treatment, drugs, among other data.
- d. **For Healthcare Operations:** For example, your health information may be disclosed to members of the medical staff, risk or quality improvement personnel, and others to:
  - i. evaluate the performance of our staff
  - ii. assess the quality of care and outcomes in your case and similar cases
  - iii. learn how to improve our facilities and services
  - iv. determine how to continually improve the quality and effectiveness of the healthcare we provide



- e. **To provide appointment reminders** or information about treatment alternatives or other health-related benefits and services that may be of interest to the individual.
- f. **Required by Law**: MMM may use and disclose information about you as required by law. For example:
  - i. for judicial and administrative proceedings pursuant to legal authority
  - ii. to report information related to victims of abuse, neglect or domestic violence
  - iii. to assist law enforcement officials in their law enforcement duties
- g. **Public Health**: MMM may use or disclose your health information for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury, or disability, or for other health oversight activities.
- h. **Specialized Government Functions** such as protection of public officials or reporting to various branches of the armed services.
- i. **To comply with laws and regulations related to Workers' Compensation.**
- j. **Health and Safety**: to avert a serious threat to the health or safety of you or any other person pursuant to applicable law.
- k. **To Family, Friends or Other Persons Involved in Your Health Care**: MMM may disclose your health information to a family member or a friend, or any other person identified by you that is involved with your care, or who is responsible for the payment of your medical services. Before the disclosure, MMM will provide you with an opportunity to object the disclosure. In case of an emergency, or if you are not able to agree or object, MMM will use its professional judgment to determine whether the disclosure is in your best interest and will disclose only the protected health information that is relevant to the person's involvement of your care or payment of care.
- l. **Decedents**: MMM may use or disclose health information to funeral directors or coroners to enable them to carry out their lawful duties.
- m. **Organ Donation**: MMM may disclose health information for the purpose of organ donation as necessary to carry out the donation.
- n. **Research**: MMM may disclose protected health information for research purposes.
- o. **School Immunization Proof**: MMM may disclose proof of immunization to a school if the school is required by law to have such proof of immunization prior to admission and MMM documents the agreement to the disclosure from you or the parent, guardian or person acting as a custodian of the minor.
- p. **Disclosures to the Secretary of Health and Human Services (HHS)**: MMM is required to disclose your protected health information to the Secretary of the U.S. Health and Human Services Department in order to determine if MMM is in compliance with HIPAA requirements and enforcement purposes.
- q. **Other Uses**



- i. **Psychotherapy Notes:** MMM can only share information regarding psychotherapy notes with your written authorization except if the use is for treatment, payment or healthcare operations purposes; by the originator notes for your treatment; when disclosed as part of a training program in which students, trainees or practitioners learn under supervision to improve their counseling skills and; as part of a defense against a legal action. It can also be disclosed when required by law.
  - ii. **Genetic Information:** MMM cannot use or disclose genetic information for underwriting purposes. However, MMM could use genetic information, for example, to determine medical appropriateness if you seek a benefit under the plan or coverage.
  - iii. **Fundraising:** Only with your permission, MMM may disclose your health information for fundraising activities. You can request us to opt out to receive such notifications.
  - iv. **Marketing:** MMM may contact you without your authorization to 1) give you information about products or services relating to your treatment or our healthcare operations; 2) provide you with nominal gifts; 3) face to face communications; 4) to inform you about government programs that may be of your interest and send you refill reminders or other communications about a drug or biologic that is currently prescribed to you. If MMM receives financial remuneration for doing a marketing communication to you, MMM needs your prior authorization before sending such communication.
  - v. **Sale of Protected Health Information:** MMM cannot sell your protected health information unless MMM receives a written authorization from you. Research purposes are an example of sale of protected health information.
  - vi. **Other uses and disclosures** will be made only with your written authorization and you may revoke the authorization at any time, in writing, except to the extent MMM has taken action in reliance on such uses and disclosures.
- V. You have the right to:**
- a. Inspect your medical records held at the plan.
  - b. Know how MMM have shared your information with others.
  - c. Get a copy of your records, usually within (30) days of your request. MMM is allowed to charge you a fee for making copies.
  - d. Ask MMM to make additions or corrections to your medical records submitting a request to amend your PHI by completing a request form, available at MMM's member services centers. If you ask us to do this, MMM will consider your request and decide whether the changes should be made.
  - e. Know how your health information has been shared with others for any purposes that are not routine. For example, you may ask to whom your protected health information has been shared during a specific period of time. You may request an accounting of disclosure of your health information by completing a request form available at MMM's member services centers.
  - f. Request a restriction of your health information, although MMM is not required to agree to such restriction. If MMM agrees the restriction, it will comply with the same, except, to provide you an emergency treatment when the restricted PHI is needed to provide such treatment. You may request a restriction of your PHI by completing a



request form, available at MMM's member services centers.

- g. Receive confidential communication of protected health information by a specific way or at specific location. For example, you may ask MMM to send information to a particular e-mail account or to your work address. MMM will comply with reasonable request submitted in writing with specifications of how to receive these communications. You may request confidential communications by completing a request form, available at MMM's member services centers.
  - h. Receive a copy in paper, if requested, of the Notice of Privacy Practices, even if you previously agreed to receive it electronically.
- MMM is required to abide by the terms of this notice. If MMM implements a change in a privacy practice described in this notice prior to issuing a revised notice, MMM reserves the right to change the terms of this notice and make the new notice provisions effective for all the protected health information that MMM maintain. MMM will post any changes of the notice on the website of the company and will provide the notice to you or information about the material change and how to obtain the revised notice in the next annual mailing.

## **VI. Complaints**

You have the right to file a complaint with MMM and with the Department of Health and Human Services' Office for Civil Rights if you believe your privacy rights have been violated by calling 1-800-368-1019 (TTY 1-800-537-7697) or your local Office for Civil Rights. MMM will not penalize nor retaliate against you for filing a complaint with us or before the Department of Health and Human Services.

If you believe that your privacy rights have been violated, calling Member Services is the first step. If you do not wish to call (or you called and were not satisfied), you can put your complaint in writing and send it to us at:

**Compliance Department**  
**Privacy Officer**  
**Phone: 787-622-3000**  
PO Box 71114  
San Juan, PR 00936-8014

If you have questions or concerns about the privacy of your protected health information or wish to file a complaint please call us at 787-620-2397 (Metro Area), 1-866-333-5470 (Toll Free), 1-866-333-5469 (TTY), Monday through Sunday, from 8:00 a.m. to 8:00 p.m.

MMM Healthcare, LLC complies with applicable Federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, or sex. MMM does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

## **VII. MMM Healthcare, LLC:**

- a. Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - i. Qualified sign language interpreters





- ii. Written information in other formats (large print, audio, accessible electronic formats),
- b. Provides free language services to people whose primary language is not English, such as:
  - i. Qualified interpreters
  - j. Information written in other languages.

If you need these services, contact the Client Services Unit.

If you believe that MMM Healthcare, LLC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Appeals and Grievances Department. You can file a grievance in person or by mail, fax, or email:

1-866-333-5470 (toll free), 1-866-333-5469 TTY (hearing impaired)

**MMM Healthcare, LLC**

Appeals and Grievances

PO BOX 71114 San Juan, PR 00936-8014

**Fax:** 787-622-0485

mmm@mmmhc.com

If you need help filing a grievance, the Client Services Unit is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue SW.

Room 509F, HHH Building

Washington, DC 20201

1-800-868-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>