Aviso de Prácticas de Privacidad de Sana Mujer PLLC Versión en Español – Vigente desde: 10 de agosto de 2025

ESTE AVISO DESCRIBE CÓMO SU INFORMACIÓN MÉDICA PUEDE SER UTILIZADA Y DIVULGADA Y CÓMO PUEDE USTED ACCEDER A DICHA INFORMACIÓN. POR FAVOR, LÉALO DETENIDAMENTE.

Este documento contiene información importante sobre la ley federal denominada *Health Insurance Portability and Accountability Act* (HIPAA), que ofrece protecciones de privacidad y otorga derechos al paciente respecto al uso y la divulgación de su Información de Salud Protegida (*Protected Health Information*, PHI) utilizada con fines de tratamiento, pago y operaciones de atención médica.

HIPAA exige que Sana Mujer PLLC le proporcione un Aviso de Prácticas de Privacidad (el "Aviso") para el uso y la divulgación de PHI con fines de tratamiento, pago y operaciones de atención médica. El Aviso explica HIPAA y su aplicación a su PHI con mayor detalle.

Sana Mujer PLLC está obligada por ley a mantener la privacidad de su PHI, proporcionarle este Aviso y cumplir los términos del Aviso actualmente vigentes. Nos reservamos el derecho de modificar este Aviso; cualquier cambio aplicará a toda la PHI que mantengamos, incluso la creada antes de la modificación.

La ley exige que le ofrezcamos este aviso y documentemos su recepción. No está obligado(a) a firmar. Si tiene preguntas, consúltenos antes de continuar. Puede solicitar una copia actualizada cuando lo desee.

LÍMITES A LA CONFIDENCIALIDAD

La ley protege la privacidad de toda comunicación entre un paciente y un profesional clínico (por ejemplo, NP, PA, MD o DO). En la mayoría de las situaciones, el/la sanitario/a tratante sólo puede divulgar información sobre su tratamiento a terceros si usted firma un formulario de autorización escrito que cumpla los requisitos legales impuestos por HIPAA. Existen situaciones en las que se le permite o exige divulgar información sin su consentimiento o autorización. Si surge tal situación, el/la sanitario/a limitará su divulgación a lo necesario. Motivos por los que podría divulgar su información sin autorización:

- Procedimientos judiciales: Si está involucrado en un proceso judicial y se solicita información sobre su diagnóstico y tratamiento, dicha información está protegida por la ley de privilegio profesional sanitario-paciente. El/La sanitario/a no puede proporcionar ninguna información sin su autorización escrita (o la de su representante legal), una orden judicial o si el/la sanitario/a recibe una citación que se le haya notificado debidamente y usted no le ha informado que se opone a la citación.

- Supervisión sanitaria gubernamental: Si una agencia gubernamental, dentro de su autoridad legal, solicita información para actividades de supervisión de salud, podría estar obligada a facilitarla.

- Queja o demanda: Si un paciente presenta una queja o demanda contra Sana Mujer PLLC, se puede divulgar información relevante sobre ese paciente para defenderse.

- Compensación laboral: Si un paciente presenta una reclamación de compensación laboral y el/la sanitario/a está proporcionando el tratamiento necesario, debería, previa solicitud apropiada, enviar informes de tratamiento a las partes correspondientes (empleador, aseguradora o proveedor de rehabilitación autorizado).

Divulgación a asociados comerciales

El/la sanitario/a divulgará la mínima información necesaria a sus "asociados comerciales" que realizan funciones en su nombre o le prestan servicios, si dicha información es necesaria para esas funciones o servicios. Sus asociados comerciales firman acuerdos para proteger la privacidad de su información y no pueden usarla o divulgarla para ningún otro fin.

Divulgaciones para proteger contra daños

Existen situaciones en las que la ley obliga al sanitario a actuar para proteger a otros de posibles daños, y podría tener que revelar información sobre el tratamiento de un paciente:

- Abuso infantil (menores de 18 años): Si el/la sanitario/a sospecha que un menor ha sido abusado, abandonado o descuidado, la ley exige que presente un informe ante la Línea Directa de Abuso correspondiente al estado.

- Abuso de un adulto vulnerable: Si el/la sanitario/a sabe o tiene causa razonable para sospechar abuso, negligencia o explotación de un adulto vulnerable, debe presentar un informe similar.

- Amenaza grave e inminente: Si el/la sanitario/a cree que existe una probabilidad clara e inmediata de daño físico al paciente, a otras personas o a la sociedad, podría estar obligada a divulgar información para tomar medidas de protección (advertir a la víctima potencial, avisar a familiares apropiados, notificar a la policía y/o promover la hospitalización del paciente).

CÓMO PODEMOS USAR Y DIVULGAR SU PHI SIN AUTORIZACIÓN ESCRITA

Categoría HIPAA	**Ejemplo típico**
Tratamiento	Recetar electrónicamente medicamentos a su farmacia; consultar a otro clínico
Pago	Enviar datos de reclamaciones a su aseguradora; cobrar con su tarjeta

Operaciones de Atención Médica	Auditorías de calidad; formación de personal
Actividades de Salud Pública	Reportar datos de enfermedades transmisibles al CDC
Supervisión de Salud	Facilitar registros para una inspección estatal de licencias
Abuso / Negligencia / Violencia Doméstica	Presentar un informe ante la Línea Directa de Abuso del estado
Propósitos de Cumplimiento de la Ley	Responder a una orden judicial o citación válida
Donación de Órganos y Tejidos	Proporcionar PHI limitada a una organización de procuración de órganos
Investigación	Compartir datos desidentificados o PHI con dispensa del IRB
Médicos Forenses / Funerarias / Examinadores Médicos	Ayudar a identificar a un paciente fallecido
Amenaza Grave a la Salud o Seguridad	Alertar a la posible víctima; solicitar hospitalización involuntaria
Funciones Gubernamentales Especializadas	Actividades militares y de seguridad nacional
Compensación Laboral	Presentar informes requeridos por ley sobre lesiones laborales
Asociados Comerciales	Compartir PHI mínima con proveedores de nube o facturación bajo un BAA. Marketing Limitado.
Marketing/Recaudación de fondos	Envío de campañas: solo con autorización previa; el

	paciente puede optar por no participar. Recaudación de fondos – Sólo con su autorización previa, tiene derecho a excluirse de cualquier comunicación de recaudación de fondos. El paciente puede optar por no recibir estas comunicaciones/recaudaciones de fondos en cualquier momento

Sana Mujer PLLC no vende su PHI; cualquier venta requerirá su autorización escrita previa.

DERECHOS DEL PACIENTE Y DEBERES DEL CLÍNICO

Cualquier uso o divulgación no listado anteriormente —incluyendo la mayoría de comunicaciones de marketing, la venta de PHI o la divulgación de notas de proceso/telesalud— se realizará solo con su autorización firmada, salvo excepciones limitadas. No condicionaremos su tratamiento ni pago a que firme dicha autorización y puede revocarla por escrito en cualquier momento.

Uso y divulgación de PHI

- Tratamiento: Uso interno de su PHI; si necesitamos compartirla con otro proveedor, se requerirá su autorización.
- Pago: Uso y divulgación para obtener el pago de servicios.
- Operaciones: Uso para nuestras operaciones internas (revisión de calidad, avisos de servicios, etc.).

Sus derechos

1. Derecho a tratamiento sin discriminación por raza, etnia, identidad de género, orientación sexual, religión, discapacidad, edad u otra categoría protegida.
2. Derecho a confidencialidad de su información sanitaria.
3. Derecho a solicitar restricciones sobre ciertos usos/divulgaciones, incluido el derecho a limitar la divulgación a su seguro cuando pague de su bolsillo en su totalidad (salvo que la ley exija compartirla).
4. Derecho a recibir comunicaciones confidenciales por medios o ubicaciones alternativas.
5. Derecho a inspeccionar y obtener copia de su PHI (puede aplicarse un cargo de **$0** por copia; solicítela con dos semanas de antelación). Puede solicitarla en formato electrónico (p. ej., PDF vía portal seguro)

6. Derecho a enmendar información incorrecta o incompleta, solicitándolo por escrito; responderemos en 60 días.

7. Derecho a una copia electrónica o impresa de este Aviso. Puede solicitar una copia impresa en cualquier momento, incluso si aceptó la versión electrónica

8. Derecho a notificación de una brecha de seguridad que comprometa su información, dentro de 60 días posteriores al descubrimiento.

9. Derecho a un recuento de divulgaciones de su PHI realizadas en los últimos seis años.

Deberes del clínico

- Mantener la privacidad de su PHI.

- Proporcionarle este Aviso y cumplir sus términos vigentes.

- Notificarle sin demora ante cualquier brecha de PHI no asegurada dentro de los 60 días posteriores al descubrimiento

- Reservarse el derecho de modificar este Aviso; cualquier versión revisada se publicará en nuestro sitio web y se le ofrecerá en su próxima cita o por vía electrónica (la fecha de vigencia aparecerá en la primera página).

QUEJAS O PREGUNTAS

Si cree que se han violado sus derechos de privacidad o no está de acuerdo con una decisión sobre acceso a sus registros, puede comunicarse de las siguientes formas:

- Oficial de Privacidad: Sergio D. Capdevila – 1-248-574-2623 – privacidad@sanamujer.com

- Dirección postal:

  5900 Balcones Drive STE 100

  Austin, TX 78731

- Departamento de Salud y Servicios Humanos de EE. UU., Oficina de Derechos Civiles, 200 Independence Ave SW, Washington DC 20201 – 1-800-368-1019 https://ocrportal.hhs.gov/

También para solicitar acceso, corrección, restricción o copia electrónica de su PHI, envíe su solicitud por escrito al email privacidad@sanamujer.com o a través de su portal seguro. No tomaremos represalias por presentar una queja.

Al marcar la casilla como completa, usted indica que ha leído este Aviso, acepta sus términos y reconoce que lo ha recibido. La fecha de vigencia de este documento será la del momento en que se marque como completo. Se dispone de este aviso en formatos alternativos (braille, audio) sin costo

Fecha de vigencia / Effective Date: 10 agosto 2025

Sana Mujer PLLC Notice of Privacy Practices – English Version — Effective August 10, 2025

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.

This document contains important information about federal law, the Health Insurance Portability and Accountability Act (HIPAA), that provides privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations.

HIPAA requires that Sana Mujer PLLC provide you with a Notice of Privacy Practices (the Notice) for use and disclosure of PHI for treatment, payment and health care operations. The Notice explains HIPAA and its application to your PHI in greater detail.

Sana Mujer PLLC is required by law to maintain the privacy of your PHI, to provide you with this Notice, and to comply with the terms of the Notice that are currently in effect. Sana Mujer PLLC reserves the right to modify this notice; any change will apply to all PHI we maintain retroactively, including information created before the modification.

The law requires Sana Mujer PLLC to provide you with this notice and to document your receipt of it. You are not required to sign. If you have any questions, it is your right and obligation to ask so you can have a further discussion prior to proceeding. You may request more information regarding this agreement in writing at any time.

LIMITS ON CONFIDENTIALITY

The law protects the privacy of all communication between a patient and a clinician (e.g. NP, PA, MD, or DO). In most situations, the treating clinician can only release information about your treatment to others if you sign a written authorization form that meets certain legal requirements imposed by HIPAA. There are some situations where your clinician is permitted or required to disclose information without either your consent or authorization. If such a situation arises, he/she will limit his/her disclosure to what is necessary. Reasons he/she may have to release your information without authorization:

If you are involved in a court proceeding and a request is made for information concerning your diagnosis and treatment, such information is protected by the healthcare professional-patient privilege law. The healthcare professional cannot provide any information without your (or your legal representative's) written authorization, or a court order, or if the clinician receives a subpoena of which you have been properly notified and you have failed to inform him/her that you oppose the subpoena. If you are involved in or contemplating litigation, you should consult with an attorney to determine whether a court would be likely to order the clinician to disclose information.

If a government agency is requesting the information for health oversight activities, within its appropriate legal authority, your treating clinician may be required to provide it for them. If a patient files a complaint or lawsuit against a clinician, he/she may disclose relevant information regarding that patient in order to defend himself or herself.

If a patient files a worker's compensation claim, and your healthcare provider is providing necessary treatment related to that claim, he/she must, upon appropriate request, submit treatment reports to the appropriate parties, including the patient's employer, the insurance carrier or an authorized qualified rehabilitation provider.

The treating clinician may disclose the minimum necessary health information to his/her business associates that perform functions on his/her behalf or provide him/her with services if the information is necessary for such functions or services. The clinician’s business associates sign agreements to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

There are some situations in which the treating clinician is legally obligated to take actions, which he/she believes are necessary to attempt to protect others from harm, and he/she may have to reveal some information about a patient's treatment:

If a healthcare provider knows, or has reason to suspect, that a child under 18 has been abused, abandoned, or neglected by a parent, legal custodian, caregiver, or any other person responsible for the child's welfare, the law requires that he/she file a report with the associated state Abuse Hotline. Once such a report is filed, the clinician may be required to provide additional information.

If the healthcare provider knows or has reasonable cause to suspect that a vulnerable adult has been abused, neglected, or exploited, the law requires that he/she file a report with the associated state Abuse Hotline. Once such a report is filed, he/she may be required to provide additional information.

If a clinician believes that there is a clear and immediate probability of physical harm to the patient, to other individuals, or to society, he/she may be required to disclose information to take protective action, including communicating the information to the potential victim, and/or appropriate family member, and/or the police or to seek hospitalization of the patient.

HIPAA Category	Typical Example
Treatment	E-prescribe medication to your pharmacy; consult another clinician
Payment	Send claim data to insurer; bill credit card
Health-Care Operations	Quality-assurance audits; staff training
Public-Health Activities	Report communicable-disease data to the CDC
Health-Oversight	Provide records for a state licensing inspection
Abuse / Neglect / Domestic Violence	File a report with the [State] Abuse Hotline
Law-Enforcement Purposes	Respond to a lawful warrant or subpoena
Organ & Tissue Donation	Give limited PHI to an organ-procurement organization
Research	Share de-identified data or PHI with an IRB waiver
Coroners / Funeral Directors /	Assist in identifying a deceased patient

Medical Examiners	
Serious Threat to Health or Safety	Warn a potential victim; seek involuntary hospitalization
Specialized Government Functions	Military and national-security activities
Workers' Compensation	Submit legally required reports on job-related injuries
Business Associates	Share minimum-necessary PHI with cloud-hosting or billing vendors under a BAA. Limited Marketing /
Marketing/Fundraising	Marketing campaigns: only with prior authorization. The patient can opt to not participate at any time. Fund-Raising – Only with prior authorization

Sana Mujer PLLC does not sell your PHI. Any sale will occur only with your prior written authorization.

CLIENT RIGHTS AND CLINICIAN DUTIES

Any use or disclosure not listed above—including most marketing communications, the sale of PHI, or sharing psychotherapy progress notes—will be made only with your signed Authorization. Sana Mujer PLLC will not condition treatment or payment on your signing an Authorization, and you may revoke it at any time in writing.

Use and Disclosure of Protected Health Information:

For Treatment – your healthcare provider may use and disclose your health information internally in the course of your treatment. If he/she wishes to provide information outside of the practice for your treatment by another health care provider, he/she will have you sign an authorization for release of information. Furthermore, an authorization is required for most uses and disclosures of progress notes.

For Payment – Your treating clinician may use and disclose your health information to obtain payment for services provided to you

For Operations – Your healthcare provider may use and disclose your health information as part of our internal operations. For example, this could mean a review of records to assure quality. He/she may also use your information to tell you about services, educational activities, and programs that he/she feels might be of interest to you.

Patient's Rights:

Right to Treatment – You have the right to ethical treatment without discrimination regarding race, ethnicity, gender identity, sexual orientation, religion, disability status, age, or any other protected category.

Right to Confidentiality – You have the right to have your health care information protected. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. Sana Mujer PLLC will agree to such unless a law requires us to share that information.

Right to Request Restrictions – You have the right to request restrictions on certain uses and disclosures of protected health information about you, including the right to restrict disclosure to your health plan when you pay for a service in full out-of-pocket, unless the law requires disclosure. However, Sana Mujer PLLC is not required to agree to a restriction you request.

Right to Receive Confidential Communications by Alternative Means and at Alternative Locations – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations.

Right to Inspect and Copy – You have the right to inspect or obtain a copy (or both) of PHI. Records must be requested in writing and release of information must be completed. Furthermore, there is a copying fee charge of $0 per page. Please make your request well in advance and allow 2 weeks to receive the copies. If your healthcare provider refuses your request for access to your records, you have a right of review, which can be discussed with you upon request.

Right to Amend – If you believe the information in your records is incorrect and/or missing important information, you can ask us to make certain changes, also known as amending, to your health information. You have to make this request in writing. You must tell us the reasons you want to make these changes, and Sana Mujer PLLC will decide if it is and if Sana Mujer PLLC refuses to do so, we will tell you why within 60 days.

Right to a Copy of This Notice – If you received the paperwork electronically, you have a copy in your email. If you completed this paperwork in the office at your first session a copy will be provided to you per your request or at any time. You may request an electronic format (e.g. PDF via secure portal).

Right to Notification of a Breach —You will be notified without unreasonable delay and no later than 60 days after discovery of a breach that may have compromised the privacy or security of your information.

Right to an Accounting of Disclosures — You may request a list of certain disclosures we have made of your PHI during the past six years

Right to request that we not share with your insurer any information about care you have paid for entirely out of pocket

Clinician Duties:

The treating healthcare provider is required by law to maintain the privacy of PHI and to provide you with a notice of his/her legal duties and privacy practices with respect to PHI. The clinician reserves the right to change the privacy policies and practices described in this notice. Unless he/she notifies you of such changes, however, he/she is required to abide by the terms currently in effect. If Sana Mujer PLLC revises its policies and procedures, the treating clinician will provide you with a revised notice in office during your session or notice in an electronic format.

Here is a summary of clinician duties:

Maintain the privacy of your PHI.

Provide you with this Notice and follow the terms currently in effect.

Notify you promptly of any breach of unsecured PHI that may compromise your information within 60 days.

We reserve the right to change this Notice. Any revised notice will be posted on our website and offered to you at your next appointment; the effective date will appear on the first page.

COMPLAINTS OR QUESTIONS

If you are concerned that your clinician has violated your privacy rights, or you disagree with a decision he/she made about access to your records, you may contact Sana Mujer PLLC, your state Department of Health, or the Secretary of the U.S. Department of Health and Human Services, Office for Civil Rights, 200 Independence Ave SW Washington DC 20201 1-800-368-1019 https://ocrportal.hhs.gov/

We will not retaliate in any way against you for filing a complaint.

If you believe your privacy rights have been violated, you may contact

Privacy Officer:

Sergio D. Capdevila via phone, email or postal mail.

1-248-574-2623– privacidad@sanamujer.com

Mailing address:

5900 Balcones Drive STE 100

Austin, TX 78731

Additionally, to request access, correction, restriction, or an electronic copy of your PHI,submit your written request via email to privacidad@sanamujer.com or through your secure patient portal.

CHECKING THE BOX AS COMPLETE INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS AND ALSO SERVES AS AN ACKNOWLEDGEMENT THAT YOU HAVE RECEIVED THE HIPAA NOTICE FORM DESCRIBED ABOVE. THE EFFECTIVE DATE OF THIS DOCUMENT IS FROM THE TIME THE BOX IS MARKED COMPLETE. THIS NOTICE IS AVAILABLE IN ALTERNATIVE FORMATS (BRAILLE, AUDIO) AT NO COST.

Fecha de vigencia / Effective Date: 10 de agosto de 2025 / August 10, 2025