

# Cornell Health Pharmacy

## Notice of Privacy Practices

Live Well to  
Learn Well

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

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

Fax:  
607-255-0269

Appointments:  
Monday–Saturday

*Check web for hours,  
services, providers,  
and appointment  
information*

110 Ho Plaza,  
Ithaca, NY  
14853-3101

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 in the following ways:** 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.

To provide you with safe and accurate pharmacy services and to fill medication requests, we must obtain and use your health information, including your prescription records, address, insurance information, and prescription payment history. This information may be collected from yourself, your Cornell Health Registration, your physician, and your insurance agent. Cornell Health Pharmacy employees follow HIPAA Privacy Standards for accessing or disclosing your health information. Any use of this information that is not permitted under HIPAA Privacy Standards requires your written authorization.

### Uses & Disclosure of Protected Health Information

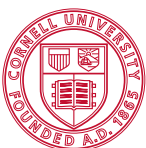
- **Treatment:** We will use your health information to provide the medications and services you receive. Physicians, pharmacists, nurses, technicians, and other individuals involved in your treatment may also access your health information. This also can include third parties such as hospitals, pharmacies, and insurance agencies to process and complete

your service requested at the pharmacy. Reasons for disclosing your information can include: resolving questions resulting from verifying/interpreting prescriptions; identifying drug-drug/drug-health condition interactions; refilling medications; resolving electronic data submission errors; and gathering data to process your prescriptions through a third party.

- **Payment:** The Cornell Health Pharmacy may use and disclose your health information to obtain payment for our services. We may contact your insurer or third party manager to determine what they will pay for your prescription and what your copay will be. The receipt given at time of payment may include information that identifies you, as well as information regarding services that we provided. HIPAA covered entities may also request your health information for their payment activities for their service to you.
- **Healthcare Operations:** The Cornell Health Pharmacy is permitted to use and disclose your health information for the general administrative and business activities necessary for us to operate our pharmacy. Reasons for using your healthcare information can include: monitoring staff performance; conducting audits and compliance programs; and reviewing and resolving grievances.

### We typically use or share your health information in the following ways:

- We can use your health information and share it with other professionals who are treating you.
- We can use and share your health information to run our practice, improve your care, and contact you when necessary.
- We can use and share your health information to bill and get payment from health plans or other entities.
- 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.
- 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; 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.



- We can use or share your information for health research. In most cases, we will ask for your written authorization before using your health information or sharing it with others in order to conduct research. However, under some circumstances, we may use and disclose your information without your written authorization when the research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your information.
- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services and the FDA if it wants to see that we're complying with federal privacy law.
- We can use or share health information about you: for workers' compensation claims; for law enforcement purposes or with a law enforcement official; for special government functions such as military, national security, and presidential protective services; in response to a court or administrative order, or in response to a subpoena.
- **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, 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).
- **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 Cornell Health team at 607-255-5155.

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) to facilitate secure communication. For more information: [www.hhs.gov](http://www.hhs.gov).

### 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 web site, and we will mail a copy to you.

### Questions

If you have questions about this Privacy Notice, please contact:  
 Cornell Health Privacy Officer  
 110 Ho Plaza  
 Ithaca, NY 14853-3101  
 Phone: 607-255-7896  
 Email: [hipaa@cornell.edu](mailto:hipaa@cornell.edu)

### Your Privacy Rights

You have a right to ...

- **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 to correct your health record:** You can ask us to correct health information about you that you think is incorrect or incomplete.
- **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 will say "yes" unless legally required to share that information.

### 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.

### Our 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,