

Weill Cornell Medicine, NewYork-Presbyterian, and
Columbia University participate in an Organized Health

Get an electronic or paper copy of your medical record

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



HIPA § NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT OF RECEIPT

Bar Code 50922

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: @TD@ Time: @NOW@

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