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 about you 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.

• 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.

Changes to the Terms of this Notice
We can change 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.

This Notice Covers
- Columbia Health
- Columbia’s physicians, dentists, healthcare and allied health professionals when practicing on Columbia University owned or leased space, as well as their clinical support staff

Office of HIPAA Compliance
630 West 168th Street, Box 159
New York, NY 10032
Tel. 212.305.7315    Fax. 212.342.5173
Email: HIPAA@cumc.columbia.edu
http://www.cumc.columbia.edu/hipaa

Effective Date: April 2, 2018
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 your information as we:
- Work with a medical examiner or funeral director
- Respond to organ and tissue donation requests
- Do research
- Help with public health and safety issues
- Bill for your services
- Run our organization
- Raise funds & marketing purposes
- Include you in a hospital directory
- Get a copy of this privacy notice
- Choose someone to act for you

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

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.

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.
- Columbia University at hipaa@columbia.edu or by calling: 212-305-7315.
- 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.

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 health 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
- Include your information in federal health care program directories
- Respond to marketing efforts
- Participate in research
- Participate in a quality improvement
- Share information with another health care provider
- Share your health information upon request

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.