

Notice of Privacy Practices



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.

I. About this Notice

This notice applies to all Health Services at Columbia (HSC) employees and volunteers. HSC values every patient's right to privacy, and will not release individually identifiable health information without your permission, unless such action is in accordance with state and federal law, or under the circumstances stated in this notice.

For a more comprehensive notice, please visit www.health.columbia.edu. HSC reserves the right to change these practices at any time and to make new provisions effective for all confidential health information we maintain. In case of such amendment, we will post a revised notice on the HSC website.

II. HSC Responsibilities

All HSC staff members are required to uphold your privacy in all settings. We have procedural and physical safeguards in place that protect your health information. As your health care provider we have the responsibility to:

- Maintain the privacy of health information that identifies you
- Provide you with a notice of our legal duties and privacy practices with respect to your health information
- Abide by the terms of this notice
- Notify you if we are unable to agree to a restriction you have requested in writing
- Accommodate reasonable requests you make in writing to communicate health information by alternative means or alternative locations

III. Use and Disclosure of Health Information

As a patient of HSC, you consent that we use your health information for internal purposes to provide you with the best possible care. Confidential health information will be shared, without your authorization, to ensure appropriate:

- **Treatment** - to a provider, such as physicians, hospitals, and others who provide medical care and services to you
- **Payment** - to an insurance company or other vendor responsible for paying your claims
- **Health Care Operations** - that are intended to improve the quality of care through activities such as accreditation, quality assessment and training

Important: Please read carefully

Notification and Acknowledgement of Privacy Practices Regarding Protected Health Information

Our Notice of Privacy Practices provides detailed information about how we may use and disclose protected health information about you. As a patient you have a right to a copy of that Notice. You may obtain a copy of the Notice from our Registration Desk or from our website located at www.health.columbia.edu. We reserve the right to change the Notice, and if we do, you may obtain a copy of the revised Notice from the same locations noted above. **Please acknowledge your receipt of this notification by signing this card.** Thank you.

Name: _____

Date of Birth: MM / DD / YY Signature: _____

www.health.columbia.edu

HSC will also disclose health information for external purposes, without your authorization, to the following entities:

- **Public Health or Other Authority** - in order to avert a serious threat to health or safety (for example, to report a contagious disease). Disclosure would only be to someone able to help prevent the threat or resolve the unsafe crisis.
- **Government or Regulatory Body** - a law enforcement agency to investigate a crime; in response to a judicial subpoena or other required legal proceeding; specialized government functions such as national security and intelligence activities; health oversight activities such as audits; or to report a victim of abuse, neglect or domestic violence when mandated by law
- **Professions Relating to Decedents** - coroners, medical examiners, or funeral directors
- **Others as required by law** - organ and tissue donor facilitation, authorized research purposes, and workers' compensation or similar programs
- **Situations in which disclosure is necessary** to ensure safety or protect life.

IV. Patient Rights

Although your health record is the physical property of HSC, the information belongs to you. If you request a copy of your health record, one will be provided to you within ten business days. Under federal law, you also have the right upon written request to:

- Receive a paper copy of this notice of privacy practices
- Appeal for a restriction on certain uses and disclosures of your information
- Amend your health record, when inaccurate or incomplete
- Obtain an accounting of certain disclosures of your health information
- Receive confidential communication of your health information by alternative means or at alternative locations
- Rescind your authorization to use or disclose health information except to the extent that action has already been taken

V. Complaints or Questions

If you believe your privacy rights have been violated, you may file a complaint with Columbia University or with the Secretary of the Department of Health and Human Services. If you have a question about this privacy notice or would like additional information, please contact:

Privacy Officer
Columbia University Medical Center
601 West 168th Street, Apt. 22
New York, NY 10032
Email: HIPAA@columbia.edu

