

**Manhattanville in West Harlem  
Implementation Plan Report  
October 15, 2013 Submission**

**Final Declaration Reference and Key Data**

Section Number: 5.07 (c)(iii)      Obligation Trigger: Acquisition by ESD or CU of all Initial  
Stage 1 Condemnation Parcel(s)  
Page Number: 52      Obligation Start Date: March 12, 2012  
Obligation End Date: March 12, 2037 (25 Years from Commencement)  
Status: In Compliance

**Obligation**

*Mobile Dental Center for Pre-School Children.* Commencing with the acquisition by ESD or CU of all Initial Stage 1 Condemnation Parcels, and continuing for a 25-year period commencement, CU shall extend its Mobile Dental Center to service pre-school children and seniors from the Manhattanville in West Harlem area. CU’s College of Dental Medicine, in partnership with the Children’s Aid Society and Crest Healthy Smiles 2010 operates a mobile Dental Center. It is fully equipped with two dental operatories, x-ray equipment, waiting/oral health education area and handicapped accessible chairlift. The Mobile Dental Center is staffed with a dentist, pediatric resident, dental hygienist, dental assistant, and driver/data entry clerk. The Center currently travels to over 50 local Day Care and Head Start centers throughout northern Manhattan during the school year offering children ages 3-5 years comprehensive dental care. Parked adjacent to the host site two or more times per month, follow-up appointments are made every six months. Children requiring specialty services are referred to affiliated Community DentCare or Children’s Aid Society dental clinics located throughout Washington Heights/Inwood and Harlem. CU’s partnership with Alianza Dominicana facilitates enrollment into Medicaid or Child Health Plus for the uninsured.

**Alternatives Based on Changed Conditions**

While the Declaration states the Mobile Dental Center shall service pre-school children and seniors, dental services for seniors are now offered through the ElderSmile program as reflected in the next commitment under Section 5.07(c)(iv).

The services remain the same. The modification clarifies the program through which the services are provided. The Mobile Dental Center focuses on pre-school children. The ElderSmile Program focuses on seniors. Services continue to be provided within the catchment area defined in the commitment overview above. Visits to each host site by the Mobile Dental Center are scheduled in coordination with leadership of each host site. The frequency of visits is determined in collaboration with each site based on site availability and preference. Follow-up appointments are made in accordance with each individual patient’s dental requirements and in coordination with each site.

**Process**

- The College of Dental Medicine will identify local Day Care and Head Start centers throughout Community Board 9 to serve as partners and beneficiaries of the service during the school year.
- The Mobile Dental Center will typically park adjacent to the host site two or more times per month.
- Children requiring specialty services will be referred to affiliated Community DentCare clinics located throughout Washington Heights/Inwood and Harlem.

**External Communications**

Please see Annual Community Outreach and Communications Plan for upcoming year.

**Evidence of Compliance**

1. Link to Mobile Dental Center website
2. Copies of public notifications and/or announcements of center services
3. Annual report

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Monitor Notes



# Mobile Dental Center for Pre-School Children

Link to Mobile Dental Center website:

<http://dental.columbia.edu/page/mobile-dental-center>

The screenshot shows the website for the Mobile Dental Center at Columbia University College of Dental Medicine. The header features the university logo and navigation links for 'About the College', 'CJMC', and 'Columbia University'. A search bar is present on the right. The main navigation menu includes 'Education', 'Patient Care', 'Research', 'Continuing Education', 'Sections And Divisions', 'Alumni And Giving', and 'Students, Faculty, Staff'. The page title is 'Mobile Dental Center'. The main content area describes the center as a program of the college, fully equipped with dental operatories, x-ray equipment, and a waiting/oral health education area. It notes that the van travels to over 65 local Day Care, school areas, and Head Start centers throughout northern Manhattan and the Bronx during the school year, offering comprehensive dental care for children ages 3-5. A list of services provided to children includes dental exams, cleanings, fluoride treatments, sealants, X-rays, restorative care, oral health education, and referrals for specialty and emergency services, as well as free or low cost health insurance. The center's operating hours are Monday to Friday, 9:00 a.m. to 4:00 p.m., in Washington Heights/Inwood & Harlem. Contact information is provided as (212) 305-1045 or email [jd2240@columbia.edu](mailto:jd2240@columbia.edu). The footer contains a grid of links for various departments: Education (DDS Program, Postgraduate programs, Office of Student Affairs, Office of Diversity Affairs, Financial Aid/Tuition and Fees, Global Health Initiative, Student Government Association, Student Research), Patient Care (Dental School Clinics, Faculty Practice), Research (Faculty Funding Opportunities, Office of Research Administration, Research Compliance, Research Faculty, Student Research, Center for Craniofacial Regeneration, Dean's Research Lecture Series, Research Events), About the College (About The School, Campus Information/Directions, Calendars, Office of the Dean, Contact, Faculty (Full Time), Faculty (Part Time), News, FAQ, Map), Continuing Education (CE Contact Info, CE Course Schedule, CE Highlights / Save-the-dates, CE Registration, Directions, FAQ, General Information, Local NYC Accommodations, Venice Newsletter), Sections and Divisions (Section of Adult Dentistry, Section of Growth and Development, Section of Hospital Dentistry, Section of Oral and Diagnostic Sciences, Social and Behavioral Sciences), and Alumni and Giving (Alumni Association, Alumni Benefits & Services, Alumni Career Corner, Alumni Events, Alumni News and Publications, Columbia Alumni Association, Giving Back to CDM, Update Your Contact Info, Contact Us, Yearbooks). Social media icons for Facebook, Twitter, YouTube, and LinkedIn are also present, along with a copyright notice for 2013 Columbia University.

## WHO WE ARE?



### Community DentCare Network

In 1996, Columbia University's College of Dental Medicine, Harlem Hospital Dental Service, Alianza Dominicana and other community-based groups in Washington Heights/Inwood and Harlem partnered to improve access to dental care for underserved children and families. Our network is made up of 7 school-based dental clinics, a Mobile Dental Center located throughout northern Manhattan.

For more information about the  
**Community DentCare Network, please call:**

**Leydis D. De La Cruz**  
**Community DentCare Network**  
630 West 168th Street, P&S Box 20  
New York, NY 10032  
(212) 305-1045  
Email: [ld2240@columbia.edu](mailto:ld2240@columbia.edu)  
Or visit our web page:  
<http://communitydentcare.columbia.edu>

## AFFILIATE CLINICS

### Columbia University College of Dental Medicine Division of Pediatric Dentistry

701 West 168th Street, (Haven Avenue)  
(212) 305-6754

### Columbia University College of Dental Medicine Community DentCare Network

<b>I.S. 143 Dental Clinic</b> 515 West 182nd Street, Rm. #114, NY, NY 10032 (212) 568-4696	<b>I.S. 52 Dental Clinic</b> 650 Academy Street Rm# 237, NY, NY 10034 (212) 567-5629
<b>M.S. 326 &amp; M.S. 328 Dental Clinic</b> 401 W 164th Street, NY, NY 10032 (212) 740-1783	<b>Harlem Children's Zone Promise Academy Charter School Dental Clinic</b> 35 East 125th Street, NY, NY 10035 (646) 537-4200

### Dental Clinics located in Northern Manhattan

#### Harlem Hospital Center Division of Pediatric Dentistry

506 Lenox Ave, MLK Building, RM 6215, NY NY 10037  
(212) 939-2890

#### Thelma C. Davidson Adair Medical & Dental Center of Ryan Center

565 Manhattan Avenue, (124th St. entrance on Hancock Place)  
(212) 222-5221

#### Heritage Health Center Department of Dentistry

1727 Amsterdam Ave, 4th Floor (145th St)  
(212) 862-0054

#### Mount Sinai Hospital and Medical Center // Department of Dentistry

One Gustave Levy Place, NY, 10029  
(212) 241-7681

### Dental Clinics located in the Bronx

#### Albert Einstein College of Medicine Montefiore Medical Center

111 East 210th Street Bronx, NY 10467-2490  
(718) 920-5996

#### Bronx-Lebanon Hospital Center

1770 Grand Concourse Suite 2B  
(718) 901-8410

#### St. Barnabas Hospital Pediatric Dentistry

MILLS Building 1<sup>st</sup> Fl, 183rd Street & 3rd Avenue, BX, NY 10457  
(718) 960-9000 ext. 6675

## Columbia University College of Dental Medicine

## Community DentCare Network

### MOBILE DENTAL CENTER



**SERVING THE CHILDREN  
OF NORTHERN MANHATTAN**

### COMMUNITY DENTCARE NETWORK

*Discover, Educate, Care, Lead is our mission*

## FREQUENTLY ASKED QUESTIONS



All children deserve access to quality oral health services. Our Mobile Dental Center, a program of **Columbia University's College of Dental Medicine Community DentCare Network**, which aims to reduce dental decay and improve the oral health of northern Manhattan's underserved children, through comprehensive dental treatment and oral health education. It's never too early to care for your child's oral health. Our Mobile Dental Center's caring and experienced staff provide services at your child's Head Start, day care or elementary school site. We offer on-site diagnostic, preventive and restorative dental services; oral health promotion and disease prevention information to educate children and their families on the importance of proper oral health.

### **DENTAL SERVICES OFFERED:**

- Dental examinations
- Cleanings
- Fluoride treatments
- Sealants
- Fillings
- X-rays
- Additional dental services
- Oral health education
- Referrals for emergency services
- Health insurance enrollment

### **HOW CAN MY CHILD ACCESS SERVICES?**

Parents should complete a registration form available in your child's school. Include your child's dental insurance information. Completing a registration form ensures your child will receive a comprehensive dental exam, the first step in identifying further treatment needs.

### **WHY SHOULD MY CHILD PARTICIPATE?**

We offer dental services directly at school sites so you don't have to take time off work or lose wages. Your child will also learn the basic tools in proper dental care and develop good oral care habits that will last a lifetime.

### **WHAT INSURANCE COVERAGE DOES THE MOBILE VAN ACCEPT?**

- Medicaid
- All Medicaid Managed Care plans
- Neighborhood Health Plan Child Health Plus



### **WHAT IF MY CHILD HAS PRIVATE INSURANCE?**

Your child will receive a dental exam and oral health education. They may be referred to their own dentist for further treatment. A list of our affiliated dental clinics in your area is also available on the back of this brochure if they do not have their own dentist.

### **WHEN ARE YOU AT MY CHILD'S CENTER OR SCHOOL?**

Appointments are scheduled every 6 months. Check with your child's school about our next visit date. All children with completed registration forms will be seen on the van.

### **WHAT IF MY CHILD IS UNINSURED?**

Our partner, **Alianza** can help families determine eligibility and assist them with enrollment into free or low cost health coverage ensuring that no eligible families are without health coverage. These services are free of cost and confidential.

*For more information on Alianza enrollment services call (212) 740-1960 or visit them at [alianzaonline.org](http://alianzaonline.org) for more information.*



COLUMBIA UNIVERSITY

*College of Dental Medicine*

## COMMUNITY DENTCARE NETWORK

Dear Parent or Guardian:

The Columbia University Community DentCare Network would like to take care of your child's dental needs. We offer a complete range of dental services which include the following:

- **Dental Examination**
- **Cleanings**
- **Fluoride treatments**
- **Sealants**
- **X-rays**
- **Oral Health Education**
- **Referrals for emergency services**
- **Referrals for free or low cost health insurance**
- **Fillings**
- **Extractions**

Our Mobile Dental Center will provide these services at your child's Head Start, Day Care Center, school or Summer Camp Program during program hours.

### **If you want your child to be treated by Columbia's Mobile Dental Center:**

- Please complete entirely the **Medical Questionnaire in BLACK or BLUE ink, remember to date and sign the consent form.** Forms filled out in pencil will be returned to you and your child will not be seen.
- Fill out the HIPPA Form, sign and Date it.
- If your child has Medicaid or Medicaid Managed Care, **YOU MUST PROVIDE A COPY OF INSURANCE CARD WITH HIS/HER IDENTIFICATION NUMBER TO IDENTIFY WHAT FORM OF INSURANCE THE CHILD IS COVERED UNDER.** If you do not have health insurance coverage, we can help you apply. To obtain assistance, circle (YES) on the bottom of the Health History/Consent form attached.
- Return this entire packet (Medical Questionnaire, HIPPA, and copy of Insurance card) to your child's teacher, Parent Coordinator or Family Worker.

We look forward to the opportunity to treat your child's dental needs. If you have any questions, please do not hesitate to contact me at (212) 305-1045.

Sincerely,

Leydis D. De La Cruz  
630 West 168<sup>th</sup> Street, New York, NY 10032

212-3051045

fax 212-305-6032



COLUMBIA UNIVERSITY

*College of Dental Medicine*

## COMMUNITY DENTCARE NETWORK

Estimados padres o guardián:

El Centro Ambulatorio Dental de la Red de Community DentCare de Columbia University le gustaria ofrecerle servicios dentales a su niño/a. Los siguientes son algunos de los servicios dentales que ofrecemos:

- **Examen dental**
- **Limpiezas**
- **Tratamientos de fluoruro**
- **Sellantes**
- **Empastes**
- **Educación de salud oral**
- **Referimientos de emergencia**
- **Referimientos para seguro medico gratuitos o de bajo costo**
- **Extracciones**
- **Radiografías**

Nuestra Unidad Móvil proveerá estos servicios durante horas de programación de la escuela, Centro Infantil, o campamento de verano de su niño/a.

### **Si desea que su niño/a sea reciba servicios dentales en el Centro Ambulatorio Dental de Columbia University:**

- Favor de llenar por completo el **FORMULARIO MEDICO** en tinta NEGRA o AZUL. Formularios completados en lápiz serán regresados a la casa. Asegúrese de responder todas las preguntas y firmar el consentimiento autorizando que los servicios sean administrados a su niño(a).
- Llenar el formulario de HIPPA (Derechos al Paciente), firme e incluya la fecha.
- Si su niño/a tiene seguro medico (MEDICAID) o un plan de (Medicaid Manejado), **USTED TIENE QUE PROVEER UNA COPIA DE LA TARJETA DEL SEGURO MEDICO CON EL NUMERO DE IDENTIFICACION JUNTO CON ESTE FORMULARIO.** Si usted no tiene seguro medico, nosotros les podemos facilitar el proceso de aplicación. Simplemente, cheque la caja indicando permiso (Si) en el formulario de permiso historial médico.
- Entregue el formulario Medico, HIPPA, y copia de la tarjeta de seguro de su niño/a su Trabajadora Familiar, Coordinador de Padre, o al maestro/a de su niño/a.

Estamos deleitados por la oportunidad de proveer estos servicios a su niño/a. Si tiene alguna pregunta o inquietud, favor, de contactarme al (212) 305-1045.

Sinceramente,

Leydis D. De La Cruz

630 West 168<sup>th</sup> Street, New York, NY 10032

212-305-1045

fax 212-305-6032



Dental Consent Form/Formulario de Consentimiento para recibir servicios dentales

Complete this form entirely for your child to receive services on the Mobile Dental Center. Also sign HIPPA Acknowledgement form and attach copy of insurance card for the child. Favor de llenar este formulario por completo. Firme y llene el Derechos del Paciente (HIPPA), incluya una copia de la tarjeta del seguro de medico de su hijo/a.

Form with sections: Patient Information, Emergency Contact, Student's Primary Care Physician, Parent's or Legal Guardian Information, and Insurance and Site Information.

PARENT CONSENT FOR MOBILE DENTAL CENTER SERVICES / CONSENTIMIENTO DE PADRES O TUTORES PARA RECIBIR SERVICIOS AMBULATORIOS DENTALES

I, parent or legal guardian of the above named minor child I, parent or legal guardian hereby authorize and consent Columbia University College of Dental Medicine Mobile Dental Center to perform dental examinations, diagnose and treat any and all dental conditions, including but not limited to fillings, extractions and pulp therapy. I understand that the child will be treated in my absence. I also understand this consent will remain in force until I revoke it in writing.

To the best of my knowledge, all the preceding answers and the "Medical History" are true and correct. If my child ever has a change in his/her health or medicines, I will inform the dentist as soon as possible.

Yo, como padre o tutor legal del menor mencionado anteriormente, autorizo que el Centro Ambulatorio Dental de Columbia University College of Dental Medicine ejecute exámenes dentales, diagnostique y trate cualquiera de las condiciones dentales, incluyendo, pero no limitadas a empastes, extracciones y otros tratamientos dentales. Además, también entiendo que el tratamiento será rendido sin mi presencia. Yo entiendo que esta autorización se mantendrá en vigor hasta que yo la anule por escrito.

Certifico que todas las preguntas anteriormente y el "Historial Medico" fueron contestadas veraz y correctamente. Si mi hijo(a), tiene un cambio de salud, o comienza a tomar algún medicamento nuevo, informare al dentista lo antes posible.

X Signature of Parent or Legal Guardian / Firma del Padre, Madre o Tutor Legal

Date / Fecha



## Columbia University Mobile Dental Center

Medical History/Historial Medico

Please answer all questions below /Por favor de contestar todas las preguntas en este formulario

**Health Problems?** YES /Si  NO   
¿Problemas de salud

**Presently under a doctor's care?** YES /Si  NO   
¿Esta bajo tratamiento medico?

**Are the patient's vaccinations up-to-date?** YES /Si  NO   
¿Están las vacunas al día?

**Does he/she have or has had abnormal bleeding associated with previous surgery, dental extractions or accident?** YES/Si  NO   
¿Tiene o ha tenido sangramiento anormal o excesivo asociado con cirugía previa, extracciones dentales o accidentes?

**Does your child bruise easily?** YES /Si  NO   
¿Se le forman hematomas (moretones) fácilmente?

**Does your child have a disability that requires special treatment in a dental office?** YES /Si  NO   
¿Tiene su hijo/a algún impedimento físico/mental que requiera tratamiento especial en el consultorio dental?

**Has he/she ever had any trouble associated with any previous dental care?**  
¿Ha tenido algún problema asociado con un tratamiento dental? YES /Si  NO

**LAST DENTAL VISIT? Date \_\_\_\_\_**  
¿Ultima visita dental? Fecha \_\_\_\_\_

**Has he/she been exposed to X-rays or other ionizing radiation?** YES/Si  NO   
¿Ha sido expuesto a radiaciones?

**Has he/she ever had orthodontic treatment (Braces)?** YES/Si  NO   
¿Ha recibido tratamiento ortodontico? (Usado frenillos)?

**Has he/she ever been treated for any gum disease? (Gingivitis, Periodontitis, Piorrhea-Bleeding gums when brushing)** YES/ Si  NO   
¿Ha recibido alguna vez tratamiento para las enfermedades de las encías? (Gingivitis, Periodontitis, Piorrea- Sangran sus encías cuando se cepilla)?

**Does he/she grind or clench teeth?** YES/ Si  NO   
¿Rechina sus dientes?

**Does he/she have frequent toothaches?** YES/Si  NO   
¿Sufre frecuente de dolor de dientes o muelas?

**Does he/she have frequent sores in his/her mouth?** YES/Si  NO   
¿Sufre de úlceras en la boca frecuentes?

**Does he/she have any swellings of the mouth or jaws?** YES/Si  NO   
¿Tiene alguna inchazon en la boca o quijada?

**Has he/she ever suffered any injuries to his/her mouth or jaws?** YES/Si  NO   
¿Ha sufrido alguna herida en boca o quijada?

**Does he/she have any food allergies?** YES/Si  NO   
¿Sufre de alergias de comida?

**Is there anything else you would like to tell us about your child's health?**  
¿Alguna otra información sobre la salud de su hijo/a que deberíamos saber?

**Does he/she have any of the following medical conditions?**  
¿Sufre su niño(a) alguna de estas condiciones medica?

Anemia	Anemia	YES/SI <input type="checkbox"/> NO <input type="checkbox"/>
Blood transfusion	Transfusión de sangre	YES/SI <input type="checkbox"/> NO <input type="checkbox"/>
Congenital Heart Disease	Enfermedades Congenotas del Corazon	YES/SI <input type="checkbox"/> NO <input type="checkbox"/>
Diabetes	Diabetes	YES/SI <input type="checkbox"/> NO <input type="checkbox"/>
Epilepsy	Epilepsia	YES/SI <input type="checkbox"/> NO <input type="checkbox"/>
Eye or Visually impaired	Problemas visuales	YES/SI <input type="checkbox"/> NO <input type="checkbox"/>
Fainting Spells / Convulsions	Desmayos o convulsiones	YES/SI <input type="checkbox"/> NO <input type="checkbox"/>
Hearing Impaired/Disability	Incapacidad Auditiva (oído)	YES /SI <input type="checkbox"/> NO <input type="checkbox"/>
Heart murmur	Soplo Cardiaco	YES/SI <input type="checkbox"/> NO <input type="checkbox"/>
Hepatitis or Liver Disease	Hepatitis o Enfermedades del Hígado	YES/SI <input type="checkbox"/> NO <input type="checkbox"/>
High Blood Pressure	Presión alta	YES/SI <input type="checkbox"/> NO <input type="checkbox"/>
HIV	VIH	YES/SI <input type="checkbox"/> NO <input type="checkbox"/>
Hives or Skin Rash	Erupciones Cutáneas/Urticarias	YES/SI <input type="checkbox"/> NO <input type="checkbox"/>
Kidney Disease	Enfermedades Renales / Riñones	YES/SI <input type="checkbox"/> NO <input type="checkbox"/>
Low Blood Pressure	Presión baja	YES/SI <input type="checkbox"/> NO <input type="checkbox"/>
Persistent Cough or Cough Up Blood	Toz persistente o Toz con Sangramiento	YES/SI <input type="checkbox"/> NO <input type="checkbox"/>
Pneumonia	Neumonía	YES/SI <input type="checkbox"/> NO <input type="checkbox"/>
Rheumatic Fever	Fiebre Reumática	YES/SI <input type="checkbox"/> NO <input type="checkbox"/>
Sickle Cell Disease	Anemia Falcemica	YES/SI <input type="checkbox"/> NO <input type="checkbox"/>
Sickle Cell Trait	Rasgo de Anemia Falcemica	YES/SI <input type="checkbox"/> NO <input type="checkbox"/>
Prolonged Bleeding	Sangramiento Prolongado	YES/SI <input type="checkbox"/> NO <input type="checkbox"/>
Stomach Ulcers	Úlceras Gástricas (del estomago)	YES/SI <input type="checkbox"/> NO <input type="checkbox"/>
Thyroid Disease	Enfermedad de la Tiroides	YES/SI <input type="checkbox"/> NO <input type="checkbox"/>

**Any other drug? Alguna otra?** \_\_\_\_\_

**Is he/she taking any of the following medications?**

¿Toma actualmente alguna de las siguientes medicinas?

Antibiotics	Antibióticos	YES/SI <input type="checkbox"/> NO <input type="checkbox"/>
Anticoagulants	Anticoagulantes	YES/SI <input type="checkbox"/> NO <input type="checkbox"/>
High Blood Pressure Medicine	Medicinas para la Presión Alta	YES/SI <input type="checkbox"/> NO <input type="checkbox"/>
Cortisone or Steroids	Cortisona o Esteroides	YES/SI <input type="checkbox"/> NO <input type="checkbox"/>
Tranquilizers	Tranquilizantes	YES/SI <input type="checkbox"/> NO <input type="checkbox"/>
Aspirin	Aspirina	YES/SI <input type="checkbox"/> NO <input type="checkbox"/>
Dilantin or other Anticonvulsant _____	Dilatin u otro Anitconvulsante _____	YES/SI <input type="checkbox"/> NO <input type="checkbox"/>
Insuline, Tollbutamide, Drinase or similar drug _____	Insulina, Tolbutamide, Drinase, otra droga similar? _____	YES/SI <input type="checkbox"/> NO <input type="checkbox"/>

**Any other medication? ¿Algún otro medicamento?** \_\_\_\_\_

**Has he/she ever had an adverse reaction to any of the following medication?**

¿Ha sufrido alguna reacción adversa alguna de las siguientes medicinas?

Local Anesthetics	Anestesia local	YES/SI <input type="checkbox"/> NO <input type="checkbox"/>
Penicillin	Penicilina	YES/SI <input type="checkbox"/> NO <input type="checkbox"/>
Sulfa Drugs	Sulfonamidas	YES/SI <input type="checkbox"/> NO <input type="checkbox"/>
Bartibuates, Sedatives,	Barbituricos, Sedativos	YES/SI <input type="checkbox"/> NO <input type="checkbox"/>
Aspirin	Aspirina	YES/SI <input type="checkbox"/> NO <input type="checkbox"/>

**¿Any other reaction? ¿Alguna otra reacción?** \_\_\_\_\_



# **NOTICE OF PRIVACY PRACTICES**

## **ACKNOWLEDGEMENT OF RECEIPT**

DATE: \_\_\_\_\_

I acknowledge that I was provided with a copy of the Columbia University Medical Center Notice of Privacy Practices.

\_\_\_\_\_  
Patient Name (Print)

\_\_\_\_\_  
Patient Signature

**If completed by a patient's personal representative, please print and sign your name in the space below**

\_\_\_\_\_  
Personal Representative (Print)

\_\_\_\_\_  
Personal Representative's Signature

\_\_\_\_\_  
Relationship

**For Columbia University Medical Center use only.**

Complete this section if this form is not signed and dated by the patient or patient's representative.

**I have made a good faith effort to obtain a written acknowledgement of receipt of Columbia University Medical Center's Notice of Privacy Practices but was unable to for the following reason:**

- Patient refused to sign
- Patient unable to sign
- Other \_\_\_\_\_

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Date

**This form should be placed in the patient's medical record**



## **AVISO SOBRE LAS PRÁCTICAS DE PRIVACIDAD**

### **RECONOCIMIENTO DE RECIBO**

**FECHA:** \_\_\_\_\_

Reconozco que se me proporcionó una copia del Aviso sobre las Prácticas de Privacidad del Centro Médico de la Universidad de Columbia.

\_\_\_\_\_  
Nombre del paciente (en  
letras de imprenta)

\_\_\_\_\_  
Firma del paciente

**Si este formulario fue completado por el representante personal del paciente, por favor escriba el nombre en letras de imprenta y firme a continuación.**

\_\_\_\_\_  
Representante personal  
escriba su nombre (en letras de  
imprenta) y parentesco

\_\_\_\_\_  
Firma del representante personal

**For Columbia University Medical Center use only**

Complete this section if this form is not signed and dated by the patient or patient personal representative.

I have made a good faith effort to obtain a written acknowledgement of receipt of Columbia University Medical Center's Notice of Privacy Practices but was unable to for the following reason:

- Patient refused to sign
- Patient unable to sign
- Other \_\_\_\_\_

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Date

**Este formulario se debe colocar en el expediente médico del paciente**

*Revised October 2007*

<p align="center"><b>CERTIFIED</b> to be a true and correct translation from English to Spanish: <u>M.G. 02/20/08_R</u> THE HISPANIC TRANSLATION CENTER Columbia University Medical Center</p>
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# Notice of Privacy Practices

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.



COLUMBIA UNIVERSITY  
MEDICAL CENTER



## About this notice

This Notice will tell you about the ways we may use and disclose health information that identifies you (“Health Information”). We also describe your rights and certain obligations we have regarding the use and disclosure of Health Information. We are required by law to maintain the privacy of Health Information that identifies you; give you this Notice of our legal duties and privacy practices with respect to your Health Information; and follow the terms of our Notice that are currently in effect. This Notice covers the faculty physician practices of Columbia University Medical Center (“Columbia University”, “Columbia”, “we” or “us”), including its employed faculty physicians and faculty physicians practicing on Columbia University owned or leased space, as well as their clinical support staff. This Notice also covers Columbia University Health Care, Inc.; the Ophthalmology Faculty Practice Corporation; Orthopedics, P.C.; Neurosurgery, P.C.; and Urology, P.C. (all “Columbia University”). If Columbia physicians or health care professionals provide you with treatment or services at another location, for example New York Presbyterian Hospital, the Notice of Privacy Practices you receive at such other location will apply.

## How we may use and disclose health information about you

The following categories describe different ways that we may use and disclose Health Information.

### For Treatment

We may use Health Information about you to provide you with medical treatment or services. We may disclose Health Information to doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you. For example, a doctor treating you for a broken leg may need to know if you have diabetes, because diabetes may slow the healing process. Different departments of Columbia University also may share Health Information such as prescriptions, lab work and x-rays to coordinate your treatment. We also may disclose Health Information to people outside Columbia University who may be involved in your medical care.

### For Payment

We may use and disclose Health Information so that we may bill for treatment and services you receive at Columbia University and can collect payment from you, an insurance company or another third party. For example, we may need



to give your health plan information about your treatment in order for your health plan to pay for such treatment. We also may tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. In the event a bill is overdue we may need to give Health Information to a collection agency as necessary to help collect the bill or may disclose an outstanding debt to credit reporting agencies.

### **For Health Care Operations**

We may use and disclose Health Information for health care operations purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and for our operation and management purposes. For example, we may use Health Information to review the treatment and services you receive to check on the performance of our staff in caring for you. We also may disclose information to doctors, nurses, technicians, medical students, and other personnel for educational and learning purposes. The entities and individuals covered by this Notice also may share information with each other for purposes of our joint health care operations.

### **Appointment Reminders/Treatment Alternatives/Health-Related Benefits and Services**

We may use and disclose Health Information to contact you to remind you that you have an appointment for treatment or medical care, or to contact you to tell you about possible treatment options or alternatives or health related benefits and services that may be of interest to you.

### **Fundraising Activities**

We may use your demographic information to contact you in an effort to raise money for Columbia. Any fundraising letter you receive from us will provide you with instructions on how to opt out of any future fundraising letters. We will not use your diagnosis to fundraise unless you authorize us to do so in writing.

### **Individuals Involved in Your Care or Payment for Your Care**

We may release Health Information to a person who is involved in your medical care or helps pay for your care, such as a family member or friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

### **Research**

Under certain circumstances, we may use and disclose Health Information for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. Before we use or disclose Health Information for research, however, the project will go through a special approval process. This process evaluates a proposed research project and its use of Health Information to balance the benefits of research with the need for privacy of Health Information. Even without special approval, we may permit researchers to look at records to help them identify patients who may be included in their research project or for similar purposes, so long as they do not remove or take a copy of any Health Information.

### **As Required by Law**

We will disclose medical information about you when required to do so by international, federal, state or local law.

### **To Avert a Serious Threat to Health or Safety**

We may use and disclose Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, will be to someone who may be able to help prevent the threat.

### **Business Associates**

We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to

perform billing services on our behalf. All of our business associates are obligated, under contract with us, to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

### **Organ and Tissue Donation**

If you are an organ or tissue donor, we may release Health Information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary, to facilitate organ or tissue donation and transplantation.

### **Military and Veterans**

If you are a member of the armed forces, we may release Health Information as required by military command authorities. We also may release Health Information to the appropriate foreign military authority if you are a member of a foreign military.

### **Workers' Compensation**

We may release Health Information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

### **Public Health Risks**

We may disclose Health Information for public health activities. These activities generally include disclosures to: a person subject to the jurisdiction of the Food and Drug Administration ("FDA") for purposes related to the quality, safety or effectiveness of an FDA-regulated product or activity; prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence and the patient agrees or we are required or authorized by law to make such disclosure.

### **Health Oversight Activities**

We may disclose Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

### **Lawsuits and Disputes**

If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court or administrative order. We also may disclose Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

### **Law Enforcement**

We may release Health Information if asked by a law enforcement official for the following reasons: in response to a court order, subpoena, warrant, summons or similar process; limited information to identify or locate a suspect, fugitive, material witness, or missing person; about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; about a death we believe may be the result of criminal conduct; about criminal conduct on our premises; and in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

### **National Security and Intelligence Activities and Protective Services**

We may release Health Information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law. We also may disclose Health Information to authorized federal officials so they may conduct special investigations and provide protection to the President, other authorized persons and foreign heads of state.

### **Coroners, Medical Examiners and Funeral Directors**

We may release Health Information to a coroner, medical examiner or funeral director so that they can carry out their duties.

### **Inmates**

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Health Information to the correctional institution or law enforcement official. This release would be if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

### **How to Learn About Special Protections for HIV, Alcohol and Substance Abuse, Mental Health and Genetic Information**

Special privacy protections apply to HIV-related information, alcohol and substance abuse information, mental health information, and genetic information. Some parts of this general Notice of Privacy Practices may not apply to these types of information. If your treatment involves this information, you may contact the Privacy Officer for more information about the protections.

### **Other Uses of Health Information**

Other uses and disclosures of Health Information not covered by this Notice or the laws that apply to us will be made only with your written permission. You may revoke your permission at any time by submitting a written request to our Privacy Officer, except to the extent that we acted in reliance on your permission.

## **Your Rights Regarding Health Information About You**

You have the following rights, subject to certain limitations, regarding Health Information we maintain about you:

### **Right to Inspect and Copy**

You have the right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care. We may charge you a fee for the costs of copying, mailing or other supplies associated with your request.

### **Right to Request Amendments**

If you feel that Health Information we have is incorrect or incomplete, you may ask us to amend the information and you must tell us the reason for your request. You have the right to request an amendment for as long as the information is kept by or for Columbia. A request for amendments must be submitted, in writing, to the Privacy Officer at the address provided at the end of this notice.

### **Right to an Accounting of Disclosures**

You have the right to request an "accounting of disclosures" of Health Information. This is a list of certain disclosures we made of Health Information. The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list.

### **Right to Request Restrictions**

You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the Health Information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. We are not required to agree to your request. If we agree, we will comply with your request unless we terminate our agreement or the information is needed to provide you with emergency treatment.

### **Right to Request Confidential Communications**

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

### **Right to a Paper Copy of This Notice**

You have the right to a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may request a copy of this Notice at any time. You may obtain a copy of this Notice at our web site, <http://www.cumc.columbia.edu/hipaa/>.

### **How to Exercise Your Rights**

To exercise your rights described in this Notice, send your request, in writing, to our Privacy Officer at the address listed at the end of this Notice. Alternatively, to exercise your right to inspect and copy Health Information, you may contact your physician's office directly. To obtain a paper copy of our Notice, contact our Privacy Officer by phone or mail.

### **Changes To This Notice**

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for Health Information we already have as well as any information we receive in the future. We will post a copy of the current Notice at each Columbia physician office or outpatient location and on our website. The end of our Notice will contain the Notice's effective date.

### **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with Columbia or with the Secretary of the Department of Health and Human Services. To file a complaint with Columbia, contact our Privacy Officer at the address listed at the end of this notice. You will not be penalized for filing a complaint.



## **COLUMBIA UNIVERSITY MEDICAL CENTER**

### **Questions**

If you have a question about this Privacy Notice, please contact:

#### **Privacy Officer**

Office for HIPAA Compliance

#### **Columbia University Medical Center**

601 West 168th Street

Apartment 22

New York, NY 10032

Phone: 212-305-7315

E-mail: [hipaa@columbia.edu](mailto:hipaa@columbia.edu)

Website: [www.cumc.columbia.edu/hipaa](http://www.cumc.columbia.edu/hipaa)

**Effective date:** April 14, 2003

**Revised date:** October 22, 2007

## Aviso sobre las Prácticas de Privacidad

ESTE AVISO DESCRIBE CÓMO SE PUEDE USAR Y REVELAR LA INFORMACIÓN DE SALUD SOBRE USTED Y CÓMO PUEDE TENER ACCESO A ESTA INFORMACIÓN. POR FAVOR REVISE ESTE AVISO CUIDADOSAMENTE.



COLUMBIA UNIVERSITY  
MEDICAL CENTER



### Acerca de este aviso

Este Aviso le informará sobre las formas en que podemos usar y revelar la información de salud que lo identifica (“Información de Salud”). Describimos también sus derechos y ciertas obligaciones que tenemos con respecto a usar y revelar la Información de Salud. La ley nos exige mantener la privacidad de la Información de Salud que lo identifica; entregarle este Aviso sobre nuestros deberes legales y prácticas de privacidad con respecto a su Información de Salud; y seguir las condiciones de nuestro Aviso que se encuentran vigentes actualmente. Este Aviso cubre las prácticas de los médicos de la facultad en el Centro Médico de la Universidad de Columbia (“Columbia University”, “Columbia”, “nosotros” o “nos”), incluyendo a los médicos empleados en la facultad y a los médicos de la facultad que ejercen en un lugar que pertenece a la Universidad de Columbia o en un lugar arrendado por dicha universidad, así como al personal de apoyo clínico. Este Aviso cubre también a Columbia University Health Care, Inc.; Ophthalmology Faculty Practice Corporation; Orthopedics, P.C.; Neurosurgery, P.C.; y Urology, P.C. (todos de la “Universidad de Columbia”). Si los médicos o profesionales de cuidado de salud de Columbia le brindan tratamiento o servicios en otro lugar, por ejemplo en el Hospital New York Presbyterian, se aplicarán los términos del Aviso sobre las Prácticas de Privacidad que usted reciba en ese otro lugar.

### Cómo podemos usar y revelar la información de salud sobre usted

Las categorías siguientes describen varias formas en las que podemos usar y revelar la Información de Salud.

#### Con fines de tratamiento

Podemos usar la Información de Salud sobre usted para ofrecerle tratamiento o servicios médicos. Podemos revelar Información de Salud a los médicos, las enfermeras, los técnicos, estudiantes de medicina u otro personal que participe en su cuidado. Por ejemplo, es posible que un médico que lo trate por fractura de la pierna necesite saber si usted tiene diabetes, ya que la diabetes puede demorar el proceso de curación. Los diferentes departamentos de la Universidad de Columbia pueden también compartir Información de Salud tales como recetas, análisis de laboratorio y radiografías para coordinar su tratamiento. Podemos también revelar Información de Salud a personas que se encuentran fuera de la Universidad de Columbia que pueden participar en su cuidado médico.

#### Con fines de obtener pago

Podemos usar y revelar Información de Salud para facturar el costo del tratamiento y de los servicios que recibe en la Universidad de Columbia y poder cobrarle a usted, a su compañía de seguro u otro tercer pagador. Por ejemplo, puede ser necesario que le demos información sobre su tratamiento a su plan de





salud para que éste pague dicho tratamiento. Podemos también informar a su plan de salud sobre un tratamiento que va a recibir para obtener aprobación previa o determinar si su plan cubrirá el tratamiento o no. En el caso de que se demore el pago de una factura, puede ser necesario que le demos Información de Salud a una agencia de cobro según sea necesario para ayudar a saldar la factura o se puede dar a conocer una deuda pendiente a las compañías de informe de crédito.

### **Para el manejo del cuidado de salud**

Podemos usar y revelar Información de Salud para fines del manejo del cuidado de salud. Estos usos y revelaciones son necesarios para asegurarnos de que todos nuestros pacientes reciben cuidado de calidad y para fines administrativos y de manejo. Por ejemplo, podemos usar Información de Salud para revisar el tratamiento y los servicios que recibe y controlar el desempeño del personal en el cuidado que se le brinda. Podemos también revelar información a médicos, enfermeras, técnicos, estudiantes de medicina y otro personal para propósitos educativos y de aprendizaje. Las entidades y los individuos que cubre este Aviso pueden también compartir información unos con otros para propósitos de manejo conjunto del cuidado de salud.

### **Para recordar las citas/Alternativas de tratamiento/ Beneficios y servicios relacionados con la salud.**

Podemos usar y revelar Información de Salud para comunicarnos con usted y recordarle que tiene una cita para tratamiento o cuidado médico, o para informarle sobre posibles opciones o alternativas de tratamiento o beneficios y servicios relacionados con la salud que puedan ser de interés para usted.

### **En actividades para recaudar fondos**

Podemos usar su información demográfica para comunicarnos con usted en un esfuerzo por recaudar fondos para Columbia. Toda carta que le enviemos para recaudación de fondos le informará cómo hacer para no recibir ninguna carta con este fin en el futuro. No usaremos su diagnóstico para recaudar fondos a no ser que usted nos autorice por escrito.

### **A los individuos que participan en su cuidado o que tienen que ver con el pago de su cuidado.**

Podemos revelar Información de Salud a una persona que participa en su cuidado médico o que ayuda a pagar su cuidado, tal como un miembro de su familia o un amigo. Podemos también comunicarle a su familia dónde usted se encuentra o su estado general o revelar tal información a una entidad que brinda ayuda para aliviar una situación de desastre.

### **Para la investigación**

Bajo ciertas circunstancias, podemos usar y revelar Información de Salud para fines de investigación. Por ejemplo, un proyecto de investigación puede consistir en comparar la salud y recuperación de todos los pacientes que recibieron un medicamento con aquéllos que recibieron otro para el mismo problema. Sin embargo, antes de usar o revelar Información de Salud para la investigación, el proyecto se someterá a un proceso especial de aprobación. Este proceso evalúa el proyecto de investigación propuesto y usa la Información de Salud para sopesar los beneficios de la investigación con la necesidad de mantener la privacidad de la Información de Salud. Aún sin la aprobación especial, podemos permitir a los investigadores observar los informes para ayudarlos a identificar a los pacientes que se pueden incluir en el proyecto de investigación o para propósitos similares, siempre y cuando no retiren ni hagan copia alguna de la Información de Salud.

### **Cuando lo requiera la ley**

Revelaremos información médica sobre usted cuando lo requieran las leyes internacionales, federales, estatales o locales.

### **Para evitar una amenaza grave a su salud o seguridad.**

Podemos usar y revelar Información de Salud cuando sea necesario para impedir una amenaza grave a su salud y seguridad o a la salud y seguridad pública o de otra persona. Sin embargo, cualquier revelación será a alguien que pueda ayudar a impedir la amenaza.

### **A los asociados de negocios**

Podemos revelar Información de Salud a nuestros asociados de negocios que realizan funciones en nuestro nombre o nos ofrecen sus servicios si la información es necesaria para dichas funciones o servicios. Por ejemplo, podemos usar otra compañía para realizar los servicios de facturación en nuestro nombre. Todos nuestros asociados de negocios están obligados, bajo nuestro contrato, a proteger la privacidad de su información y no se les permite usar ni revelar ninguna información aparte de lo que se especifica en el contrato.

### **Para la donación de órganos y tejidos**

Si usted es un donante de órgano o tejido, podemos revelar Información de Salud a las organizaciones que manejan la adquisición de órganos o el trasplante de órganos, ojos o tejido o para un banco de donación de órganos, según sea necesario, para facilitar la donación y el trasplante de órgano o tejido.

### **A los militares y veteranos**

Si usted es miembro de las fuerzas armadas, podemos revelar Información de Salud según lo requieran las autoridades del comando militar. También podemos revelar Información de Salud a la autoridad militar extranjera que corresponda si usted es un militar extranjero.

### **Para compensación al trabajador**

Podemos revelar Información de Salud para compensación al trabajador o programas similares. Estos programas ofrecen beneficios a las personas con lesiones o enfermedades relacionadas con el trabajo.

### **En caso de riesgos para la salud pública**

Podemos revelar Información de Salud para actividades de salud pública. Estas actividades generalmente incluyen hacer revelaciones: a una persona sujeta a la jurisdicción de la Administración de Alimentos y Drogas (FDA, por sus siglas en inglés) para fines relacionados con la calidad, seguridad o eficacia de una actividad o un producto regulado por la FDA; para impedir o controlar una enfermedad, lesión o incapacidad; para informar sobre nacimientos y fallecimientos; para informar acerca de maltrato o negligencia infantil; para informar sobre reacciones a medicamentos o problemas que surjan con respecto a productos; para notificar a las personas sobre productos que se retiran del mercado que ellas pueden estar usando; con respecto a una persona que pueda haber estado expuesta a una enfermedad o pueda estar en riesgo de contraer o propagar una enfermedad o un problema de salud; y a la autoridad gubernamental que corresponda si pensamos que un paciente ha sido víctima de maltrato, negligencia o violencia doméstica y el paciente está de acuerdo o la ley nos exige o autoriza a efectuar tal revelación.

### **Para las actividades de supervisión de salud**

Podemos revelar Información de Salud a una agencia de supervisión de salud para realizar actividades autorizadas por la ley. Estas actividades de supervisión incluyen, por ejemplo, auditorías, investigaciones, inspecciones y otorgar licencias. Estas actividades son necesarias para que el gobierno controle el sistema de cuidado de salud, los programas gubernamentales y el cumplimiento de las leyes de derecho civil.

### **En caso de demandas y disputas**

Si usted está implicado en una demanda o disputa, podemos revelar Información de Salud en respuesta a una orden administrativa o de los tribunales. También podemos revelar Información de Salud en respuesta a una citación, petición de información y pruebas o a otro proceso legal de otra persona implicada en la disputa, pero sólo si se han hecho esfuerzos para comunicarle a usted acerca de la solicitud o para obtener una orden de protección para la información solicitada.

### **Para hacer cumplir la ley**

Podemos revelar Información de Salud si lo solicita un agente del orden por las razones siguientes: en respuesta a una orden de los tribunales, orden de comparecencia, orden judicial, citación o proceso similar; para brindar información limitada para identificar o localizar a un sospechoso, fugitivo, testigo sustancial o persona desaparecida; para ofrecer información sobre la víctima de un crimen si, bajo ciertas circunstancias limitadas, no podemos obtener el consentimiento de la persona; para dar información sobre una muerte que pensamos pueda ser resultado de conducta criminal; para proporcionar información sobre conducta criminal en nuestro recinto; y en circunstancias de emergencia informar acerca de un crimen, el lugar del crimen o la ubicación de las víctimas, o la identidad, descripción o localización de la persona que cometió el crimen.

### **Para la Seguridad Nacional, Actividades de Inteligencia y Servicios de Protección.**

Podemos revelar Información de Salud a funcionarios federales autorizados para actividades de inteligencia, contra-inteligencia y otras relacionadas con la seguridad nacional autorizadas por la ley. Podemos también revelar Información de Salud a funcionarios federales autorizados para que puedan llevar a cabo investigaciones especiales y ofrecer protección al Presidente, otras personas autorizadas y jefes de estado extranjeros.

### **A los funcionarios encargados de investigar las causas de muertes violentas, repentinas o sospechosas, médicos forenses y directores de funerarias**

Podemos revelar Información de Salud a funcionarios encargados de investigar las causas de muertes violentas, repentinas o sospechosas, médicos forenses, o directores de funerarias para que puedan llevar a cabo sus deberes.

### **A los presos**

Si usted es un preso en un correccional o está bajo la custodia de un agente del orden, podemos dar a conocer Información de Salud a dicho funcionario o al personal del correccional. Esta Información de Salud se daría a conocer si es necesario (1) que la institución le ofrezca cuidado de salud; (2) proteger su salud y seguridad o la salud y seguridad de otros; o (3) la seguridad y protección del correccional.

### **Cómo enterarse acerca de las protecciones especiales para el VIH, consumo de sustancias controladas y alcohol, enfermedad mental e información genética**

Se aplican protecciones especiales para mantener la privacidad de la información relacionada con el VIH, el consumo de sustancias controladas y el alcohol, la salud mental y la información genética. Algunas partes de este Aviso general sobre las Prácticas de Privacidad pueden no corresponder a este tipo de información. Si su tratamiento tiene que ver con esta información, usted puede comunicarse con el Agente de Privacidad para saber más sobre las protecciones.

### **Otros usos de la Información de Salud**

Si se llegara a usar o revelar la Información de Salud de alguna forma que no esté cubierta por este Aviso o las leyes que nos atañen, esto sólo se hará con su permiso por escrito. Usted puede revocar su permiso en cualquier momento presentando una solicitud escrita al Agente de Privacidad, excepto hasta el punto en que hemos actuado basándonos en su permiso.

## Sus derechos en cuanto a la información de salud sobre usted

Usted tiene los siguientes derechos, sujeto a ciertas limitaciones, con respecto a la Información de Salud que mantenemos sobre usted:

### Derecho a revisar y copiar

Usted tiene derecho a revisar y copiar la Información de Salud que se puede usar para tomar decisiones sobre su cuidado o el pago de su cuidado. Podemos cobrarle por los gastos de las copias, el envío por correo u otros materiales relacionados con su solicitud.

### Derecho a solicitar enmiendas

Si piensa que la Información de Salud que tenemos es incorrecta o incompleta, puede pedirnos que corriamos la información y debe decirnos la razón de su solicitud. Usted tiene derecho a solicitar una enmienda por el tiempo durante el cual la información sea mantenida por o para Columbia. La solicitud de enmiendas se debe enviar, por escrito, al Agente de Privacidad a la dirección que aparece al final de este aviso.

### Derecho a solicitar una relación de las revelaciones.

Usted tiene derecho a solicitar una "relación de las revelaciones" sobre la Información de Salud. Ésta es una lista de ciertas revelaciones que hacemos de la Información de Salud. La primera lista que solicite en un período de 12 meses es gratis. Si solicita listas adicionales, podemos cobrarle por el costo de proporcionarle esta lista.

### Derecho a limitar las solicitudes

Usted tiene derecho a solicitar que se limite la Información de Salud que usamos o revelamos para el tratamiento, los pagos o el manejo de cuidado de salud. También tiene derecho a solicitar que se limite la Información de Salud que revelamos sobre usted a cualquier persona que participe en su cuidado o en el pago de su cuidado, tal como un miembro de su familia o un amigo. No estamos obligados a aceptar su solicitud. Si estamos de acuerdo, cumpliremos con la misma a menos que terminemos nuestro acuerdo o la información se necesite para ofrecerle tratamiento de emergencia.

### Derecho a solicitar comunicaciones confidenciales.

Usted tiene derecho a solicitar que nos comuniquemos con usted sobre temas médicos en forma específica o en lugares específicos. Por ejemplo, puede solicitar que sólo nos comuniquemos con usted por correo o en el trabajo. Su solicitud debe especificar cómo o dónde usted desea ser localizado. Tendremos en cuenta las solicitudes razonables.

### Derecho a solicitar una copia en papel de este Aviso.

Usted tiene derecho a solicitar una copia en papel de este Aviso, aún si ha estado de acuerdo en recibirlo por vía electrónica. Puede solicitar una copia de este Aviso en cualquier momento. Puede obtener una copia de este Aviso en nuestro sitio web: [www.healthsciences.columbia.edu](http://www.healthsciences.columbia.edu).

### Cómo puede hacer uso de sus derechos.

Para hacer uso de los derechos descritos en este Aviso, envíe su solicitud, por escrito, a la dirección del Agente de Privacidad que aparece al final de éste. Otra posibilidad, para hacer uso de sus derechos para revisar y copiar la Información de Salud, es comunicarse directamente con la consulta de su médico. Para obtener la copia en papel del Aviso, comuníquese con el Agente de Privacidad por teléfono o correo.

### Cambios a este Aviso

Nos reservamos el derecho de cambiar este Aviso. Nos reservamos el derecho de aplicarle el Aviso revisado o modificado a la Información de Salud que ya tenemos así como a cualquier información que recibamos en el futuro. Fijaremos una copia del Aviso actual en cada consulta médica o centro para pacientes externos de Columbia y en nuestro sitio web. Al final de este Aviso se colocará la fecha en que entra en vigor el mismo.

### Quejas

Si piensa que sus derechos a la privacidad han sido violados, puede presentar una queja a Columbia o a la Secretaría del Departamento de Salud y Servicios Humanos (Department of Health and Human Services). Para presentar una queja a Columbia, comuníquese con nuestro Agente de Privacidad a la dirección que aparece al final de este aviso. No será penalizado por presentar una queja.



## COLUMBIA UNIVERSITY MEDICAL CENTER

### Preguntas

Si tiene una pregunta acerca de este Aviso Sobre la Privacidad, por favor comuníquese con:

**Privacy Officer** *Office for HIPAA Compliance*

### Columbia University Medical Center

601 West 168th Street, Apartment 22  
New York, NY 10032

**Teléfono:** 212-305-7315

**E-mail:** [hipaa@columbia.edu](mailto:hipaa@columbia.edu)

**Sitio web:** [www.cumc.columbia.edu/hipaa](http://www.cumc.columbia.edu/hipaa)

**Fecha en que entra en vigor:** 14 de abril del 2003

**Fecha de revisión:** 22 de octubre del 2007

## Summer at Columbia: Programs Bring Local Students to Campus

By Kevin Brannon



Recent participants in the Columbia University Local Community High School Summer Internship Program paid a visit to the Diabetes Center at Columbia University Medical Center/NewYork-Presbyterian Hospital.

Bringing young people to campus for summer internships and camps is part of a continuing effort to make the University's resources available to our neighbors. One such program provides scholarships for children in the Manhattanville/West Harlem area to attend Roaree's Cubs Camps, a sports program for children 6 through 12. Another program offers paid, five-week summer internships for high school students.

Columbia's Summer Program for High School Students at the School of Continuing

Education, now in its 27th year, offers an opportunity for high-achieving students to get a taste of college life. The students take part in organized sports and community outreach projects and attend college prep classes. Scholarships are available to students nominated by local community organizations.

*Information on how to apply for Summer 2014 programs as well as details on other Columbia community programs and services can be found on page 6.*

## Design for Excellence: New Sports Center Reflects Commitment to Athletics and Community

*The New York Times* has called Columbia's new Campbell Sports Center a building that shows both its "brains and its brawn," which makes perfect sense for a facility meant to support the University's athletic and academic excellence.

The sports center isn't the only change coming to the athletics complex, which faces the waterfront in Inwood Hill Park. The University is building the Boathouse Marsh, which will restore the park's salt marsh and create public access to previously inaccessible waterfront along the Harlem River.

Made possible through the generosity of numerous donors, the facility is named in honor of Columbia's trustee chair, William V. Campbell, who was the captain of Columbia's football team in 1961.

Campbell, recalling his years as a Columbia linebacker, and later the team's coach, described the dilapidated Baker Field, when he coached there in the 1970s, as "not a welcoming place." Today, by contrast, "we have a stadium, now we have a welcoming gate, now we have an athletics facility that the students, the faculty, the alumni and the neighborhood will all be glad to be a part of."

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# Community Services

As part of the University's ongoing commitment to the local community, Columbia has dedicated a portion of the *Neighbors* website to communicate some of the University's commitments for project-related programs and services that are currently available. For a comprehensive listing of programs and services, and participant eligibility, please visit

[www.columbia.edu/communityservices](http://www.columbia.edu/communityservices)

## Annual Meetings With Columbia University Faculty and Administrators

Columbia University's Office of Government and Community Affairs, or other appropriate office, each spring provides opportunities for interested members of Columbia University's academic community to meet with members of the West Harlem Development Corporation (WHDC) to discuss ways in which research might help support the activities and priorities of the WHDC.

## Athletics Clinics

Columbia University's varsity sports programs and coaches of football, volleyball, basketball, soccer, swimming, track and field, and tennis sponsor and participate in seasonal sports clinics for local community children between the ages of 5 and 13 in University facilities and throughout Harlem and Washington Heights.

## Columbia Employment Information Center

The Columbia Employment Information Center (CEIC) (the "Center") serves as the central community-based resource for local residents to apply for open positions at Columbia University.

The Center provides a wide range of services to the local community including in-person and online job readiness training programs, one-on-one job-search counseling and assistance, and access to online job opportunities at Columbia.

You are welcome to call our 24-hour hotline at 212-851-1551; it provides general information about the Center, information on Columbia University job opportunities, information on construction activities and information on construction-related job opportunities.

## Columbia University Minority-, Women-, and Locally-Owned (MWL) Construction Trades Certificate Mentorship Program

The Columbia University Minority-, Women-, and Locally-owned (MWL) Construction Trades Certificate Mentorship Program ("the Program") is a two-year mentorship program offered by Columbia University (CU) in partnership with the City of New York Small Business Services (SBS). The Program provides construction administration training, one-on-one technical assistance and networking opportunities to help build the capacity of small- and medium-sized MWL construction trade firms to respond to bidding opportunities and manage the construction job cycle.

## Dental Health Screenings for Senior Citizens

Columbia University offers free dental health screenings for senior citizens throughout Northern Manhattan via the ElderSmile Program. As part of Columbia University's College of Dental Medicine Community DentCare Network, the ElderSmile Program offers free dental screenings and referrals for further dental treatment at senior centers throughout Washington Heights/Inwood and Harlem, including New York City Housing Authority (NYCHA) residents in Manhattanville Houses and General Grant Houses.

## Housing Legal Assistance

For the period from January 1, 2009, through December 31, 2014, Columbia University will provide funding for one attorney, acceptable to New York City's Housing Preservation & Development Office (NYCHPD).

For the period from January 1, 2015, through December 31, 2030, Columbia University will provide funding for two attorneys at a legal assistance provider acceptable to NYCHPD serving the Manhattanville Area, to provide anti-eviction/anti-harassment legal assistance for residents of the Manhattanville area. Funding will not exceed \$4 million through December 31, 2030.

## Mobile Dental Center for Preschool Children

Columbia University offers free dental care for preschool-age children from the Manhattanville in West Harlem area through the Mobile Dental Center. The Mobile Dental Center is a program of Columbia University's College of Dental Medicine Community DentCare Network, which aims to reduce dental decay and improve the oral health of Northern Manhattan's underserved children, through comprehensive dental treatment and oral health education.

## The Columbia University Local Community High School Summer Internship Program

Columbia University offers paid summer internships for high school students from the local community and upper level students at the Columbia Secondary School (CSS) for Math, Science, and Engineering. The Columbia University Local Community High School Summer Internship Program is a structured five-week program designed to provide students with practical work experience before graduation. The program began with students from the local community in 2010 and added students from CSS in 2012 when students reached the upper grades and became age-eligible for such an internship. The internships take place in existing Columbia facilities and will be moved to the new Academic and Academic Research buildings proposed within the Project Site when constructed.

## Shuttle Bus Service for the Elderly and Disabled

Columbia University provides a shuttle bus service free of charge to members of the local community who are disabled or who are senior citizens (including their attendants) via the ADA-accessible Inter-campus Shuttle. The shuttle bus service complies with ADA specifications to connect the Project Site to subway stations at:

- 96th Street and Broadway
- 116th Street and Broadway (Morningside Campus)
- 125th Street and Broadway
- Harlem Hospital Center (135th Street and Lenox Avenue)
- Columbia University Medical Center (168th Street and Broadway)

The shuttle bus service runs on a regular schedule throughout the day on every weekday, except on state and federal public holidays.

## Space Provisions for Non-Columbia-Affiliated Local Artists and Cultural Organizations

Columbia University, consistent with current practice, makes good faith efforts to accommodate requests by local artists and cultural organizations not affiliated with Columbia for access to its indoor or outdoor spaces for programming that may include, but is not limited to, information sessions, performances, special events or presentations. Payment for such space will be in accordance with then current University protocols. Columbia University space is generally awarded on a first-come, first-served basis, with priority given to Columbia and student activities, followed by local community activities.

## Summer Camp Scholarships

Columbia University offers 25 scholarships per summer, based upon financial need, for children from the Manhattanville in West Harlem area to attend Columbia's Summer Sports Camp: Roar-ee's Cubs Summer Camp. One scholarship is equal to one week of summer camp.

## Undergraduate Scholarships for Aid-Eligible Students From the Local Community

In an effort to encourage local students to attend Columbia College and the Fu Foundation School of Engineering and Applied Science, Columbia University undertakes a targeted recruitment effort for qualified students from the local community. Columbia University has established a scholarship fund to serve up to 40 aid-eligible undergraduate students per year who are admitted to Columbia College and/or the Fu Foundation School of Engineering and Applied Science, with funding made available to meet their fully demonstrated financial need.

**From:** [Yanira Cantres](#) on behalf of [Community Gov Affairs](#)  
**To:** [Community Gov Affairs](#)  
**Subject:** An Update on Community Services, Amenities, and Benefits of Columbia University's Manhattanville Campus in West Harlem  
**Date:** Wednesday, September 25, 2013 1:20:33 PM

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Dear Neighbor,

In addition to its many established community programs and partnerships, Columbia University provides numerous amenities and benefits to the local community in conjunction with the development of a new Manhattanville campus in West Harlem. These commitments reflect the many ways in which the University and the local community have joined together to improve the quality of health, education, culture, and civic life in Upper Manhattan.

I am writing today to share with you a publication entitled [Growing Together: An Update on Community Services, Amenities, and Benefits of Columbia University's Manhattanville Campus in West Harlem](#). This booklet provides an update on construction progress as well as information about many of the programs and services under the [Declaration of Covenants & Restrictions](#) (as agreed to with Empire State Development) and the [West Harlem Community Benefits Agreement](#) (as agreed to with the West Harlem Development Corporation) currently available relating to:

- CHILDREN AND YOUTH
- ELDERLY AND DISABLED
- ADULTS
- EDUCATION, EMPLOYMENT AND JOB TRAINING
- ACCESS TO FACILITIES AND SERVICES
- HOUSING
- MONETARY CONTRIBUTIONS TO
  - A Community Benefits Fund via The West Harlem Development Corporation
  - Harlem Community Development Corporation

We hope you find this information helpful. If you would like more information on any of these programs or services, including information on eligibility and access, please visit our [Community Services Website](#) or contact the Office of Government and Community Affairs at 212-854-2871 or [communityaffairs@columbia.edu](mailto:communityaffairs@columbia.edu). You can also request a hard copy of the "Growing Together: An Update on Community Services, Amenities, and Benefits of Columbia University's Manhattanville Campus in West Harlem" booklet at the contact information above. If you would prefer not to receive these periodic updates, please reply to this e-mail with the word "REMOVE" in the subject line.

Sincerely,

Maxine Griffith, AICP  
Executive Vice President  
Office of Government and Community Affairs  
and Special Advisor, Campus Planning

*Note: For the purpose of determining program eligibility, "local community" means the neighborhoods in the following zip codes: 10025, 10026, 10027, 10029, 10030, 10031, 10032, 10033, 10034, 10035, 10037, 10039, 10040, 10451, 10454, 10455, 10474 unless otherwise defined.*

# GROWING TOGETHER

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AN UPDATE ON COMMUNITY SERVICES, AMENITIES, AND BENEFITS OF  
COLUMBIA UNIVERSITY'S MANHATTANVILLE CAMPUS IN WEST HARLEM

September 2013





### CUBS CAMPS SCHOLARSHIPS

Columbia’s Cubs Camps offer children ages 6 through 12 a range of supervised activities including sports, games, and arts and crafts. In total, 125 Cubs Camps scholarships—25 scholarships annually—have been offered to children who live within Community District 9, in a process managed by the West Harlem Development Corporation. Each one-week scholarship enables a child to engage in activities and events with adult supervision. One week at Cubs Camps would otherwise cost at least \$400 per child. For more information, visit [www.westharlemdc.org](http://www.westharlemdc.org).

### HIGH SCHOOL INTERNSHIPS FOR THE LOCAL COMMUNITY

Columbia University provides paid summer internships for high school students from the local community or attending the Columbia Secondary School for Math, Science, & Engineering. The Columbia University Local Community High School Summer Internship Program is a structured, five-week initiative that provides students with practical work experience before graduation. Since 2010, 51 local students have participated in the program. Students from the 13 zip codes comprising the Upper Manhattan Empowerment Zone and from 4 zip codes in the Bronx Empowerment Zone are eligible to participate. Those zip codes are 10025, 10026, 10027, 10029, 10030, 10031, 10032, 10033, 10034, 10035, 10037, 10039, 10040, 10451, 10454, 10455, and 10474.

### MOBILE DENTAL CLINIC FOR CHILDREN

Columbia University College of Dental Medicine supports a fully equipped Mobile Dental Center that travels to more than 70 local day care centers, elementary schools, and Head Start centers throughout northern Manhattan and the Bronx during the school year. The Mobile Dental Center offers children, ages three to five, comprehensive dental care, serving about 3,000 children each year. Services include dental exams, cleanings, fluoride treatments, X-rays, oral health education, and referrals for free or low-cost health insurance. Children requiring specialty services are referred to affiliated Columbia University and other community-based dental clinics located throughout Washington Heights, Inwood, and Harlem. For more information on the Mobile Dental Clinic, please contact the School of Dental Medicine at 212-305-1045.

Summer Internships for Local High School Students	
Year	Number of Internships
2010 (Pilot Year)	6
2011 (Year 2)	6
2012 (Year 3)	24
2013 (Year 4)	15

For more information on summer high school internships, call the Employment Information Center at 212-851-1551.



The Mobile Dental Center serves about 3,000 local children every year.

## Mobile Dental Center for Pre-School Children

**Link to Columbia University Community Services Website:**

[www.columbia.edu/communityservices](http://www.columbia.edu/communityservices)

**Link to "Mobile Dental Center for Pre-School Children"  
on Columbia University Community Services Website:**

[www.columbia.edu/communityservices/content/mobile-dental-center-pre-school-children](http://www.columbia.edu/communityservices/content/mobile-dental-center-pre-school-children)

The screenshot shows a web page from Columbia University's Community Services website. The header includes the Columbia University logo and navigation links: Neighbors Home, Site Map, Community Calendar, and Español. The main heading is "Manhattanville in West Harlem". Below this is a navigation menu with links for HOME, PLANNING, DESIGN & CONSTRUCTION, COMMUNITY ENGAGEMENT (highlighted), JOBS AND OPPORTUNITY, FAQ, and NEWS AND RESOURCES. The page content is organized into sections: "Education and Engagement" with a "History" link, "Community Services", and "COMMUNITY ENGAGEMENT". Under "COMMUNITY ENGAGEMENT", there is a "Commitment Title" section for "Mobile Dental Center for Pre-School Children", followed by a "Commitment" section describing the free dental care program, an "Eligibility" section with a link to more information, and a "How to Access" section with a link to a brochure. The page is dated "Last updated: April 5, 2013 - 10:49 am". A footer note states: "This Web site is best viewed using Internet Explorer 7.0, Firefox 2.0, or Safari 1.3. The renderings on this Web site are not indicative of final architecture and are for illustrative purposes only. © Columbia University".

## Annual Report: Mobile Dental Center for Pre-School Children

State Submission Annual Reporting Period: **October 2012 - September 2013**

- Notifications Sent Beginning: various
- Number of Patients Served: various

DATE OF SERVICE	SITE NAME	SITE ADDRESS	CHILDREN SEEN
October 2, 2012	Dorothy Day Head Care	583 Riverside Drive New York, NY 10031	12
October 3, 2012	Mt. Morris	15 Mt. Morris Pk. W., New York, NY 10027	18
October 4, 2012	Mt. Morris	15 Mt. Morris Pk. W., New York, NY 10027	13
October 11, 2012	Mt. Morris	15 Mt. Morris Pk. W., New York, NY 10027	14
October 12, 2012	Mama Tingo	519 W. 189th Street, New York, NY 10040	18
October 16, 2012	Uptown Harlem Gems	381 Lenox Avenue New York, NY 10027	20
October 23, 2012	Morningside Day Care Center	2967 8th Avenue, New York, NY 10039	8
October 25, 2012	Uptown Harlem Gems	381 Lenox Avenue New York, NY 10027	18
October 26, 2012	North Presbyterian	531 West 155th Street New York, NY 10032	12
November 7, 2012	CU Hamilton	110 Hamilton New York, NY 10031	11
November 20, 2012	Dorothy Day Head Care	583 Riverside Drive New York, NY 10031	10
November 27, 2012	KIPP Star P.S. 115	586 W. 177th Street, New York, NY 10033	20
November 30, 2012	CU Hamilton	110 Hamilton New York, NY 10031	16
December 4, 2012	Citizen's Care Center 1	3240 Broadway New York, NY 10027	26
December 6, 2012	Citizen's Care Center 3	131 St Nicholas Avenue (117th St) New York, NY 10026	23
December 10, 2012	Citizen's Care Center 1	3240 Broadway New York, NY 10027	16
December 11, 2012	Mama Tingo	519 W. 189th Street, New York, NY 10040	12
December 19, 2012	Early Life II	110 W. 146th Street New York, NY 10039	18

<b>DATE OF SERVICE</b>	<b>SITE NAME</b>	<b>SITE ADDRESS</b>	<b>CHILDREN SEEN</b>
January 9, 2013	CU Hamilton	110 Hamilton Place New York, NY 10031	15
January 11, 2013	Early Life II	151-7 W. 136th Street New York, NY 10030	16
January 15, 2013	KIPP Elementary School	625 West 133rd Street New York, NY 10027	19
January 17, 2013	Washington Heights Day Care Ctr	610-14 West 175th Street New York, NY 10033	18
January 18, 2013	KIPP Elementary School	625 West 133rd Street New York, NY 10027	14
January 24, 2013	KIPP Elementary School	625 West 133rd Street New York, NY 10027	16
February 4, 2013	UFBCO	474 W. 159th Street New York, NY 10032	20
February 5, 2013	UFBCO	474 W. 159th Street New York, NY 10032	16
February 6, 2013	KIPP Elementary School	625 West 133rd Street New York, NY 10027	8
February 8, 2013	Drew Hamilton Learning Center	2672 Frederick Douglas Blvd. New York, NY 10030	18
February 14, 2013	Early Life II	151-7 W. 136th Street New York, NY 10030	7
February 26, 2013	Nasry Michelen DayCare Ctr	510 W. 145th Street New York, NY 10031	16
March 6, 2013	P.S. 189	2580 Amsterdam Avenue New York, NY 10040	13
March 11, 2013	Washington Heights Day Care Ctr	610-14 West 175th Street New York, NY 10033	12
March 15, 2013	Annie G. Newsome 2	129 West 138th Street New York, NY 10030	18
March 18, 2013	Drew Hamilton Learning Center	2672 Frederick Douglas Blvd. New York, NY 10030	22
March 19, 2013	EDCO	249 W. 144th Street New York, NY 10030	19
March 21, 2013	Early Life II	110 W. 146th Street New York, NY 10039	17
March 22, 2013	Seventh Avenue Mennonite	711 West 146th Street New York, NY 10031	21
March 28, 2013	Early Life Center 145	510 West 145th Street New York, NY 10031	23
April 4, 2013	Mt. Morris	15 Mt. Morris Pk. W., New York, NY 10027	17
April 5, 2013	Mt. Morris	15 Mt. Morris Pk. W., New York, NY 10027	14
April 8, 2013	Dorothy Day Head Care	583 Riverside Drive New York, NY 10031	15

DATE OF SERVICE	SITE NAME	SITE ADDRESS	CHILDREN SEEN
April 10, 2013	CU Broadway	4467 Broadway, New York, NY 10040	9
April 12, 2013	Mama Tingo	519 W. 189th Street, New York, NY 10040	22
April 15, 2013	Ft. George 1 HeadStart	1525 ST., Nicholas Avenue New York, NY 10033	17
April 16, 2013	Early Life Center 145	510 West 145th Street New York, NY 10031	17
April 18, 2013	Uptown Harlem Gems	381 Lenox Avenue New York, NY 10027	22
April 22, 2013	Mt. Morris	15 Mt. Morris Pk. W., New York, NY 10027	19
April 24, 2013	Morningside Day Care Center	2967 8th Avenue, New York, NY 10039	14
April 26, 2013	Uptown Harlem Gems	381 Lenox Avenue New York, NY 10027	14
April 29, 2013	North Presbyterian	531 West 155th Street New York, NY 10032	23
May 1, 2013	KIPP Elementary School	625 West 133rd Street New York, NY 10027	17
May 6, 2013	Annie G. Newsome 1	129 West 138th Street New York, NY 10030	11
May 7, 2013	Mama Tingo	519 W. 189th Street, New York, NY 10040	9
May 8, 2013	KIPP Star Washington Heights Middle School	21 Jumel Place New York, NY 10032	11
May 10, 2013	Prince Hall Day Care Center	159-30 Harlem River Drive New York, NY 10039	17
May 22, 2013	CU Hamilton	110 Hamilton Place New York, NY 10031	16
June 6, 2013	Citizen's Care Center 1	3240 Broadway New York, NY 10027	23
June 7, 2013	Citizen's Care Center 3	131 St. Nicholas Avenue New York, NY 10026	10
June 20, 2013	Early Life #11	110 W. 146 Street New York, NY 10039	16
June 21, 2013	KIPP STAR P.S. 115	586 W. 177 Street New York, NY 10032	7
July 1, 2013	UFBCO	474 W. 159 Street New York, NY 10032	9
July 8, 2013	Lenox Family Center	141 W 144 Street New York, NY 10030	8
July 9, 2013	Early Life Center	218 W. 147 Street New York, NY 10039	13
July 10, 2013	Columbia University Head Start	4467 Broadway New York, NY 10040	19

<b>DATE OF SERVICE</b>	<b>SITE NAME</b>	<b>SITE ADDRESS</b>	<b>CHILDREN SEEN</b>
July 12, 2013	Round The Clock Nursery	301 West 130th Street New York, NY 10027	21
July 17, 2013	Columbia University Head Start	110 Hamilton Place New York, NY 10031	13
August 5, 2013	UFBCO	474 W. 159 Street New York, NY 10032	21
August 8, 2013	Drew Hamilton Learning Center	2672 Frederick Douglas Blvd New York, NY 10030	19
September 19, 2013	Drew Hamilton Learning Center	2672 Frederick Douglas Blvd New York, NY 10030	17
September 30, 2013	West Harlem Head Start Program	121 W. 128 Street New York, NY 10027	9
<b>Total</b>			<b>1102</b>

<b>Additional Supporting Documentation</b>
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- Copies of public notifications and/or announcements of center services