



## Notice of Privacy Practices

This notice describes how your protected health information (PHI) may be used or disclosed.

Effective: August 1, 2025

### Uses and Disclosures of Your Health Information

As a mental health service provider in Puerto Rico, we are obligated by the federal Health Insurance Portability and Accountability Act (HIPAA) and other state and federal laws to protect the privacy of your health information. We are also required to provide you with this notice, explaining our legal privacy practices, and comply with its terms.

Your protected health information may be used or disclosed without your written authorization in the following circumstances:

#### For treatment purposes

We will share your information with other professionals involved in your psychological, psychiatric, or medical care when necessary to coordinate your treatment.

#### For payment purposes

We will use your information to bill you, your health plan, or any other entity responsible for paying for your services.

#### For clinic operations

We may use your information to perform administrative functions, improve the quality of services, or train clinical staff.

#### By law

We will disclose your information when required by law, for example:

- Suspected abuse of children, the elderly, or people with disabilities.
- If there is a clear risk of harm to you or others.
- When required by a court order or valid subpoena.

#### For health and safety emergencies

If you are in danger, and it is considered necessary to disclose information to prevent imminent harm to your health or safety or that of others.

For any other use of your information, we will need your **prior written authorization**.

You may revoke this authorization at any time, in writing, except in cases where we have already acted upon it.

You have the following rights under HIPAA and Puerto Rico law:

- Access your medical record: You have the right to review and request copies of your medical record, with some legal exceptions.
- Request corrections: You can request corrections to information you believe is incorrect or incomplete.
- Request restrictions: You can request that your information not be shared with certain people or entities (although we are not required to grant all requests).
- Receive confidential communications: You can request that we contact you at certain phone numbers, addresses, or other means of communication.
- Obtain a disclosure history: You have the right to know when and with whom your information has been shared, other than for treatment, payment, or operational uses.
- Receive a copy of this notice.

We reserve the right to modify this notice at any time. The new version will apply to all information we already have about you. Updated versions will be available on our website.

If you would like more information, you can contact:

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