

# Notice of Privacy Practices: Your Information. Your Rights. Our Responsibilities

*Helping you live  
well to learn well*

The Ceriale Center  
for Cornell Health  
110 Ho Plaza,  
Ithaca, NY  
14853-3101

Web:  
[health.cornell.edu](http://health.cornell.edu)

Phone (24/7):  
607-255-5155

Fax:  
607-255-0269

At Cornell Health, we have a long-standing commitment to the rights and privacy of our patients and clients.

We have always protected the confidentiality of health information of the people who rely on us for care. State and federal laws also protect the confidentiality of this sensitive information.

As required by the Health Insurance Portability and Accountability Act (HIPAA) of 1996, this notice describes how health information about you may be used and disclosed, and how you can get access to this information. **Please review it carefully.**

## UNDERSTANDING YOUR HEALTH INFORMATION

We collect health information from you: through the health history form you complete during your Cornell enrollment, when you receive services from Cornell Health and/or transfer records from services received elsewhere, and in payment information.

A confidential health record is made each time you have a visit related to your personal health care, contact us by phone or email, or use Cornell Health's secure web portal (myCornellHealth).

This record usually contains information that identifies you, such as your name, date of birth, Cornell identification number, address and phone numbers where you can be reached. It may also contain things like test results, immunizations, diagnoses, personal and family history, medication information, assessments, and treatment plans.

**Your health information is used to:** plan for your care and treatment; for communication among your health care providers; as a legal document describing the care you received; as a way for you or your health plan/insurance company to verify the services provided; to help Cornell Health review and improve health care and outcomes; and to train health professionals.

**Other uses and disclosures:** Any uses or disclosures not specifically described in the Notice of Privacy Practices will not be made without your written authorization. We do not sell personal health information, or use it for marketing or fundraising purposes.

## YOUR RIGHTS

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to you.

### Get an electronic or paper copy of your health record

- You can ask to see or get an electronic or paper

copy of your health record and other health information we have about you. Ask us how to do this.

- 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.

### Ask us to correct your health record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll 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 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

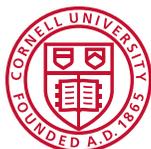
- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such 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 someone has legally recognized authority, 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 our Privacy Officer.
- 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., Room 509F HHH Bldg.; Washington, D.C. 20201, emailing [OCRComplaints@hhs.gov](mailto:OCRComplaints@hhs.gov), or visiting [hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html](https://hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html).
- 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 follow your instructions, consistent with law and our policies.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.

*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.*

### **OUR USES & DISCLOSURES**

#### **How do we typically use or share your health information?**

We typically use share your health information in the following ways.

#### **Treat you**

We can use your health information and share it with other professionals who are treating you.

*Example: A doctor treating you for an*

*injury 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 information about you to your health insurance plan so it will pay for your 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 have to meet many conditions in the law before we can share your information for these purposes. For more information see: [hhs.gov/sites/default/files/ocr/privacy/hipaa/understanding/consumers/consumer\\_summary.pdf](https://hhs.gov/sites/default/files/ocr/privacy/hipaa/understanding/consumers/consumer_summary.pdf).

#### **Help with public health & 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
- Reporting information to your employer as required under laws addressing work-related illnesses and injuries or conducting medical surveillance of your workplace.

#### **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.

## **CORNELL HEALTH'S COMMITMENT TO CONFIDENTIALITY**

Please be assured that medical care and counseling at Cornell Health are confidential. Health care records are completely separate from all other university records. Cornell Health staff members confer with one another as needed to provide integrated care for you; in the event of your treatment at Cayuga Medical Center or another hospital, the hospital and Cornell Health will share relevant health information for continuity of care.

Otherwise, Cornell Health will not release any information about you without your written permission, except as authorized or required by law, or in our judgment as necessary to protect you or others from a serious threat to health or safety.

Cornell Health uses an electronic health records system, which provides a web portal ([myCornellHealth](https://myCornellHealth.com)) to facilitate secure communication.

#### **Respond to organ and tissue donation requests**

We can share health information about you with organ procurement organizations.

#### **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.

## 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.
- 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:

Visit [hhs.gov/hipaa/for-individuals/index.html](https://hhs.gov/hipaa/for-individuals/index.html).

## CHANGES TO THE TERMS OF THIS NOTICE

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our website, and posted in our facility.

### Questions

If you have questions about this Privacy Notice, please contact:

#### Privacy Officer

Cornell Health  
110 Ho Plaza  
Ithaca, NY 14853-3101

Phone: 607.255.5155  
Email: [hipaa@cornell.edu](mailto:hipaa@cornell.edu)

### EFFECTIVE DATE:

February 16, 2026

## ADDITIONAL PROTECTIONS FOR SUBSTANCE USE DISORDER CARE INFORMATION

Health information related to Substance Use Disorder (“SUD”) care has special protections under the law. This section describes the additional protections for records related to SUD care (including a patient’s identity, diagnosis, prognosis, and treatment). We are required to provide patients with this notice of our legal duties and privacy practices with respect to SUD records and to notify affected patients following a breach of unsecured SUD records.

For more information, see: [hhs.gov/hipaa/for-professionals/regulatory-initiatives/fact-sheet-42-cfr-part-2-final-rule/index.html](https://hhs.gov/hipaa/for-professionals/regulatory-initiatives/fact-sheet-42-cfr-part-2-final-rule/index.html).

This section is applicable to SUD treatment information protected under 42 CFR Part 2, which is limited to our SUD care program, and does not apply to information related to your care provided by us outside of this program.

### Our uses and disclosures of SUD records

We may share your SUD care information among our SUD program staff as needed to provide treatment to you, or bill you for services. Usually, we may not tell someone outside the SUD program that you are a patient of the program, or disclose information identifying you as a person with SUD, except in certain circumstances.

We may share your information with:

- medical personnel in a medical emergency
- qualified service organizations providing services on our behalf, if they have agreed in writing to protect your information in the same manner that we do
- law enforcement to report a crime you commit or threaten in our facility or against our personnel
- required agencies in the case of suspected child abuse
- qualified personnel for research, subject to approval and oversight laws
- qualified personnel for audit or program evaluation, if they have agreed in writing to protect your information in the same manner that we do, or if they are with federal, state, or local government agencies authorized by law to oversee our

program or provide payment for health care

- A public health authority, if the information has been de-identified

### Protection in legal proceedings

Your records and testimony about your records may not be shared in civil, administrative, criminal, or legislative proceedings against you, unless there is written consent or a court order. If there is a court order, we will let you know and provide you with an opportunity to object.

### Your right to consent to sharing information

We will ask for your consent to share your SUD records for treatment, payment, and healthcare operations purposes. This will allow us to share your SUD records with providers treating you outside of the SUD program, with your health insurance company, or for quality improvement and other operations purposes.

You may provide a single consent for all future uses or disclosures for treatment, payment, and healthcare operations. Organizations who receive your information for these purposes are required to protect your information under Part 2 or HIPAA.

You can change your mind at any time for future uses and disclosures, by letting us know in writing.

### Your additional SUD rights

You have a right to ask for restrictions of disclosures made with your prior consent for purposes of treatment, payment, and healthcare operations. We will review your request, but are not required to agree (unless the disclosures relate to sharing information with your insurance provider, and your care has already been paid by another source). If we agree, we may still share your information where needed for emergency care or where required by law.

You have a right to an accounting of disclosures of electronic records made to people outside of the SUD program for the past three years. In addition, if you previously consented to sharing your information for treatment through a health information exchange, care management organization or other intermediary, you have a right to a list of disclosures by the intermediary for the past three years.

You have a right to elect not to receive fundraising communications.