

*This Notice of Privacy Practices explains how your personal health information may be used and disclosed. Please review it carefully.*

**Purpose:** The Florida's Blood Centers (FBC) 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 FBC conducts donor collections it is not a Health Insurance Portability and Accountability Act (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. The portion of FBC that conducts patient care through a physician's order (e.g., therapeutic phlebotomies, therapeutic apheresis and transfusion services) is governed by HIPAA.

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 Florida's Blood Centers May Use Personal Health Information**

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

### **USES AND DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS**

- Treatment (patients only): 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 (you are giving blood for your own use), you are giving blood for therapeutic treatment, or you are undergoing a therapeutic apheresis procedure.
- Payment (patients only): FBC may disclose your medical information to your medical provider, hospital or others in order to obtain payment for therapeutic services we have provided. The information on, or accompanying, the bill may include information that identifies you, your diagnosis, treatment received, and supplies used.

- Health care operations (Donor and Patients): FBC may use and disclose your medical information to support administrative and general day-to-day health care operations as they pertain to us. Examples include: quality management and quality improvement activities; licensing, inspection, and accreditation activities; medical review, legal services, and auditing; business management and administrative activities including privacy, customer service, resolution of internal grievances, and creating de-identified medical information or a limited data set; and activities and services that are conducted or provided under contract by our business associates.

### **USES AND DISCLOSURES OTHER THAN FOR TREATMENT, PAYEMENT OR HEALTH CARE OPERATIONS**

- Reminders: To send you appointment reminders.
- To schedule your next donation or to contact you with a request to donate blood.
- To notify a volunteer donor chairperson (if you participate in a company campaign) 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.
- Assist with Disaster Relief: To provide information to a disaster relief agency if you are involved in a disaster relief effort.
- To Those Involved with Your Care: FBC may disclose to a family member, other relative, personal representative, close personal friend, or another person you identify, medical information relevant to that person's involvement in your case. We will only make this disclosure with your permission, or if you were unable to give permission, we would follow the direction of someone you have designated as power-of-attorney and/or a health-care surrogate.
- For Public Health: As required by law, we may disclose your medical information to public health or legal authorities charged with preventing or controlling disease, injury or disability. If FBC believes, you have been a victim of abuse, neglect or domestic violence we will disclose your information to the appropriate authority.

- In the event you experience a medical emergency, we may notify a family member or other responsible person of the medical emergency and provide information necessary to make treatment decisions. For example, if you have an adverse reaction to a blood donation, we may need to explain what happened and instructions regarding your care to a person driving you home or to receive medical care.
  
- As permitted or required by law. For example,
  - Law permits blood banks to share certain information for the safety of the blood supply and for public health activities, including, but not limited to, other blood banks, state agencies for donor safety, disease prevention, injury or disability, reporting deaths, reporting reactions, product problems, notification of recalls, and infectious disease control.
  - Health oversight activities by governmental or accrediting agencies, for example, audits, inspections, investigations and licensure.
  - Judicial process related to lawsuits and disputes.
  - Law enforcement activities, for instance, in response to a court order or other legal process.
  - To military command authorities if you are a member of the armed forces or a member of a foreign military authority.
  - National security and intelligence activities.
  - Protection of the President, other authorized persons, or foreign heads of state, or to conduct special investigations.
  
- Notifying the National Marrow Donor Program (NMDP), if you have consented to participate in the NMDP.
  
- For Fundraising: Should FBC engage in fundraising activities, such information would be limited to your name, address, and phone number. You will have an opportunity to refuse to receive these communications.

- Informing you of a community need for additional blood and encouraging you to continue to be a blood donor.
- For Research: FBC may disclose medical information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established procedures to ensure the privacy of your health information.

**Your Authorization Is Required for Other Disclosures.**

Except as described above and as permitted or required by law, we will not use or 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 by written letter, which will be effective only after the date of your written revocation.

**You Have Options Regarding Your Health Information.**

You may request special confidentiality protections regarding your personal health information by written letter; however, there may be some requests that we cannot accommodate.

**Confidential Communications.**

You may request communications in a certain way (for example, telephone or email) or at a certain location, but you must specify how or where you wish to be contacted. There are certain communications, such as notification of test results that will be sent by US Mail.

**Copy of Personal Health Information Record.**

You may request in writing a copy of the record containing your personal health information. We may require you to provide proof of identity.

**Change to Notice of Privacy Practices.**

FBC may change this Notice of Privacy Practices, and these changes will be effective with regard to existing health information as well as any information we receive in the future.

At your request, we will provide you with a printed copy of this Notice of Privacy Practices.



## FLORIDA'S BLOOD CENTERS NOTICE OF PRIVACY PRACTICES

### **Complaints.**

If you believe your privacy has been violated, you may file a complaint with FBC on our confidential compliance and privacy hotline at 1-877-206-9889. You will not be penalized or retaliated against in any way for making a complaint to FBC.

### **Contact.**

Send an email to [privacyconcerns@floridasbloodcenters.org](mailto:privacyconcerns@floridasbloodcenters.org) or telephone 407-248-5097 if you wish to discuss a complaint, or if you have any questions about this Notice of Privacy Practices. Written requests can be mailed to Chief Privacy Officer, Florida's Blood Centers, 8669 Commodity Circle, Orlando, Florida 32819. You may also submit a written complaint to the US Department of Health and Human Services (HHS). We will provide you with the address to file your complaint with HHS upon request.