the Naomi Berrie DIABETES CENTER
Columbia University Medical Center
the care until the cure

AUTHORIZATION FOR USE AND DISCLOSURE OF LIMITED HEALTH INFORMATION FOR OUTREACH, EDUCATION AND FUNDRAISING COMMUNICATIONS

I authorize Columbia University Medical Center's Naomi Berrie Diabetes Center to use the following limited health information to contact me with information related to my personal health needs and interests, including:

- NEW SCIENTIFIC ADVANCES
- PATIENT CARE PROGRAMS
- COMMUNITY ACTIVITIES AND EVENTS
- OPPORTUNITIES TO SUPPORT THE NAOMI BERRIE DIABETES CENTER AND COLUMBIA UNIVERSITY MEDICAL CENTER

NOTE: NO DIAGNOSIS OR TREATMENT INFORMATION WILL BE USED OR DISCLOSED.

NAME:_____

ADDRESS : _____

CITY, STATE ZIP _____

PHONE: _____(WORK) _____(HOME) EMAIL_____

Columbia University Medical Center fully supports the protection of health information. With the permission of your physician, the staff at the Naomi Berrie Diabetes Center will use this information to contact you to provide information about new scientific advances, care programs, community activities, and fundraising activities. This authorization allows us to personalize our communication to you as we seek to keep you informed about relevant health information and activities at the Naomi Berrie Diabetes Center and Columbia University. Patient lists are not loaned or sold.

Failure to sign this authorization will not affect your treatment, payment, or eligibility for benefits in any way. Columbia University strictly limits the use of your information by its business associates and requires that they protect the confidentiality of your information.

This authorization is valid until revoked by the patient or authorized representative. You may revoke this authorization at any time or request to inspect or receive a copy of the protected health information to be used or disclosed by submitting a request in writing to: Privacy Officer, Columbia University Health Sciences, 601 West 168th Street, Apt. 22, New York, NY 10021, email HIPAA@columbia.edu . The revocation will be effective except to the extent that we have already relied on your authorization.

DATE	SIGNATURE of PATIENT, PARENT or GUARDIAN