

## **Personal Health Information Privacy Program**

This Privacy Program explains how your personal health information may be used and disclosed. Please review it carefully.

### ***Purpose***

The Blood Alliance collects certain personal health information when you donate blood. This information is necessary for identification purposes, safeguarding the blood supply, recruitment, matching blood donors with recipients, testing and follow-up activities, and other donation-related activities that may be necessary for medical purposes or required by law. Although The Blood Alliance is not a HIPAA covered entity, we respect the confidentiality of your health information, subject to the necessary uses described herein, and will protect the privacy of your information to the best of our ability and to the extent required by law. This program describes our privacy practices and explains how we use and maintain your health information to ensure the adequacy and safety of the blood you so generously donate to patients in need.

### ***How The Blood Alliance May Use Personal Health Information***

We may use your personal health information for the following purposes and in the following ways:

- To send you appointment reminders
- To schedule your next donation or to contact you with a request to donate blood
- To notify a volunteer chairperson for purposes of scheduling donations (i.e., name, blood type, phone number), or for contacting you if there is an urgent need for your blood type
- To prevent a serious threat to health or safety
- To share information with health care providers involved in your treatment. For example, we may share information about your test results with your physician if you are an autologous donor (giving your blood for your own use), you are giving blood for your own therapeutic treatment, or you are undergoing a therapeutic apheresis procedure
- To conduct internal operations, including but not limited to quality control, quality improvement, training, employee evaluations, attorneys and insurers for professional liability or risk management purposes, or licensing or accreditation
- To conduct business operations through business associates, for example, to install new computer software requiring technicians to have access to records
- To notify a family member or other responsible person of any medical emergency you may experience so that treatment decisions may be made. For example, if you have an adverse reaction to a blood donation, we may need to explain what happened and give instructions regarding your care to a person driving you home
- As permitted or required by law
- To comply with health oversight activities by governmental or accrediting agencies, for example, in audits, inspections, investigations, and licensure
- To comply with judicial processes related to lawsuits and disputes
- To comply with law enforcement activities, for example, in response to a court order or other legal process
- To military command authorities if you are a member of the armed forces donating on a military installation
- To solicit funds during fundraising activities by The Blood Alliance. Such information will be limited to your name, address, and phone number; you have an opportunity to refuse to receive these communications

### ***Your Authorization is Required for Other Disclosures***

Except as described above and as permitted or required by law, we will not disclose your personal health information unless you authorize us in writing to disclose the information for the purpose you authorize. You may revoke your authorization in writing, which will be effective only after the date of your written revocation.

***Methods of Communication***

You may request communications in a certain way (for example, telephone, e-mail) or at a certain location, but you must specify how or where you wish to be contacted.

***Change of Privacy Program***

The Blood Alliance may change this Privacy Program, and these changes will be effective with regard to existing health information as well as any information we receive in the future.

***Contact***

If you believe your privacy has been violated or you have a comment or complaint about the Privacy Program, you may contact us through this website by clicking on 'Contact Us" at the bottom of the home page. You will not be penalized or retaliated against in any way for making a complaint to The Blood Alliance. Written requests can be mailed to The Blood Alliance, 7595 Centurion Parkway, Jacksonville, FL 32256, ATTENTION: Privacy Officer.

Effective date 1/1/10