



Notice of Privacy Practices

YOUR INFORMATION • YOUR RIGHTS • OUR RESPONSIBILITIES

Cornell Medicine, NewYork-Presbyterian, and Columbia University participate in an Organized Health Care Arrangement (OHCA). This allows us to share health information to carry out treatment, payment and joint health care operations relating to the OHCA, including integrated information system management, health information exchange, financial and billing services, insurance, quality improvement, and risk management activities. Organizations that will follow this notice include Weill Cornell Medicine, NewYork-Presbyterian sites, Columbia University and their entities.

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 page is intended as a summary of the Notice. Please review the remainder of the Notice for more details.

Your Rights

You have the right to:

- Request a copy of your paper or electronic medical record
- Request a correction to your paper or electronic medical record
- Request confidential communications
- Ask us to limit the information we share
- Get a list of certain disclosures we have made of your information
- Get a copy of this privacy notice
- Choose someone to act for you, in accordance with certain legal requirements
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Include you in a hospital directory
- Raise funds & Marketing Purposes

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions
- Assist in a disaster relief effort



Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and certain other health information we have about you. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- For your convenience, we recommend that you use our patient portal to see your health information. Ask us how to do this.

Ask us to correct your medical record

- You can ask us to correct information about you in your medical record that you think is incorrect or incomplete by writing to the Privacy Officer at the end of this notice.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- 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. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times and with whom we’ve shared your health information for six years prior to the date you ask. We are not required to include disclosures for treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this Privacy Notice

- You can ask for a paper copy of this Notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting the Privacy Officer where the violation occurred:
 - Weill Cornell Medicine at privacy@med.cornell.edu or by calling: 646-962-6930.
 - NewYork-Presbyterian at privacy@nyp.org or by calling: 212-746-1644.
 - Columbia University at hipaa@columbia.edu or by calling: 212-305-7315.



**Weill Cornell
Medicine**

**NewYork-
Presbyterian**



COLUMBIA

- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will try to accommodate your requests where we can.

In these cases, you have both the right and choice to tell us whether to:

- Share information with your family, close friends, or others involved in your care
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Certain marketing purposes
- Most sharing of psychotherapy notes

In the case of marketing & fundraising:

- We may contact you for marketing and fund raising efforts, but you can tell us not to contact you again.

Health Information Exchange:

- We may also participate in certain health information exchanges that share health information electronically with other healthcare providers, as permitted by New York and federal law.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following way.

Treat you

We can use your health information to treat you and share it with other professionals who are treating you.

Example: A doctor treating you asks another doctor about your overall health condition.

Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.



How else can we use or share your health information?

We are allowed or required to share your information in other ways- usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone’s health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations for organ, eye or tissue donation or transplantation.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers’ compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers’ compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order or in response to a subpoena if certain requirements are met.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.



**Weill Cornell
Medicine**

**NewYork-
Presbyterian**



COLUMBIA

Changes to the Terms of this Notice

We can change the terms of this Notice, and the changes will apply to all information we have about you. The new Notice will be available upon request, in our office, and on our web site.

Other Instructions for Notice

- In addition to the Federal rules regarding privacy, we will follow New York State laws regarding health care privacy. We will obtain appropriate consents before we share information concerning your genetic information, HIV status, substance abuse and certain mental health information. We also will obtain your consent for other uses and disclosures of your health information when required by New York law to do so.

Weill Cornell Medicine, NewYork-Presbyterian, and Columbia University cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

Weill Cornell Medicine, NewYork-Presbyterian, and Columbia University 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。

Weill Cornell Medicine, NewYork-Presbyterian, and Columbia University соблюдает применимое федеральное законодательство в области гражданских прав и не допускает дискриминации по признакам расы, цвета кожи, национальной принадлежности, возраста, инвалидности.



**Weill Cornell
Medicine**

**NewYork-
Presbyterian**



COLUMBIA

NOTICE OF PRIVACY PRACTICES

ACKNOWLEDGEMENT OF RECEIPT

Weill Cornell Medicine, NewYork-Presbyterian, and Columbia University participate in an Organized Health Care Arrangement (OHCA). This allows us to share health information to carry out treatment, payment and joint health care operations relating to the OHCA, including integrated information system management, health information exchange, financial and billing services, insurance, quality improvement, and risk management activities. Organizations that will follow this notice include Weill Cornell Medicine, NewYork-Presbyterian sites, Columbia University and their entities.

Date: _____

I acknowledge that I was provided with a copy of the Weill Cornell Medicine, NewYork-Presbyterian, and Columbia University Notice of Privacy Practices.

Patient Name (Print): _____

Patient (Signature): _____

If completed by a patient's personal representative (or if the patient is a minor), please print and sign your name in the space below.

Personal Representative/Guardian (Print): _____

Personal Representative/Guardian (Signature): _____

Relationship to the patient: _____

Please check this box if you wish to have your name, location, and health condition removed from the hospital directory that is used to disclose your admission status to external party queries. (For NYP Use Only)

Effective Date: April 2, 2018