



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.

Effective Date: April 14, 2003

50920 (3/03)

WHO WILL FOLLOW THIS NOTICE

We may use your medical information for treatment, payment, hospital operations, research or fundraising purposes as described in this notice. All employees of NewYork-Presbyterian Hospital follow these privacy practices. The physicians on our medical staff, who are on the faculty of Columbia University Health Sciences or Weill Medical College of Cornell, will also follow this notice when they work at the hospital.

ABOUT THIS NOTICE

This notice will tell you about the ways we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- ◆ make sure that medical information that identifies you is kept private;
- ◆ give you this notice of our legal duties and privacy practices with respect to your medical information; and
- ◆ follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and give examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one or more of the categories.

- ▶ **For Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students or other Hospital personnel who are involved in your care. Different departments of the Hospital also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to people outside the Hospital who may be involved in your medical care.

- ▶ **For Payment.** We may use and disclose medical information about you so that we may bill for treatment and services you receive at the Hospital and can collect payment from you, an insurance company or another party. For example, we may need to give information about surgery you received at the Hospital to your health plan so that the plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive in order to obtain prior approval or to determine whether your plan will cover the treatment. We may also disclose information about you to other healthcare facilities for purposes of payment as permitted by law.

- ▶ **For Healthcare Operations.** We may use and disclose medical information about you for operations of the Hospital. These uses and disclosures are necessary to run the Hospital and make sure that all of our patients receive quality care. For example, we may use medical information to evaluate the performance of our staff in caring for you. We may also combine medical information about many patients to decide what additional services the Hospital should offer, what services are

not needed and whether certain new treatments are effective. We may also combine medical information we have with medical information from other hospitals to compare our performance and to make improvements in the care and services we offer. We may also disclose information to doctors, nurses, technicians, medical students and other Hospital personnel for educational purposes. We may also disclose information about you to other healthcare facilities as permitted by law.

- ▶ **Appointment Reminders.** We may use and disclose medical information to contact you to remind you that you have an appointment for treatment or medical care.
- ▶ **Treatment Alternatives.** We may use and disclose medical information to tell you about possible treatment options that may be of interest to you.
- ▶ **Health-Related Benefits and Services.** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.
- ▶ **Fundraising Activities.** We may contact you to raise money for fundraising activities at the Hospital. Unless you give us permission to use additional information, we would limit use of your information to contact information, such as your name, address and telephone number, and the dates you received treatment or services at the Hospital. If you do not want to be contacted for fundraising efforts, you may opt out of such fundraising efforts by following the procedures described in fundraising letters you receive or by notifying the Director of Operations in the Office of Development in writing at 525 East 68th Street, Mail Box 123, New York, NY 10021.

- ▶ **Inpatient Directory.** We may include certain limited information about you in the Hospital's directory while you are a patient at the Hospital so your family, friends and clergy can visit you in the Hospital and generally know how you are doing. This information may include your name, location in the Hospital, your general condition (e.g., undetermined, fair, good, etc.) and your religious affiliation. The information in the directory, except for your religious affiliation, may be released to people who ask for you by name. This information, including your religious affiliation, may be given to a member of the clergy, such as a priest or rabbi, even if they do not ask for you by name. You may specifically request that we not include you in the directory when you register.

- ▶ **Individuals Involved in Your Care or Payment for Your Care.** We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

- ▶ **Research.** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information to balance research needs with patients' needs for privacy of their medical information. Before we use or disclose medical information for research, the

project will be approved through this process. However, we may disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave the Hospital. When required by law, we will ask for your specific written authorization if the researcher will have access to your name, address or other information that reveals who you are or will be involved in your care at the Hospital.

- ◆ **As Required By Law.** We will disclose medical information about you when required to do so by federal, state or local law.
- ◆ **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

SPECIAL SITUATIONS

- ◆ **New York State Law.** Special privacy protections apply to HIV-related information, alcohol and substance abuse information, mental health information and genetic information. Some parts of this general Notice of Privacy Practices may not apply to these types of information. If your treatment involves this information, you will be provided an explanation of how the information will be protected. For further information, please contact the Privacy Office. This contact information is listed on the last page of this Notice.
- ◆ **Organ and Tissue Donation.** If you are an organ or tissue donor, we may release medical information about you to organizations that handle organ

procurement or organ, eye or tissue transplantation or to an organ donation bank.

- ▶ **Military and Veterans.** If you are a member of the armed forces of the United States or another country, we may release medical information about you as required by military command authorities.
- ▶ **Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs.
- ▶ **Public Health Risks.** We may disclose to authorized public health or government officials medical information about you for public health activities. These activities generally include the following:
 - ▶ to a person subject to the jurisdiction of the Food and Drug Administration (FDA) for purposes related to the quality, safety or effectiveness of an FDA-regulated product or service;
 - ▶ to prevent or control disease, injury or disability;
 - ▶ to report disease or injury;
 - ▶ to report births and deaths;
 - ▶ to report child abuse or neglect;
 - ▶ to report reactions to medications and food or problems with products;
 - ▶ to notify people of recalls or replacements of products they may be using;
 - ▶ 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;
 - ▶ 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.

- ▶ **Health Oversight Activities.** We may disclose medical information about you to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure.
- ▶ **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request or other legal demand by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- ▶ **Law Enforcement.** We may release medical information about you if asked to do so by a law enforcement official:
 - ▶ in response to a court order, subpoena, warrant, summons or similar process;
 - ▶ to identify or locate a suspect, fugitive, material witness or missing person;
 - ▶ about the victim of a crime if, under certain circumstances, we are unable to obtain the person's agreement;
 - ▶ about a death we believe may be the result of criminal conduct;
 - ▶ about criminal conduct at the Hospital;
 - ▶ in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime; and

- ◆ to authorized federal officials so they may provide protection for the President and other authorized persons or conduct special investigations.
- ◆ **Coroners, Medical Examiners and Funeral Directors.** We may release medical information about you 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 to funeral directors so they can carry out their duties.
- ◆ **National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

- ◆ **Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually this includes medical and billing records. This right does not include psychotherapy notes, information compiled for use in a legal proceeding or certain information maintained by laboratories.

In order to inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the appropriate Medical Correspondence Unit, listed on the last page of this Notice, for the location at which you were treated. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to medical information, you may request in writing that the denial be reviewed. To request a review, contact the Privacy Office. This contact information is listed on the last page of this Notice. A licensed healthcare professional will conduct the review. We will comply with the outcome of the review.

- ◆ **Right to Amend.** If you think that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Hospital.

To request an amendment, your request must be made in writing and submitted to the appropriate Medical Correspondence Unit, listed on the last page of this Notice, for the location at which you were treated. In addition, you must give a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- ◆ was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- ◆ is not part of the medical information kept by or for the Hospital;
- ◆ is not part of the information that you would be permitted to inspect and copy; or
- ◆ is accurate and complete.

We will provide you with written notice of action we take in response to your request for an amendment.

- ▶ **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of certain disclosures we made of medical information about you. We are not required to account for any disclosures you specifically requested or for disclosures related to treatment, payment or healthcare operations or made pursuant to an authorization signed by you.

To request an accounting of disclosures, you must submit your request in writing to the Privacy Office. This contact information is listed on the last page of this Notice. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. We will attempt to honor your request. If you request more than one accounting in any 12-month period, we may charge you for our reasonable retrieval, list preparation and mailing costs for the second and subsequent requests. We will notify you of the costs involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- ▶ **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or healthcare operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend.

To request a restriction, you must contact the Privacy Office. This contact information is listed on the last page of this Notice.

We are not required to agree to your request. If we agree to your request, we will comply with your request unless the information is needed to provide you emergency treatment.

◆ **Right to Request Confidential Communications.**

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must submit a written request to the Privacy Office. This contact information is listed on the last page of this Notice. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will attempt to accommodate reasonable requests.

◆ **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice at your first treatment encounter at the Hospital. You may get an additional copy of this Notice at any time by contacting the Privacy Office. This contact information is listed on the last page of this Notice.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for medical information about you we already have as well as any information we receive in the future. We will post copies of the current Notice at the Hospital. The Notice will contain on the first page, in the bottom right-hand corner, the effective date. In addition, each time you register at or are admitted to the Hospital for treatment or healthcare services as an inpatient or outpatient, we will make available copies of the current Notice. Any revisions to our Notice will also be posted on our website.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Hospital or with the Secretary of the Department of Health and Human Services. To file a complaint with the Hospital, please call or write to the Privacy Office. This contact information is listed on the last page of this Notice.

You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your written authorization on a Hospital authorization form. If you provide us authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. However, we may continue to use or disclose that information to the extent we have relied on your authorization. You also understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provided to you.

**FOR MORE INFORMATION OR FURTHER
QUESTIONS PLEASE CONTACT:**

The Privacy Office

NewYork-Presbyterian Hospital
525 East 68th Street, MailBox 10
New York, N.Y. 10021
(212) 746-1327
Email: Privacy@nyp.org

Medical Correspondence Units

New York Weill Cornell Medical Center
525 East 68th Street, F-041
New York, NY 10021
(212) 746-0530

Columbia Presbyterian Medical Center
622 West 168th Street, V.C. 2nd Floor
New York, NY 10032
(212) 305-6031

The Allen Pavilion
Contact Columbia Presbyterian Medical Center

Westchester Division
21 Bloomingdale Road
White Plains, NY 10605
(914) 997-5725

If you were treated at a Clinic or other off site location,
you should contact that location for additional
information.

You may obtain a copy of this notice electronically at
our website: <http://www.nyp.org>.