Notice of Privacy Practices

Effective Date: December 2016

Policy Statement

The Columbia University Healthcare Component (CUHC) will provide every new patient with the Notice of Privacy Practices (Notice) in compliance with the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Reason(s) for the Policy

The Health Insurance Portability and Accountability Act of 1996 include a regulatory requirement to provide every new patient with the organization’s Notice of Privacy Practices (Notice). The Notice informs patients how their Protected Health Information (PHI) may be accessed, used and disclosed by the CUHC and how to exercise their rights with respect to their PHI.

Primary Guidance to Which This Policy Responds

The Health Insurance Portability and Accountability Act of 1996 45 CFR 164.520
http://www.hhs.gov/ocr/privacy/hipaa/understanding/coveredentities/notice.html

Responsible University Office & Officer

Office of HIPAA Compliance, Privacy Officer

Revision History

Issued: December 2003
Reviewed: October 2007
Revised: October 2009
December 2016

Who is governed by this Policy

This policy applies to all workforce members of the Columbia University Healthcare Component including but not limited to faculty, staff and students.

Who Should Know This Policy

All CUHC workforce members

Exclusions & Special Situations

CUHC workforce members working in NewYork-Presbyterian Hospital (NYP) space or other healthcare facilities shall follow the policies as outlined in that organizations Notice of Privacy Practices.

Policy
1. CUHC’s Notice of Privacy Practices shall be provided to all new patients.
2. Paper copies of the Notice shall be available in all faculty Practice locations. In addition, an electronic copy of the Notice is available on the HIPAA web page.
3. The Notice of Privacy Practices shall be posted in all practice locations and on the webpage for ColumbiaDoctors, Columbia School of Dental Medicine, Student Health Services and Columbia Health Services.
4. Contact Print Services at Columbia to obtain copies of the Notice and the poster.
5. The patient (or designated representative) shall sign an acknowledgement form to document their receipt of the Notice. The acknowledgment form shall be maintained in the medical record. If the patient refuses to sign the acknowledgment form, indicate on the form “Patient refused to sign”, document staff name and the date the Notice was offered.
6. Receipt of the Notice may also be documented within the applicable patient registration system.
7. Substantive changes to the Notice will require that an updated version of the Notice is provided to all patients.
8. All documentation related to the receipt and acknowledgment of the Notice shall be maintained in the medical record for a minimum of six (6) years.
9. Questions about the Notice shall be directed to the Practice Manager or the Office of HIPAA Compliance.

The Notice in plain language describes:

- How the CUHC may access, use and disclose an individual’s PHI.
- A patient’s rights with respect to their information and how an individual may exercise their rights, including how to report a complaint.
- CUHC’s legal duties to maintain the privacy of the individual’s PHI
- Who to contact for further information about the CUHC’s privacy policies.

Responsibilities

CUHC workforce members must:

- Provide Notice to new patients
- Obtain a signed acknowledgement form from the patient and maintain the form in the medical record
- Document receipt of the Notice in the patient registration system (if applicable)
- Forward patient inquiries about Notice and/or patient rights to the appropriate Practice Manager or the Office of HIPAA Compliance
- Have copies of the Notice available at all Practice locations

Definitions

*Columbia University Healthcare Component* – Columbia University is a Hybrid Entity that has designated as its Healthcare Component (the *Columbia University Healthcare Component*) Columbia University Medical Center and the other colleges, schools, departments and offices of the University to the extent that they (i) provide treatment or health care services and engage in Covered Transactions electronically or (ii) receive Protected Health Information to
provide a service to, or perform a function for or on behalf of, the Columbia University Healthcare Component.

**Covered Entity** – (i) a health plan, (ii) healthcare clearinghouse, or (iii) healthcare provider that transmits any health information in electronic form.

**Hybrid Entity** – A single legal entity (i) that is a Covered Entity (ii) whose business activities include both Covered and non-Covered functions and (iii) that designates health care components within the Hybrid Entity as more particularly described in Section 164.103

**Protected Health Information** – Information about a patient, including demographic information, that may identify a patient, which relates to the past, present, or future physical or mental health or condition of a patient; the provision of health care to a patient; or the past, present or future payment for the provision of health care to a patient.

**Contacts**

Office of HIPAA Compliance, Privacy Officer  
Tel: (212) 305-7315  
Email: HIPAA@cumc.columbia.edu

**Cross References to Related Policies**

**Privacy Program**  

**Web Address**  

**Appendix**

- **Forms**  
  Notice of Privacy Practices  
  Notice of Privacy Practices Patient Acknowledgement Form

- **Other Related Documents**  
  Notice of Privacy Practices FAQ's - Office for Civil Rights