



## Notice of Privacy Practices

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**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.**

If you have any questions about this Notice, please contact IRIAMAR VELEZ QUINONES, MD Privacy Department listed at the end of this Notice.

We are required by law to maintain the privacy of your health information and to give you our Notice of Privacy Practices (this "Notice") that describes our privacy practices, legal duties and your rights concerning your health information.

We follow the confidentiality protections of 42 C.F.R. Part 2 ("Part 2") for substance use disorder records subject to Part 2 ("Part 2 Records") and, if the Facility operates a Part 2 Program, the Part 2 Program also follows the privacy practices described in Appendix A, PART 2 PROGRAM ADDENDUM ("Addendum"). Please note, the Addendum only applies if you are receiving services from a Part 2 Program, as defined in the Addendum.

We also follow confidentiality protections of 2024 HIPAA Privacy Rule Final Rule (including 45 CFR §164.502(a)(5)(iii) and related provisions.

**Our Pledge Regarding Medical Information:** We understand that your medical information is personal. We are committed to protecting your medical information.

This Notice will tell about the ways in which IRIAMAR VELEZ QUINONES, MD may use your medical information and disclose your medical information to others outside the office. The law requires the provider to:

- Make sure that medical information that identifies you is kept private;
- Inform you of our legal duties and privacy practices with respect to your medical information;
- Follow the terms of the Notice that is currently in effect; and

- Notify you following a breach of your unsecure medical information.

**Who Will Follow This Notice:** IRIAMAR VELEZ QUINONES, MD and all of its sites and locations will follow the terms of this Notice, including:

- All employees, contractors, volunteers, and other agents ("authorized personnel") of the office.
- Health care professionals authorized to enter information into your medical records at the office.
- Members of the office's medical staff and their authorized personnel.
- Health care providers who share an electronic medical record with the office may also use this Notice (although they may have their own, which they will follow).

**How the Office May Use and Disclose Your Medical Information:** We may use your medical information or share it with others for the following purposes:

- **Treatment.** Your medical information may be used to provide you with medical treatment or services. This medical information may be disclosed to doctors, interns, nurses, technicians, volunteers, students, and others involved in your care at the office. We may also share your medical information with health care providers and their staff outside the office. We may also use your medical information to contact you to provide appointment reminders or to give you information about treatment options or other health-related benefits and services that may interest you.

For example: If you have diabetes that is not controlled. Different departments of the office may share medical information about you in order to coordinate your different needs, such as prescriptions, medical equipment, lab work and x-rays. The office also may disclose medical information about you to people outside the facility who may be involved in your medical care, such as family members, home health agencies, and others who provide services that are part of your care.

- **Payment.** Your medical information may be used and disclosed so that the treatment and services received at the office may be billed and payment may be collected from you, your insurance company and/or a third party. Please note, we will comply with your request not to disclose your health information to your insurance company if the information relates solely to a healthcare item or service for which you have paid out of pocket and in full to us.

For example: If insurance will be responsible for reimbursing the office for your care, the

health plan or insurance company may need information about you so they can provide payment for the visit. Information may also be given to someone who helps pay for your care. Your health plan or insurance company may also need information about a treatment you are going to receive to obtain prior approval or to determine whether they will cover the treatment.

- **Health Care Operations.** Your medical information may be used and disclosed for purposes of furthering day-to-day office operations. These uses and disclosures are necessary to run the office and to monitor the quality of care our patients receive. We may also share your medical information with outside companies that perform services for us such as accreditation, legal, computer or auditing services. These outside companies are called "Business Associates" and are required by HIPAA to keep your medical information confidential.

For example: Your medical information may be:

1. Reviewed to evaluate the treatment and services performed by our staff in caring for you.
  2. Combined with that of other office patients to decide what additional services IRIAMAR VELEZ QUINONES, MD should offer, what services are not needed, and whether certain new treatments are effective.
  3. Disclosed to doctors, nurses, technicians, and other agents of the facility for review and learning purposes.
  4. Disclosed to healthcare students for educational purposes.
  5. Combined with information from other facilities to compare how we are doing and see where we can improve the care and services offered. Information that identifies you in this set of medical information may be removed so others may use it to study health care and health care delivery without knowing who the specific patients are.
- **Participation in Health Information Networks and Exchanges.** We may participate in health information networks and exchanges (HINs/HIEs) that securely share your electronic health information with others for treatment, payment, health care operations, public health, and other purposes allowed by law, such as giving you access to your own records. You may be asked to "opt in" or "opt out" of sharing your information through an HIN/HIE. If you choose to opt out, we may still use and share your information as required or permitted by law. If you ask to see your information through an HIN/HIE, please know

that because of current technical and administrative limitations it is not feasible for us to provide you with all your information this way. You can exercise your right to access your medical information by sending a written request to IRIAMAR VELEZ QUINONES, MD Privacy Office listed at the end of this Notice.

- **Individuals Involved in Your Care.** We may share your medical information with a family member, guardian or other individual involved in your care, or who helps pay for your care. In addition, your medical information may be disclosed to an entity assisting in a disaster relief effort so your family can be notified about your condition, status, and location. If you have any objection to sharing your medical information in this way, please contact the IRIAMAR VELEZ QUINONES, MD Privacy Office listed at the end of this Notice.
- **Research.** Under certain circumstances, your medical information may be used and disclosed for research purposes. All research projects involving patients' medical information must be approved through a special review process to protect patient confidentiality. A researcher may have access to information that identifies you only through the special review process, or with your written permission. In addition, researchers may contact patients regarding their interest in participating in certain research studies. Researchers may only contact you if they have been given approval to do so by the special review process. You will only become a part of one of these research projects if you agree to do so and sign a consent form.
- **Marketing or Sale of Health Information.** Most uses and disclosures of your medical information for marketing purposes or any sale of your medical information will require your written permission. We may communicate with you about our own products or services.
- **Artificial Intelligence (AI) Technologies.** Your medical information may be used with AI technologies to support various functions, such as treatment, payment and health care operations. These AI tools may assist in analyzing health data, streamlining administrative workflows and supporting clinical decisions.

For example: We may use AI solutions to assist with tasks such as medical transcription and summary services to improve the quality of care our patients receive or to provide your doctor with evidence-based insights to support treatment decisions.

- **As Required by Law.** Your medical information will be disclosed when we are required to do so by federal, state, or local authorities, laws, rules and/or regulations.

- **Judicial or Administrative Proceeding.** Your medical information may be disclosed in a judicial or administrative proceeding in response to (i) a court or administration order; or (ii) a subpoena, discovery request, or other lawful process if certain conditions are met.
- **Law Enforcement.** Your medical information may be released to law enforcement as authorized or required by law.

For example, we may release your information:

1. In response to a court order, subpoena, warrant, summons or similar process;
  2. To identify or locate a suspect, fugitive, material witness, or missing person;
  3. About the victim of a crime if, under certain limited circumstances, we are unable to obtain the victim's agreement;
  4. About a death we believe may be the result of criminal conduct;
- **To Prevent a Serious Threat to Health or Safety.** We may use or share your medical information when necessary to prevent a serious threat to your health and safety and that of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
  - **Health Oversight Activities.** We may disclose your medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
  - **Organ and Tissue Donation.** If you are an organ or tissue donor, your medical information may be released to organizations that handle organ procurement or organ, eye and tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
  - **Military and Veterans.** If you are a member of the armed forces, your medical information may be released as required by military command authorities. If you are a member of the foreign military personnel, your medical information may be released to the appropriate foreign military authority.
  - **National Security and Intelligence Activities.** Your medical information will be released to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

- **Protective Services for the President and Others.** Your medical information may be disclosed to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- **Workers' Compensation.** If you seek treatment for a work-related illness or injury, we must provide full information in accordance with state-specific laws regarding workers' compensation claims. Once state-specific requirements are met and an appropriate written request is received, only the records pertaining to the work-related illness or injury may be disclosed.
- **Public Health Purposes.** We may release your medical information for public health activities, such as activities:
  1. To prevent or control disease, injury or disability;
  2. To report births and deaths;
  3. To report child abuse or neglect;
  4. To report reactions to medications or problems with products;
  5. To notify people of recalls of products they may be using;
  6. To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
  7. To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- **Coroners, Medical Examiners, and Funeral Directors.** Your medical information may be released to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the office to funeral directors as necessary to carry out their duties.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary for the following reasons:
  1. For the institution to provide you with health care;

2. To protect the health and safety of you and others;
  3. For the safety and security of the correctional institution.
- **Specially Protected Information**
    - Psychotherapy Notes: HIPAA provides additional protection for psychotherapy notes, which are the personal notes of a mental health professional about a private or group counseling session. Most uses or disclosures of psychotherapy notes require your written permission.
    - Part 2 Records: If the office receives Part 2 Records (described above), we will not use or disclose such Records, or testimony relaying the content of such Records, in any civil, criminal, administrative, or legislative proceeding against you unless such disclosure is based on your written consent (separate from your consent for any other use or disclosure), or a court order after notice and an opportunity to be heard is provided to you or the office, as provided by Part 2. A court order authorizing the use or disclosure of Part 2 Records must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested Part 2 Record is used or disclosed.
    - Other Sensitive Information: Other types of information may have greater protection under state law, such as certain drug and alcohol information, HIV/AIDS and other communicable disease information, genetic information, mental health information, or information about developmental disabilities. For this type of information, we may be required to get your written permission before disclosing it to others. If you have any questions about this, contact the IRIAMAR VELEZ QUINONES, MD Privacy Office at the end of this Notice.
  - **Other Uses and Disclosures**: If the office wants to use or disclose your medical information for a purpose that is not discussed in this Notice, the office will ask for your written permission. If you give your permission to the facility, you may revoke (take back) that permission at any time, unless we have already relied on your permission to use or disclose the information. If you want to revoke your permission, please notify the IRIAMAR VELEZ QUINONES, MD Privacy Office listed at the end of this Notice in writing.

**Your Rights Regarding Your Medical Information**: You have the following rights, subject to certain limitations, regarding your medical information, including any Part 2 Records: **\*\* NOTE: All Requests Must Be Submitted in Writing to IRIAMAR VELEZ QUINONES, MD Privacy Office listed at the end of this Notice \*\***

- **Right to Request Access to Your Medical Information.** With certain exceptions, you have the right to see and get a copy of your medical information that may be used to make decisions about your care. If you request a paper copy of your information, we may charge a fee for the cost of copying, mailing or other supplies associated with your request. There is no fee to see your medical information.
- **Right to Request an Amendment of Your Medical Information.** If you feel that the medical information we have about you is incorrect or incomplete, you may ask us to amend the information. Please be specific about the information that you believe is incorrect or incomplete.
- **Right to a List of Disclosures.** You have the right to request a list of the disclosures we made of your medical information for purposes other than treatment, payment and health care operations. The first list you request will be free. For additional lists that you request within a 12-month period, we may charge you for the costs of providing the list. We will notify you of the cost in advance so that you can choose whether to get the list.
- **Right to Request Restrictions on How Your Medical Information is Used or Disclosed.** You have a right to request that we change the way we use or disclose your medical information for treatment, payment or health care operations. In your request, you must tell us:
  1. What information you want to limit;
  2. Whether you want to limit our use, disclosure or both;
  3. To whom you want the limits to apply, for example, disclosures to your spouse.

We are not required to agree to your request, except that we will not share your medical information with your health insurance company if you pay for the entire amount due for the services you receive (unless we are required by law to share the information with your health insurance company).

- **Right to Request Confidential Communication.** You have the right to request that we communicate with you in a certain way or at a certain location that you think will be more confidential. For example: You can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- **Right to Be Notified of Breach.** You have the right to be notified if we discover a breach of your unsecured protected health information.

- **Right to a Paper or Electronic Copy of This Notice.** You have the right to a paper or electronic copy of this Notice. You may ask us to give you a copy at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.
- **Right to Elect not to Receive Fundraising Communications.** You have the right to opt-out of receiving fundraising communications.

**ADDITIONAL INFORMATION CONCERNING THIS NOTICE:**

- **Notice of Redisclosure.** Medical information that is disclosed pursuant to this Notice may be subject to redisclosure by the recipient and no longer protected by HIPAA. Federal or state law applicable to the recipient may limit their ability to use or disclose the medical information received, such as if they are another health care provider subject to HIPAA or a program or entity subject to Part 2.
- **Changes To This Notice.** We reserve the right to change this Notice and make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. The office will post a current copy of the Notice with the effective date on its website and in the facility. In addition, each time you register at the facility for treatment or health care services, we will offer you a copy of the current Notice in effect.
- **Complaints.** You will not be retaliated against for filing a complaint. If you believe your privacy rights, including your rights under Part 2, have been violated, you may file a complaint with the Facility and/or with the Secretary of the U.S. Department of Health and Human Services. Some States may allow you to file a complaint with the State's Attorney General, Office of Consumer Affairs or another State agency as specified by applicable State law. To file a complaint with the Facility, submit a written complaint to the Facility Privacy Office:

**Contact Information for the Facility Privacy Office:**

**IRIAMAR VELEZ QUINONES, MD: (787) 878-3211 Option #3**

**Email Address: [ivelez@iriamarvelezmd.com](mailto:ivelez@iriamarvelezmd.com)**

**EFFECTIVE DATE: February 14, 2026**

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**PART 2 PROGRAM ADDENDUM TO THE NOTICE OF PRIVACY PRACTICES****(For Substance Use Disorder Treatment Records)**

If you receive services from a Part 2 Program (an identified unit within the Facility that holds itself out as providing, and provides, substance use disorder diagnosis, treatment, or referral for treatment ("SUD services") or medical personnel whose primary function is the provision of SUD services and who is identified as a SUD provider), the federal Confidentiality of Substance Use Disorder Patient Records law (42 U.S.C. 290dd-2) and regulations (42 C.F.R. Part 2) (collectively, "Part 2") protect your substance use disorder treatment records, including the fact that you are enrolled in a Part 2 Program and any other information that would identify you as having or having had a substance use disorder (collectively, "Part 2 Records")

The Part 2 Program ("we" or "our") complies with Part 2 and will abide by the Part 2 Program Addendum ("Addendum") currently in effect with respect to your Part 2 Records. We also follow the Notice of Privacy Practices ("Notice") to the extent it is more restrictive or provides you with more rights than this Addendum. To the extent other applicable law is more protective than Part 2, we comply with that law.

THE NOTICE AND THIS ADDENDUM DESCRIBE:

- HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED
- YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION
- HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR HEALTH INFORMATION, OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION

YOU HAVE A RIGHT TO A COPY OF THE NOTICE AND THIS ADDENDUM (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH THE FACILITY PRIVACY OFFICE AT [IVELEZ@IRIAMARVELEZMD.COM](mailto:IVELEZ@IRIAMARVELEZMD.COM) OR THE PHONE NUMBER AT THE END OF THIS NOTICE IF YOU HAVE ANY QUESTIONS.

**Controlled Substances & Prescription Monitoring Disclosure**

Our practice does not operate a Substance Use Disorder (SUD) treatment program and does not provide specialized addiction treatment services. However, as part of comprehensive primary care, we may prescribe controlled substances when medically appropriate for the treatment of legitimate medical conditions such as acute pain, chronic pain, attention disorders, anxiety disorders, insomnia, or other clinically indicated conditions.

## **Compliance with Federal and State Law**

All controlled substances are prescribed in accordance with:

- The Controlled Substances Act (CSA)
- DEA regulations
- Applicable state prescribing laws and guidelines
- Professional medical standards of care

Prescribing decisions are based on clinical evaluation, medical necessity, and patient safety.

## **Prescription Drug Monitoring Program (PDMP)**

In compliance with state regulations, our practice may review information in the applicable Prescription Drug Monitoring Program (PDMP) database prior to prescribing controlled substances. This is done to:

- Promote safe prescribing practices
- Prevent medication misuse or diversion
- Identify potential drug interactions
- Comply with regulatory requirements

PDMP data is treated as confidential medical information.

## **Monitoring & Safety Measures**

When prescribing controlled substances, we may require:

- Periodic follow-up visits
- Medication agreements or controlled substance contracts
- Urine or other toxicology screening when clinically indicated
- Use of a single designated pharmacy

These measures are intended to promote patient safety and regulatory compliance.

## Confidentiality of Information

Information related to controlled substance prescriptions, monitoring, or testing is protected under HIPAA and applicable privacy laws. Because our practice does not operate a federally defined Substance Use Disorder treatment program, 42 CFR Part 2 confidentiality regulations generally do not apply to services provided solely within routine primary care. However, all patient information remains confidential and is disclosed only as permitted or required by law.

## Non-Emergency Use

Patients receiving controlled medications should take them exactly as prescribed. Lost, stolen, or early refill requests may not be granted, consistent with clinical judgment and regulatory standards.

## HOW THE PART 2 PROGRAM MAY Use and Disclose Part 2 Records Without Your WRITTEN Consent:

We may use and disclose your Part 2 Records without your written consent under the following circumstances

- **Medical Emergencies.** We may disclose your Part 2 Records to medical personnel to the extent necessary to meet a bona fide medical emergency and (i) your prior written consent cannot be obtained; or (ii) we are closed and unable to provide services or obtain your prior written consent during a temporary state of emergency declared by a state or federal authority as the result of a natural or major disaster, until such time as we resume operations. We will obtain your consent prior to disclosing your information for non-emergency treatment. We may also disclose your Part 2 Records to medical personnel of the Food and Drug Administration (FDA) who assert (i) a reason to believe that your health may be threatened by an error in the manufacturer, labeling, or sale of a product under the FDA jurisdiction; and (ii) that your Part 2 Records will be used for the exclusive purpose of notifying you or your physicians of potential danger.
- **Scientific Research.** Under certain circumstances, we may use and disclose your Part 2 Records without your consent for scientific research purposes. Generally, we would first obtain your written consent; however, in certain circumstances, we may be permitted to use or disclose your Part 2 Records for research purposes without your consent to the extent permitted by HIPAA, the FDA and HHS regulations regarding the protection of human subjects.
- **Public Health.** We may disclose Part 2 Records to a public health authority for public health purposes. However, the contents of the information from the Part 2 Records disclosed will be de-identified in accordance with the requirements of the HIPAA

regulations, such that there will be no reasonable basis to believe that the information can be used to identify you.

- **Crimes.** We may disclose limited information to law enforcement to report a crime or threatened crime on our premises or against our personnel.
- **Suspected Child Abuse and Neglect Reports.** We may disclose information to the appropriate authorities to report suspected child abuse and neglect as required by state law.
- **Adult Patients Who Lack Capacity and Deceased Patients.** If an adult patient is adjudicated as lacking capacity or dies, we may disclose the patient's Part 2 Records with the consent of the patient's personal representative.
- **Substantial Threat to Life or Well Being.** We may disclose facts relevant to reducing a substantial threat to the life or physical well-being of a minor patient or any person to the personal representative of the minor patient if certain conditions are met.
- **Vital Statistics.** We may disclose patient identifying information relating to a patient's cause of death or death investigation under laws requiring the collection of death or other vital statistics or permitting inquiry into the cause of death.
- **U.S. Department of Health and Human Services (HHS).** We must disclose Part 2 Records to the Secretary of HHS if required for an investigation or to determine compliance with Part 2.
- **Court Order with Legal Mandate.** We may disclose Part 2 Records, or testimony relating the content of such Part 2 Records, pursuant to a specific court order. Part 2 Records may only be used or disclosed based on a court order after notice and an opportunity to be heard is provided to you (the patient) and/or us (the record holder), if required by Part 2. The court order must also be accompanied by a subpoena or other similar legal mandate compelling disclosure before the Part 2 Record is used or disclosed.
- **Other Permissible Purposes.** We may use or disclose Part 2 Records without your consent as otherwise permitted by Part 2.

We will only use or disclose your Part 2 Records without your written consent as described in this Addendum. To the extent other applicable law is more protective than Part 2, we comply with that law.

#### **HOW THE PART 2 PROGRAM May Use and Disclose Part 2 Records with Your WRITTEN Consent:**

The Part 2 Program may use and disclose your Part 2 Records with written consent that satisfies the requirements of Part 2 as follows:

- **Treatment, Payment, and Healthcare Operations (TPO).** We may use and disclose your Part 2 Records for TPO purposes, as described in the Notice of Privacy Practices, with your written consent. You may provide a single consent for all future TPO uses or disclosures. For example, you may give us permission to share your Part 2 Records with your treating providers and/or health plans for TPO purposes. Part 2 Records disclosed for TPO purposes to another Part 2 program or an individual/entity subject to the Health Insurance Portability and Accountability Act (HIPAA) pursuant to your consent may be further disclosed by that Part 2 program or individual/entity subject to HIPAA to the extent permitted by HIPAA, or if the Part 2 Program is not subject to HIPAA, to the extent permitted by your consent. However, your Part 2 Records cannot be used or disclosed in civil, criminal, administrative, or legislative proceedings against you without your written consent or a court order, as noted below.
- **Central Registry or Withdrawal Management Program.** We may disclose your Part 2 Records to a central registry or to any withdrawal management or treatment program with your written consent. For example, if you consent to participating in a drug treatment program, we can disclose your information to the program to coordinate care or to a central registry to avoid duplicate enrollment.
- **Criminal Justice System.** We may disclose information from your Part 2 Records to persons within the criminal justice system who made your participation in the Part 2 Program a condition of the disposition of any criminal proceeding against you with your written consent. The written consent must state that it is revocable upon the passage of a specified amount of time or the occurrence of a specified, ascertainable event. The time or occurrence upon which your consent becomes revocable may be no later than the final disposition of the conditional release or other action in connection with which written permission was given. For example, if you consent, we can inform a court-appointed officer, prosecutor or law enforcement about your treatment status as part of a legal agreement or sentencing conditions.
- **Prescription Drug Monitoring Program.** We may report any medication prescribed or dispensed by us to the applicable state prescription drug monitoring program (PDMP) if required by applicable state law. However, we will obtain your consent prior to reporting such information.
- **Legal Proceeding Against a Patient.** We will not use or disclose Part 2 Records, or testimony relaying the content of Part 2 Records, in any civil, administrative, criminal, or legislative proceeding against you unless such use or disclosure is pursuant to your specific written consent (separate from consent for any other use or disclosure) or a court order, as described above.

- **Designated Person or Entities.** We may use and disclose your Part 2 Records in accordance with your written consent to any other person or category of persons identified or generally designated in your consent. For example, if you consent to a disclosure of your Part 2 Records to your spouse or a healthcare provider, we will share your health information with them as outlined in your consent.

If you want to revoke (take back) your written consent to use or disclose your Part 2 Records, please send a written request to the IRIAMAR VELEZ QUINONES, MD Privacy Office listed at the end of this Addendum. If you would like an alternative revocation process, please contact the IRIAMAR VELEZ QUINONES, MD Privacy Office by phone. Your revocation will not apply to the extent we already used or disclosed your Part 2 Records based on your consent.

**PATIENT RIGHTS:**

In addition to the patient rights listed in the Notice of Privacy Practices, you have:

- the right to request restrictions on disclosures of your Part 2 Records for purposes of treatment, payment, and health care operations made with your prior written consent (see our Notice of Privacy Practices for when we are required to agree to your request);
- the right to request a list of Part 2 Record disclosures by an intermediary for the prior 3 years, including information about who received your records, the date of the disclosure, and a brief description of the information that was disclosed; and
- the right to discuss the Notice of Privacy Practices or this Part 2 Program Addendum with the IRIAMAR VELEZ QUINONES, MD Privacy Office.

To exercise these rights, please submit a written request to the Facility Privacy Office listed at the end of this Addendum.

**PART 2 PROGRAM COMPLAINTS:**

If you believe your rights under Part 2 or this Part 2 Program Addendum have been violated, you may file a complaint with the Part 2 Program and/or with the Secretary of the U.S. Department of Health and Human Services. You will not be retaliated against for filing a complaint.

To file a complaint with the Part 2 Program, submit a written complaint to IRIAMAR VELEZ QUINONES, MD Privacy Office:

**Contact Information for the Facility Privacy Office:**

**IRIAMAR VELEZ QUINONES, MD:**

**(787) 878-3211 Option #3**

**Email Address: [ivelez@iriamarvelezmd.com](mailto:ivelez@iriamarvelezmd.com)**

**EFFECTIVE DATE: February 14, 2026**

IRIAMAR VELEZ QUINONES, MD 2026 ©

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## APPENDIX B

### NOTICE OF PRIVACY PRACTICES

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

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#### SECTION I – OUR LEGAL OBLIGATIONS

IRIAMAR VELEZ QUINONES, MD (“the Practice,” “we,” “us,” or “our”) is required by:

- Health Insurance Portability and Accountability Act of 1996 (HIPAA)
- The HIPAA Privacy Rule, 45 CFR Parts 160 and 164
- The 2024 Final Rule titled *HIPAA Privacy Rule to Support Reproductive Health Care Privacy*, 89 Fed. Reg. 32976 (April 26, 2024), codified at 45 CFR §§160 and 164, including 45 CFR §164.502(a)(5)(iii) and §164.509
- Ley 194-2000 (Puerto Rico Patient Bill of Rights)

We are legally required to:

1. Maintain the privacy and security of your Protected Health Information (PHI).
2. Provide you with this Notice of our legal duties and privacy practices.
3. Follow the terms of this Notice currently in effect.
4. Notify you in the event of a breach of unsecured PHI in accordance with 45 CFR §§164.400–414.

If Puerto Rico law provides greater privacy protections than federal law, we will comply with the stricter requirement.

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#### SECTION II – WHAT IS PROTECTED HEALTH INFORMATION (PHI)?

Protected Health Information (PHI) includes information that:

- Identifies you (or could reasonably identify you); and
- Relates to your past, present, or future physical or reproductive health condition;
- The provision of health care services to you; or
- Payment for health care services.

PHI may exist in written, electronic, or oral form.

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### **SECTION III – WHAT IS “REPRODUCTIVE HEALTH CARE”?**

Under the 2024 HIPAA Final Rule, reproductive health care means health care that affects the health of an individual in all matters relating to the reproductive system and its functions and processes.

Reproductive health care includes, but is not limited to:

- Contraceptive counseling and prescribing
- Emergency contraception
- Pregnancy testing and options counseling
- Prenatal care
- Labor and delivery services
- Postpartum care
- Miscarriage management
- Treatment of ectopic pregnancy
- Fertility evaluation and infertility treatment
- Assisted reproductive technologies (including in vitro fertilization (IVF))
- Sterilization procedures
- Abortion and related services when lawfully provided
- Diagnosis and treatment of reproductive system conditions
- Sexually transmitted infection (STI) testing and treatment
- Evaluation and treatment of menstrual disorders

These services are protected when provided in accordance with federal and Puerto Rico law.

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### **SECTION IV – SPECIAL FEDERAL PROTECTIONS FOR REPRODUCTIVE HEALTH INFORMATION**

Pursuant to the 2024 HIPAA Privacy Rule Final Rule (including 45 CFR §164.502(a)(5)(iii) and §164.509):

The Practice is **prohibited** from using or disclosing reproductive health information for the purpose of:

- Conducting a criminal, civil, or administrative investigation into any person for seeking, obtaining, providing, or facilitating lawful reproductive health care;
- Imposing criminal, civil, or administrative liability related to lawful reproductive health care;

- Identifying a person for such investigations or liability.

### **Required Written Attestation for Certain Requests**

Before disclosing reproductive health information in response to:

- Subpoenas
- Court orders
- Requests from law enforcement authorities
- Administrative investigations
- Certain oversight activities

We are required to obtain a written attestation confirming that the requested use or disclosure is not for a prohibited purpose.

If the request does not meet federal reproductive health privacy requirements, the Practice will deny the disclosure.

These protections apply regardless of the state or territory in which the reproductive health care was provided, provided that it was lawfully provided.

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## **SECTION V – HOW WE MAY USE AND DISCLOSE YOUR PHI**

### **A. Treatment**

We may use and disclose PHI to provide, coordinate, or manage your health care.

Examples include:

- Sharing laboratory results with a specialist
- Coordinating care with a hospital
- Consulting with another health care provider

### **B. Payment**

We may use and disclose PHI to obtain payment for services rendered.

Examples include:

- Submitting claims to insurance companies
- Determining eligibility or coverage
- Billing and collection activities

## **C. Health Care Operations**

We may use PHI for health care operations, including:

- Quality assessment and improvement activities
- Clinical audits and compliance reviews
- Accreditation and licensing activities
- Staff training and education
- Fraud and abuse detection
- Business planning and administrative management

All uses and disclosures are subject to the “minimum necessary” standard under 45 CFR §164.502(b).

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## **SECTION VI – OTHER PERMITTED OR REQUIRED DISCLOSURES**

We may disclose PHI without your written authorization when permitted or required by law, including:

- Public health reporting
- Reporting abuse or neglect when required by law
- Health oversight activities
- Judicial or administrative proceedings (subject to reproductive health protections)
- Law enforcement purposes (subject to federal reproductive health restrictions)
- To prevent or lessen a serious threat to health or safety
- Workers’ compensation claims

All disclosures are carefully reviewed to ensure compliance with federal and Puerto Rico law.

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## **SECTION VII – COMPLAINTS**

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

### **Privacy Officer**

IRIAMAR VELEZ QUINONES, MD  
URB. GARCIA, 60 CALLE 16  
ARECIBO, PR 00612  
(787) 878-3211  
IVELEZ@IRIAMARVELEZMD.COM

You may also file a complaint with:

U.S. Department of Health and Human Services  
Office for Civil Rights

You will not be retaliated against for filing a complaint.

**EFFECTIVE DATE: February 14, 2026**