Notice of Privacy Practices

Effective Date: August 2026

Your Information Your Rights Our Responsibilities

Weill Cornell Medicine, NewYork-Presbyterian Hospital, and Columbia University participate in an Organized Health Care Arrangement (OHCA). This allows us to share your health information to carry out treatment, payment and joint health care operations relating to the OHCA, including but not limited to, shared management of certain systems, health information exchange (HIE), financial and billing services, insurance, quality improvement, and risk management activities. Organizations that will follow this notice include Weill Cornell Medicine, NewYork-Presbyterian Hospital sites, Columbia University, and their related entities as listed in the OHCA.

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 restrict or 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 or use information for marketing purposes

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill and collect payment for services provided to you
- 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. Contact our Health Information Management Department 646-697-4764 for more information.
- For your convenience, we recommend that you use our patient portal to see your health information or request a copy of your medical records. Ask us how to do this.

Ask us to correct your medical record

- You can ask us to correct or change information about you in your medical record that you think is incorrect or incomplete by visiting our website Accessing Medical Records | Amendments | NewYork-Presbyterian and completing the form or by contacting our Health Information Management Department at 646-697-4764 for more information
- We may say "no" to your request, but we will 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 cell 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 affects 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 have shared your information

- You can request an accounting of disclosures listing the times and with whom we have 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 will 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

- If you feel we have violated your rights, you can file a complaint with the Privacy Office at privacy@epictogetherny.org or anonymously report your concerns:
  - NewYork Presbyterian at (888) 308-4435 or via web-based form
  - Columbia University at (866) 627-3768 or via web-based form
  - Weill Cornell Medicine at (866) 293-3077 or via web-based form

- 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 cannot 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 respond to 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 psychotherapy notes are maintained outside of your electronic medical record.

In the case of marketing & fundraising:

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

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 your health insurance plan information about you so it will pay for your services. We may also use your health information to verify your eligibility to pay for health care 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 must 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

Columbia, Weill Cornell, NYP, and their OHCA related entities to conduct research to improve people's health. We may use your health information to plan research studies or to see if you might be a good fit for a study. Each study is reviewed and approved by a committee that protects the rights and safety of people who take part in the research.

- Sometimes, we are allowed to use your health information if this committee gives permission.
- You may be contacted and asked to join a research study.
- You will only be contacted if these committees approve the study.
- Joining a research study is your choice. You do not have to join, and you can stop at any time.
- Your decision will not affect the medical care you receive.

If you do not want to be contacted about research opportunities, you can:
- Email research@epictogetherny.org
- Call 929-440-8000
- Talk with your healthcare provider, or
- Update your preferences in Connect - Login Page (Epic's MyChart patient portal).

Your healthcare provider may still choose to reach out to you about research studies that are related to your care.

We will take reasonable steps not to contact you about other kinds of research if you choose not to hear from us.

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 are 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.

Additional Rights and Privacy Protections for Substance Use Disorder Programs.

The following additional protections and rights are given to substance use disorder (SUD) records created in our SUD clinics. This section supplements the rest of this Notice and describes:

(i) How SUD records about you may be used and disclosed,
(ii) Your rights with respect to your SUD records, and
(iii) How to file a complaint concerning a violation of the privacy or security of your SUD records, or your rights concerning your SUD records.

Substance Use Disorder (SUD) Records:

- We are required to get your written consent before sharing your SUD records, except in specific situations, including when we treat you for medical emergencies or when we receive court orders.
- We will not use or share your SUD records in any civil, criminal, administrative or legislative proceedings against you unless either: (1) you consent in writing; or (2) the court orders us to share the information and you have been given an opportunity by the court to be heard and to object to the disclosure.
- We will ask for your written consent before we share your SUD records for non-emergency treatment, payment, and health care operations. If you provide consent, we will still follow federal and state law when we use or share your information.
- Before we decide to use your SUD records for fundraising, we will let you know and give you the opportunity to opt out.
- We can share your SUD records without your consent to public health authorities if they are de-identified according to the standards established under federal privacy law so that these records are not

associated with you, personally.

Revoking (Withdrawing) Consent for Using or Sharing SUD Records

You may revoke (withdraw) your consent at any time by submitting a request to your provider. We will no longer use or disclose your SUD records after such time, except to the extent we have already acted in reliance upon it.

Your Rights Related to Your SUD Records

As a patient in any of our SUD clinics, you have the rights listed in this Notice along with the specific right to a list of disclosures for the past three (3) years. To request an Accounting of Disclosures by calling Health Information Management 646-697-4764 or completing the following form

Changes to the Terms of this Notice

We can change the terms of this Notice, and the changes will apply to all the information we have about you. The new Notice will be available upon request, in our facilities and practice locations, and online.

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.

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, including your SUD records.
- 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.

Weill Cornell Medicine, NewYork-Presbyterian Hospital, and Columbia University comply with applicable Federal civil rights laws and does not discriminate on the basis of race, color, religion, gender identity, national origin, age, sexual orientation, source of payment disability, or sex.

Weill Cornell Medicine, NewYork-Presbyterian Hospital, and Columbia University Cumple con las leyes federales aplicables de derechos civiles y no discrimina por motivos de raza, color, religión, identidad de género, origen nacional, edad, orientación sexual, discapacidad, fuente de pago ni sexo.

Weill Cornell Medicine, NewYork-Presbyterian Hospital, and Columbia University 遵守适用的联邦民权法律，不因种族、肤色、宗教、性别认同、国籍、年龄、性取向、支付来源、残疾或性别而歧视任何人。

Weill Cornell Medicine, NewYork-Presbyterian Hospital, and Columbia University Соблюдает применимое федеральное законодательство о гражданских правах и не допускает дискриминации по признаку расы, цвета кожи, религии, гендерной идентичности, национального происхождения, возраста, сексуальной ориентации, источника оплаты, инвалидности или пола.

Organized Healthcare Arrangement (OHCA)

This joint Notice describes the privacy practices of the following organizations which may be revised from time to time. Please check the website HERE for the most current information.