

**Manhattanville in West Harlem Implementation Plan Report
October 15, 2018 Submission**

Declaration Reference and Key Data

Obligation Section Number: **5.07(c)(iii)**

Obligation Title: **Mobile Dental Center for Pre-School Children**

Obligation Page Number: **52**

Obligation Trigger: **Acquisition by ESD or CU of all Initial Stage 1 Condemnation Parcel(s)**

Obligation Start Date: **March 12, 2012**

Obligation End Date: **March 12, 2037 (25 Years from Commencement)**

Obligation Status: **In Compliance**

Obligation: Innovation/Changed Conditions

In accordance with the Declaration of Covenants and Restrictions Section 5.08, Obligation 5.07 (c)(iii) is modified to clarify the obligation. In general, the scope of services to be provided has not been changed.

Original Language:

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.

Modified Language:

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 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).

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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.

Evidence of Compliance

1. Link to website
2. Annual report

Columbia University's Implementation Plan and all supporting documentation are made available on the Community Services Webpage at <http://manhattanville.columbia.edu/community/benefits-and-amenities>.

EOC Checklist for Obligation 5.07(c)(iii):

Please check to verify EOC items submitted for review.

- ☐ 1. Link to website
- ☐ 2. Annual report

Monitor's Notes / Comments:

Status:

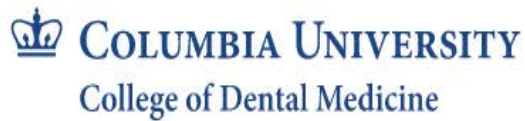
Please check to indicate the status of Obligation 5.07(c)(iii):

- ☐ In Compliance
- ☐ In Progress
- ☐ Not In Compliance
- ☐ Not Triggered

Mobile Dental Center for Pre-School Children

Link to website:

<https://www.dental.columbia.edu/about-us/community-outreach>



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Annual Report: Mobile Dental Center for Pre-School Children

State Submission Annual Reporting Period: **October 2017 - September 2018**

- Notifications Sent Beginning: **Various**
- Number of Patients Served: **819**

Date of Service	Site Name	Site Address	# of Children Seen	# of Referrals Given
10/3/2017	Uptown Harlem Gems	381 Lenox Ave NY, NY 10027	16	4
10/5/2017	Northern Manhattan Headstart	529 W 155th St NY, NY 10032	15	4
10/9/2017	Community Life Center - Mt Morris	15 Mt Morris Pk W NY., NY 10027	14	0
10/18/2017	Seventh Avenue Center For Family Services	711 Lenox Ave NY., NY 10039	18	8
10/19/2017	Uptown Harlem Gems	381 Lenox Ave NY, NY 10027	17	2
10/23/2017	Dorothy Day Care	583 Riverside Dr NY., NY 10031	8	1
10/26/2017	Community Life Center - Mt Morris	15 Mt Morris Pk W NY., NY 10027	17	5
11/8/2017	Round The Clock Nursery	300 W 145th St NY, NY 10039	20	2
12/6/2017	Harlem Childrens Zone/Grads	23 W 124th St NY, NY 10027	19	0
12/8/2017	Community Life Center - Mt Morris	15 Mt Morris Pk W NY., NY 10027	12	3
12/19/2017	Northern Manhattan Headstart	529 W 155th St NY, NY 10032	22	8
1/10/2018	Community Life Center - Mt Morris	15 Mt Morris Pk W NY., NY 10027	10	1
1/16/2018	Round The Clock Nursery	301 W 130th St NY, NY 10039	12	2
1/22/2018	UFBCO - United Federation Black Community Organizations	474 W 159th St NY, NY 10032	24	1
1/23/2018	UFBCO - United Federation Black Community Organizations	474 W 159th St NY, NY 10032	22	5
1/31/2018	Harlem Childrens Zone/Grads	23 W 124th St NY, NY 10027	7	2
2/6/2018	Early Life Center	510 W 145th St NY, NY 10031	22	6
2/9/2018	ECDO - Early Childhood Development Organization	249 W 144th St NY, NY 10030	14	2
2/12/2018	Early Life Center	218 W 147th St NY, NY 10039	20	1

Date of Service	Site Name	Site Address	# of Children Seen	# of Referrals Given
2/13/2018	Early Life Center	218 W 147th St NY, NY 10039	20	3
2/15/2018	East Calvary Day Care	1 W 112th St NY, NY 10026	24	8
2/27/2018	Community Life Center - Mt Morris	15 Mt Morris Pk W NY., NY 10027	13	4
3/1/2018	Morningside Daycare	2967 8th Ave NY, NY 10039	11	0
3/6/2018	UFBCO - United Federation Black Community Organizations	474 W 159th St NY, NY 10032	3	0
3/12/2018	Morningside Daycare	2967 8th Ave NY, NY 10039	18	5
4/10/2018	Northern Manhattan Headstart	529 W 155th St NY, NY 10032	28	11
4/23/2018	Uptown Harlem Gems	381 Lenox Ave NY, NY 10027	25	9
4/24/2018	Sheltering Arms Lenox	669 Lenox Ave NY, NY 10030	20	1
4/25/2018	Dorothy Day Care	583 Riverside Dr NY, NY 10031	17	4
4/27/2018	Sheltering Arms Lenox	669 Lenox Ave NY, NY 10030	17	1
4/30/2018	Community Life Center - Mt Morris	15 Mt Morris Pk W NY., NY 10027	22	3
5/1/2018	Uptown Harlem Gems	381 Lenox Ave NY, NY 10027	11	4
5/2/2018	Community Life Center - Mt Morris	15 Mt Morris Pk W NY., NY 10027	11	1
5/9/2018	Round The Clock Nursery	300 W 145th St NY, NY 10039	29	4
5/11/2018	Sheltering Arms Lenox	669 Lenox Ave NY, NY 10030	15	4
6/6/2018	Harlem Childrens Zone/Grads	23 W 124th St NY, NY 10027	16	2
6/7/2018	Early Life Center	510 W 145th St NY, NY 10031	12	1
6/11/2018	Early Life Center	218 W 147th St NY, NY 10039	12	4
6/20/2018	Early Life Center	110 W 146th St NY., NY 10039	29	10
6/21/2018	Northern Manhattan Headstart	529 W 155th St NY, NY 10032	18	4
6/22/2018	Community Life Center - Mt Morris	15 Mt Morris Pk W NY., NY 10027	10	0

Date of Service	Site Name	Site Address	# of Children Seen	# of Referrals Given
7/11/2018	Community Life Center - Mt Morris	15 Mt Morris Pk W NY., NY 10027	10	3
7/24/2018	Early Life 145	510 W. 145th Street NY., NY 10031	21	8
8/6/2018	UFBCO - United Federation Black Community Organizations	474 W. 159th Street NY, NY 10032	23	5
8/7/2018	UFBCO - United Federation Black Community Organizations	474 W. 159th Street NY, NY 10032	17	6
8/9/2018	Early Life 147	218 W. 147th Street NY., NY 10039	24	1
8/10/2018	Early Life 147	218 W. 147th Street NY., NY 10039	13	3
9/20/2018	ECDO - Early Childhood Development Organization	249 W 144th Street, NY., NY 10030	21	4
Total:			819	170

The HIPAA Privacy Rule establishes national standards to protect individuals' medical records and other personal health information and applies to health plans, health care clearinghouses, and those health care providers that conduct certain health care transactions electronically. The Rule requires appropriate safeguards to protect the privacy of personal health information, and sets limits and conditions on the uses and disclosures that may be made of such information without patient authorization. The Rule also gives patients rights over their health information, including rights to examine and obtain a copy of their health records, and to request corrections. Columbia University follows the HIPAA Privacy Rule.

Additional Supporting Documentation

- Copies of public notifications and/or announcements of center services

Community Services

As part of the University's ongoing commitment to the local community, Columbia has dedicated a portion of the Manhattanville 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 manhattanville.columbia.edu/community

Outreach to Disconnected Youth

Columbia University has initiated outreach to identify and engage disconnected youth ages 16–24 in the local community who have not completed high school or obtained a high school equivalency diploma in order to enroll them at no cost in New York City Department of Education (NYCDOE) high school programs or TASC programs. Upon completion of a high school diploma or its equivalent, participants will be referred for skills training, internships, and work-based learning opportunities through community-based organizations. Columbia will make a good faith effort to place participants in positions with Columbia University. For more information about how to access the program, please contact 212-854-5916.

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.

Course Auditing

Columbia University funds up to 50 courses per year through Columbia's Professional Studies Auditing Program for residents (25 residents from NYCHA Manhattanville Houses and Grant Houses and 25 residents from the local community). The Auditing Program provides adults not currently enrolled in college with the opportunity to attend up to two selected lectures drawn from Columbia University's offerings in the Arts and Sciences during the academic year.

For more information about the program, please call 212-854-9666.

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.

Dental Services for Preschool Children

Columbia University offers free dental care for pre-school-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.

Scholarships for Lifelong Learners

Columbia University provides scholarships for 50 residents of Manhattanville Houses, Grant Houses, and the local community who are 65 years of age and older to audit up to two courses per year. Administered through Columbia's School of Professional Studies, the Lifelong Learners Program is designed for individuals committed to the principles of lifelong education.

For more information about the program, please call 212-854-9666.

Summer Sports Little Lions Camp Scholarships for Children

Columbia University offers 25 need-based scholarships for children ages 6–12 from the Manhattanville area to attend Columbia's Little Lions Camp. One scholarship is equal to one week of camp. All scholarship applications must come to Columbia University through the West Harlem Development Corporation (WHDC). For more information, please contact the WHDC at 646-476-3394.

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.

Columbia Community Scholars Program

Columbia University offers independent, community-based scholars from Northern Manhattan access to a range of University services and resources not usually afforded to non-affiliated residents. Services and resources shall be provided at no cost to participants and shall include access to all of University libraries — including online access, course auditing privileges, dialogue with scholars in their field of study, and the ability to participate in seminars and social events developed specifically for the group.

For more information, please direct inquiries about the Community Scholars Program to 212-854-5710 or communityaffairs@columbia.edu.

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 in University facilities and throughout Harlem and Washington Heights.

Housing Legal Assistance

For the period from January 1, 2015, through December 31, 2030, Columbia University provides funding for two attorneys at a legal assistance provider acceptable to NYCPD 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.

Contact Legal Services NYC directly and ask a representative if you are eligible for the benefit described above. Phone: (212) 348-7449; Fax: (212) 348-4093. Legal Services NYC can also be found online: www.legalservicesnyc.org.

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.

Undergraduate Scholarships for Aid-Eligible Students From the Local Community

Columbia University has established the Thompson-Muñoz 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. Eligible students must undergo Columbia's undergraduate admissions process. For more information, contact Columbia's Office of Undergraduate Admissions at (212) 854-2522.

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 various school-based dental clinics located throughout Northern Manhattan and a Mobile Dental Center.

For more information about

Community DentCare Network, please call:

Elvin Alvarez

630 West 168th Street, P&S Box 20

New York, NY 10032

Telephone: (212) 305-6368

Email: ea95@cumc.columbia.edu

Visit our web page at:

<http://communitydentcare.columbia.edu>

Affiliate Clinics

Appointments can be made at any of our referral clinics listed below

**Columbia University College of Dental Medicine
Division of Pediatric Dentistry**
722 West 168th Street (Haven Avenue), NY, NY 10032
212-305-6754

Columbia University College of Dental Medicine Community DentCare Network School Based Clinics

I.S. 143 Dental Clinic 515 West 182nd Street, Rm. #114, NY, NY 10032 (212) 568-4696	I.S. 52 Dental Clinic 650 Academy Street Rm# 237, NY, NY 10034 (212) 567-5629
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M.S. 326 & M.S. 328 Dental Clinic
401 W 164th Street
NY, NY 10032
(212) 740-1783

Dental Clinics located in Northern Manhattan

Harlem Hospital Center Division of Pediatric Dentistry
16 W. 137th Street between Lenox & 5th, 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), NY, NY, 10037
(212) 862-0054

Mount Sinai Hospital and Medical Center//Department of Dentistry
One Gustave Levy Place, NY, 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, BX, NY 10457
(718) 901-8410

St. Barnabas Hospital Pediatric Dentistry
MILLS Building 1st Fl, 182nd Street & 3rd Avenue, BX, NY 10457
(718) 960-6628

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



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, 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 provides 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 oral health.

DENTAL SERVICES OFFERED:

Dental Exams	Cleanings
X-Rays	Fillings
Sealants	Fluoride Treatments
Oral Health Education	Emergency Referrals

And much more!!!

FREQUENTLY ASKED QUESTIONS

HOW CAN MY CHILD ACCESS SERVICES?

Parents should complete a registration packet available at 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/center sites so you don't have to take time off from work or lose wages. Your child will also learn the basics of proper dental care and develop good oral care habits that will last a lifetime.

WHAT INSURANCE COVERAGE DOES THE MOBILE VAN ACCEPT?

Medicaid, all Managed Care Plans and Commercial Insurance Plans.

WHAT IF MY CHILD IS UNINSURED?

The **Northern Manhattan Improvement Corporation (NMIC)** 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 NMIC enrollment services call:

212-822-8341 or 212-453-5386

76 Wadsworth Avenue, First Floor,
New York, NY 10033

(Between 176th and 177th Streets)



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

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



COLUMBIA UNIVERSITY
College of Dental Medicine

Community DentCare Network
630 W. 168th Street (P&S Box
20)
New York
NY 10032
212.305.6368 Tel
212.305.6032 Fax

COMMUNITY DENTCARE NETWORK

<http://communitydentcare.columbia.edu>

Dear Parent or Guardian:

The Columbia University - Community DentCare Network Mobile Dental Center is able to take care of your child's dental needs. We offer a complete range of dental services which include the following:

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

The Mobile Dental Center provides these services at Head Start facilities, Day Care Centers, NYC Schools, and Summer Camp programs.

If you are interested in having your child treated by Columbia University's Mobile Dental Center,

- Please complete the attached Medical History and Dental Consent forms. Remember to sign and date the consent form. Use black or blue ink only, forms completed in pencil are not acceptable and your child can not be seen.
- Please complete, sign and date the HIPAA form.
- If your child has Medicaid, Medicaid Managed Care or other private insurance, please provide a copy of the insurance card with your child's name. If you do not have health insurance, we can refer you to facilities where you can apply.
- Please return the entire packet (Medical History, Dental Consent, HIPAA form and a copy of the insurance ID card) to your child's teacher or the center's 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 the Mobile Dental Center at (347) 672 – 4505.

Sincerely,

Elvin Alvarez
Administrative Director

Columbia University Medical Center



COLUMBIA UNIVERSITY
College of Dental Medicine

Community DentCare Network
630 W. 168th Street (P&S Box
20)
New York
NY 10032
212.305.6368 Tel
212.305.6032 Fax

COMMUNITY DENTCARE NETWORK

<http://communitydentcare.columbia.edu>

Estimados padre o guardian:

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

Nuestra Unidad Móvil proveerá estos servicios durante horas de programación de la escuela, Centro Infantil o campamento de verano de su 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 or 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 HIPAA (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.
- Entregue el formulario Medico, HIPAA y copia de la tarjeta de seguro de su niño/a 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 inquietude, favor de contactarme al (347) 672-4505.

Sinceramente,

Elvin Alvarez

Columbia University Medical Center

**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.

Patient Information Información del Paciente	Emergency Contact Contacto de Emergencia del estudiante
Last Name/Apellido _____ First Name/Primer nombre _____ Birth date: _____ / _____ / _____ <i>Fecha de Nacimiento:</i> Month/Mes Day/Dia Year/Año Gender: ☐ Male ☐ Female <i>Genero</i> ☐ Masculino ☐ Femenino Ethnic/Race: ☐ Hispanic ☐ Black ☐ White ☐ Other <i>Etnicidad/Raza</i> ☐ Hispano ☐ Negro ☐ Blanco ☐ Otro Address: _____ <i>Dirección</i> City/Ciudad _____ State/Estado _____ Zip/Condado _____	Last Name/Apellido _____ First Name/Primer nombre _____ Home Tel: () _____ - _____ <i>Tel. casa</i> Work Tel: () _____ - _____ <i>Tel. trabajo</i> Relationship: ☐ Grandparents ☐ Aunt ☐ Other <i>Relación</i> ☐ Abuelo(a) ☐ Tia/Tío ☐ Otra
Parent's or Legal Guardian Information <i>Información de los padres/Guardián legal del estudiante</i>	Student's Primary Care Physician (Medical Doctor) <i>Medico Primario del estudiante</i>
Last Name/Apellido _____ First Name/Primer nombre _____ Home Tel: () _____ - _____ <i>Tel.casa</i> Work Tel: () _____ - _____ <i>Tel. trabajo</i> Cell Tel: () _____ - _____ <i>Tel.celular</i> Email: _____ <i>Correo electrónico</i>	Name: _____ <i>Nombre:</i> Office Tel#: () _____ - _____ <i>Tel de oficina:</i>
	INSURANCE AND SITE INFORMATION <i>Información de Seguro Medico y Escuela</i>
	Does your child have Medicaid? ☐ YES ☐ NO <i>¿Tiene su hijo/a Medicaid?</i> ☐ SI ☐ NO Medicaid ID# _____ <i>Numero de Identificación de Medicaid?</i> What Head Start/Day Care/School does your child attend? _____ <i>¿A cuál centro escuela asiste su hijo/a?</i>

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

Revise 9/2010

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

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 ☐ NO ☐
Anticoagulants	Anticoagulantes	YES/Si ☐ NO ☐
High Blood Pressure Medicine	Medicinas para la Presión Alta	YES/Si ☐ NO ☐
Cortisone or Steroids	Cortisona o Esteroides	YES/Si ☐ NO ☐
Tranquilizers	Tranquilizantes	YES/Si ☐ NO ☐
Aspirin	Aspirina	YES/Si ☐ NO ☐
Dilantin or other Anticonvulsant _____	Dilatin u otro Anitconvulsante _____	YES/Si ☐ NO ☐
Insuline, Tollbutamide, Orinase or similar drug _____	Insulina, Tolbutamide, Orinase, otra droga similar? _____	YES/Si ☐ NO ☐

Any other medication? ¿Algun 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 ☐ NO ☐
Penicillin	Penicilina	YES/Si ☐ NO ☐
Sulfa Drugs	Sulfonamidas	YES/Si ☐ NO ☐
Bartibuates, Sedatives,	Barbituricos, Sedativos	YES/Si ☐ NO ☐
Aspirin	Aspirina	YES/Si ☐ NO ☐

¿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

CERTIFIED

to be a true and correct translation from
English to Spanish: M.G. 02/20/08_R
THE HISPANIC TRANSLATION CENTER
Columbia University Medical Center

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

Website: 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 corrijamos 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.

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

Sitio web: www.cumc.columbia.edu/hipaa

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

Fecha de revisión: 22 de octubre del 2007



COLUMBIA UNIVERSITY COLLEGE OF DENTAL MEDICINE
Community DentCare Network Mobile Dental Center

Dental Report/Reporte dental

Dear Parent/Estimado Padre:

Today / /20__ your child _____ received the following services

Hoy / /20__ Su hijo(a) _____ recibió el (los) siguiente servicio(s)

☐ **Dental Exam which revealed//Examen dental reveló lo siguiente:**

☐ **No obvious problems were found. Please continue to monitor oral hygiene (brushing & flossing)**

Ningún problema obvio. Favor de continuar monitorizando la higiene bucal de su hijo(a) *(cepillado y uso de hilo dental)*

☐ **Needs to improve oral hygiene and *parent must brush the teeth of the children under age 5***

Necesita mejorar su higiene bucal. Los padres deben de cepillar los dientes de sus hijos hasta los 5 años de edad.

☐ **Harmful Habits such as:** ☐ **Thumb sucking**

Hábitos dañinos, ejemplo: Chuparse el dedo

☐ **Tongue Thrusting**

Empujar la lengua

☐ **Please monitor this behavior**

Favor de discontinuar estos hábitos

☐ **Need for routine dental treatment by a dentist such as cavities**

Necesita un tratamiento dental por un dentista, ejemplo para tratar caries

☐ **Need for urgent dental treatment by a dentist/specialist as soon as possible**

Necesita tratamiento urgente de un dentista o un especialista lo más pronto posible

☐ **Need for emergency dental treatment by a dentist/specialist immediately**

Necesita tratamiento dental de emergencia por un dentista o especialista inmediatamente

☐ **Extent of dental treatment required cannot be rendered on the Mobile Dental Center—Clinic referral list is on the back of this page**

El tratamiento dental requerido no puede ser completado en el Centro Ambulatorio Dental— La lista de clínicas afiliadas están detrás de esta página.

☐ **Other//Otro _____**

☐ **Treatment provided today//Otros servicios proveídos en el día de hoy**

☐ **Prophylaxis (cleaning)**

Limpieza

☐ **Topical Fluoride**

Fluoruro tópico

☐ **X-rays**

Radiografías

☐ **Sealant**

Sellante

☐ **Instruction on brushing**

Instrucción sobre el cepillado

☐ **Extraction**

Extracción de diente

☐ **Restoration (filling)**

Empaste

☐ **Root Canal**

Conducto radicular (Tratamiento de nervios)

☐ **Other//Otro _____**

☐ **We are planning the following treatment at the next visit//En la próxima visita se propone el siguiente tratamiento(s):**

☐ **Sealant**

Sellante

☐ **Extraction ***

Extracción de diente*

☐ **Permanent filling**

Empaste

☐ **Root Canal**

Conducto radicular

☐ **Other _____**

Otro

* Please sign **oral surgery consent** should your child need an extraction or other oral surgery treatment if you want your child to receive this service on the van.
You can choose to have your child continue treatment by your private dentist.

* Favor de llenar el formulario de consentimiento para tratamiento quirúrgico bucal (extracción de diente). Usted puede seguir el tratamiento recomendado por un Dentista privado.

☐ **All the necessary dental work was completed and is advised to follow up in 6 months**

El tratamiento dental ha sido completado y se recomienda un chequeo dental en seis meses.

Provider's Name / Nombre del Proveedor dental

If you have any questions about your child's dental treatment or to make an appointment, please call us at 347-672-4505.
Si tiene alguna pregunta sobre el tratamiento dental de su hijo/a favor de llamarnos al 347-672-4505.



COLUMBIA UNIVERSITY COLLEGE OF DENTAL MEDICINE

Community DentCare Network Mobile Dental Center

Referral Sites/Lista de clínicas de Referencia

Below is a list of referral sites, which you may contact should you require further treatment or have a dental emergency. Debajo encontrara una lista de clínicas dentales donde puede obtener cuidado dental o de emergencia.

☐ Columbia University Community DentCare Network M.S. 326 & M.S. 328 School-Based Dental Clinic 401 W 164th Street New York, NY 10032 Tel: (212) 740-1783	☐ Columbia University Community DentCare Network I.S. 143 School-Based Dental Clinic 515 West 182nd Street, Rm. #114 New York, N.Y. 10032 Tel: (212) 568-4696	☐ Columbia University Community DentCare Network I.S. 52 School-Based Dental Clinic 650 Academy Avenue, Rm. # 237 New York, N.Y. 10034 Tel: (212) 567-5628
Columbia University Pediatric Dentistry Columbia University Medical Center 701 W. 168th St. New York, NY 10032 Phone: (212) 305-6754	☐ Harlem Hospital Center Dental Department 506 Lenox Ave MLK Building, RM 6215 New York, NY 10037 Phone: 212-939-2890	☐ Mount Sinai Hospital and Medical Center Department of Dentistry One Gustave Levy Place New York, NY 10029 Phone: (212) 241-7681
☐ Heritage Health Care 1727 Amsterdam Ave, 4th Floor (145th St) NY, NY 10037 Tel: (212) 862-0054	☐ Harlem Hospital Center Emergency Room 506 Lenox Avenue (135 th Street) (212) 939 - 2250 For emergencies after 5: 00 p.m. Para emergencias despues de las 5:00 p.m.,	☐ New York Presbyterian Hospital Emergency Room 168 Street & Broadway Enter thru "Energy Court" (212) 305 - 2255 For emergencies after 5: 00 p.m. Para emergencias despues de las 5:00 p.m.,
☐ Albert Einstein College of Medicine Montefiore Medical Center 111 East 210th Street Bronx, NY 10467-2490 Phone: (718) 920-5996	☐ Bronx-Lebanon Hospital Center 1770 Grand Concourse Suite 2B Bronx, NY 10457 Phone: (718) 901-8410	☐ St. Barnabas Hospital Pediatric Dentistry MILLS Building 1st Floor 183rd Street & Third Avenue Bronx, NY 10457 Phone: (718) 960-9000 ext. 6675

**COLUMBIA UNIVERSITY – COLLEGE OF DENTAL MEDICINE
REFERRAL FORM**

DATE _____ **CHART** _____ **VC #** _____

TO _____

REFERRING STUDENT _____
(PRINT NAME) (SIGNATURE)

FACULTY MEMBER _____
(PRINT NAME) (SIGNATURE)

LOCATION _____ **PHONE/EXTENSION** _____

PATIENT'S NAME _____

DATE OF BIRTH _____ **GENDER** _____

TELEPHONE _____
(HOME) (OTHER)

PLEASE CIRCLE TEETH TO BE TREATED

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 MAXILLA
32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17 MAND

REASON FOR CONSULTATION

ANY SIGNIFICANT MEDICAL HISTORY? ☐ YES ☐ NO

IF YES, PLEASE EXPLAIN _____

X-RAYS ATTACHED ☐ YES **HOW MANY?** ____ ☐ NO

CONSULTATION NOTE _____

**WHEN TREATMENT IS COMPLETED IN YOUR AREA PLEASE REFER PATIENT WITH
THE X-RAY(S) AND COPY OF THIS FORM TO THE ORIGINAL AREA OF REFERRAL.**