

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU CAN BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

Community Blood Center is required by federal and state law to maintain the privacy of your medical information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your medical information. We must follow the privacy practices stated in this notice while they are in effect. This notice takes effect April 14, 2003, and will remain in effect until we change it.

Community Blood Center reserves the right to change its privacy practices and this notice at any time, provided such changes are permitted by law. We reserve the right to make changes to the privacy practices and this notice effective for all medical information that we maintain, including medical information we created or received before the changes were made. You may request a copy of the "Privacy Practices Notice" at any time. For more information about our privacy practices, or additional copies of this notice, please contact Community Blood Center using the information at the end of this notice.

## **YOUR RIGHTS UNDER THE HIPAA FEDERAL PRIVACY STANDARD**

The United States Department of Health and Human Services has adopted privacy standards—"the HIPAA Privacy Standards"—which protect your health information. The HIPAA Privacy Standards state when a provider may or may not disclose your health information and how that information should be protected.

Your medical records are the physical property of Community Blood Center, but you have certain rights to the information in the records.

**Access:** You have the right to inspect and get a copy of your health information upon request. You must make the request in writing. Your right is not absolute. In certain situations, such as if access would cause harm, we can deny access. You also do not have a right of access to: (1) information compiled in reasonable anticipation of, or for use in civil, criminal or administrative actions or proceedings; or (2) any health information subject to the Clinical Laboratory Improvement Amendments (CLIA) if provision of access to the individual is prohibited by law. In other situations, we may deny you access, but if we do, we must provide you with a review of our decision denying access within 60 days. If we deny you access, we will explain why and what your rights are, including how to seek review. We reserve the right to charge a reasonable cost-based fee for making copies and for postage if you want the copies mailed to you.

**Amendment:** You have the right to request an amendment to your health information. We do not have to grant the request if: (1) we did not create the record; (2) the records are not available to you (as discussed under *Access* above); or (3) the record is accurate and complete. If we deny your request for amendment, we will notify you why, how you can attach a statement of disagreement to your records (which we may rebut), and how you can file a complaint with us or with the Department of Health and Human Services. If we grant your request, we will make the amendment and make reasonable efforts to distribute the amendment to those who need it and those you identify to us that you want to receive the amended information. All requests for an amendment and to forward amendments must be in writing.

**Restrictions:** You have the right to request additional restrictions on our use and disclosure of your health information for treatment, payment, and health care operations. (Health care operations are activities necessary to carry out the operations of the healthcare provider, such as quality assurance and peer review.) The right to request restriction does not extend to uses or disclosures permitted or required by law. Even in those cases in which you do have the right to request restriction, we do not have to agree to the restriction. You must request restrictions in writing. If we do agree, we will notify you in writing; we will adhere to your restrictions (except in an emergency) unless you request otherwise or unless we give you advance notice.

**Disclosure Accounting:** You have the right to obtain an accounting of non-routine uses and disclosures of your health information. You must request disclosure accounting in writing and must specify the time period. The first accounting in any 12-month period is free; thereafter, we reserve the right to charge a reasonable cost-based fee. We must provide the accounting within 60 days. We do not need to provide an accounting for disclosures: (1) to you; (2) authorized by you; (3) for treatment, payment and health care operations; (4) of partially de-identified data used for research, public health, or health care operations; (5) to persons involved in your care or for other notification purposes as provided by law; (6) for national security or intelligence purposes, as provided by law; (7) to correctional institutions or law enforcement officials as provided by law; and (8) that occurred before April 14, 2003.

**Communication:** You have the right to ask us to communicate with you by alternate means or at an alternate location. We must grant your request if it is reasonable. You must request alternate communication in writing and you must specify how and where you want to be contacted.

**Notice:** You have the right to receive and keep a paper copy of our Privacy Practices Notice. Although we have posted copies in prominent locations throughout our facilities and on our website, you still have a right to a hard copy upon request. The law requires us to ask you to acknowledge receipt of your copy.

## **OUR DUTIES UNDER THE FEDERAL PRIVACY STANDARD**

In addition to providing you your rights, as detailed above, the HIPAA Privacy Standard requires Community Blood Center to: (1) maintain the privacy of your health information, including implementing reasonable and appropriate physical, administrative, and technical safeguards to protect information; (2) provide you with this notice describing our legal duties and privacy practices with respect to individually identifiable health information that we collect and maintain about you; (3) abide by the terms of this notice; (4) train our personnel concerning privacy and confidentiality; (5) implement a sanction policy to discipline those who breach our privacy policies; and (6) mitigate (lessen the harm of) any breach of our privacy policies.

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

Community Blood Center may use your medical information to provide you with medical treatment and services, to receive payment for those services, and in daily health care operations. For example:

**Treatment:** Community Blood Center may use and disclose your medical information to a physician, transfusion service, or other healthcare provider in order to provide treatment to you. As an example, we will use and disclose your medical information to provide and coordinate our services with your healthcare provider(s) when applicable. At your request, we will provide your physician's office copies of your records to assist in the management of your healthcare. We may disclose, to a transfusion service, medical information from a previous hospitalization at one facility that is relevant to your current treatment at another hospital.

**Payment:** Community Blood Center may disclose your medical information to your insurer or others in order to obtain payment for therapeutic services we have provided. For example, certain information is necessary for your insurer to determine your eligibility or coverage of insurance benefits and to determine if the service is medically necessary. The information on, or accompanying, the bill may include information that identifies you, your diagnosis, treatment received, and supplies used.

**Health Care Operations:** We may use and disclose your medical information to support administrative and general day-to-day health care operations as they pertain to us. Examples of administrative operations are: 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. Examples of general day-to-day health care operations that we may conduct include: off-site long-term record storage; transportation of directed-donation blood/components, which bear the intended recipient's name, in which operations require that your health information be entrusted to our business associates. We may use your name and records to coordinate recruitment activities. A staff member or contracted vendor may contact you to schedule future appointments for donations. We may use a sign-in sheet at the registration desk where you will be asked to sign your name. The reception desk is not a confidential area. We may announce your arrival and purpose of your visit to the Donor Room Services staff.

**To Other Covered Entities:** We may use or disclose your medical information to a HIPAA-covered health care provider, health plan, or health care clearing house, for purposes of their treatment, payment, or health care operations.

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

**On Your Authorization:** You may give us written authorization to use your medical information or to disclose it to anyone for any purpose.

**To Business Associates:** We may disclose or entrust medical information to entities with whom we contract to perform a business function, referred to as a business associate. To protect your health information, we require business associates to appropriately safeguard your information.

**To Those Involved with Your Care:** We may disclose to a family member, other relative, personal representative, close personal friend, or any other person you identify, medical information relevant to that person's involvement in your care. We will only make this disclosure with your permission, or if you are unable to give permission, using our best professional judgment.

**For Research:** We 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.

**For Reminders:** We may contact you to provide appointment reminders, cancellations or follow-up.

**For Fund Raising:** We may contact you as part of a fund-raising effort. You have the right to request not to receive subsequent fund-raising materials.

**To Food and Drug Administration (FDA):** We may disclose to the FDA medical information pertaining to adverse effects or events for the purpose of post marketing surveillance, product recalls, product repairs, or product replacement.

**To Correctional Institution:** If you are the inmate of a correctional institution, we may disclose to the institution or its agents medical information necessary for your health and the health and safety of other individuals.

**Coroners, Medical Examiners, and Funeral Directors:** We may disclose your medical information to a coroner, medical examiner, or funeral director as necessary for them to carry out their duties.

**Organ and Tissue Donation:** If you are an organ donor, we may disclose your medical 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.

**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 we believe you have been a victim of abuse, neglect, or domestic violence we will disclose your medical information to the appropriate agency.

**Assist in Disaster Relief:** We may disclose your medical information to an authorized public or private entity in order to assist in disaster relief efforts, or to coordinate uses and disclosures to family or other individuals involved in your health care.

**To Law Enforcement:** We may disclose your medical information to a law enforcement official.

**Legal Proceedings:** We may disclose your medical information in the course of a judicial or administrative proceeding.

**To Health Oversight Agencies and Public Health Authorities:** If a member of our work force or a business associate believes in good faith that we have engaged in unlawful conduct or otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public, they may disclose your medical information to health oversight agencies and/or public health authorities, such as the department of health.

**To the Department of Health and Human Services:** Under privacy standards, we must disclose your medical information to DHHS as necessary for them to determine our compliance to those standards.

**To Military and Federal Officials:** We may disclose medical information for lawful intelligence, counter intelligence, and national security activities.

**Workers' Compensation:** We may disclose your medical information to the extent necessary to comply with laws concerning workers' compensation or to comply with similar programs that are established by law and provide benefits for work-related injuries or illness.

**As Required by Law:** We will disclose your medical information when required to do so by federal, state, or local law.

## 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 that permission, in writing, at any time. We are unable to take back any disclosures we have already made with your permission.

## COMPLAINTS

If you are concerned that we may have violated your privacy rights, or you want to contact us about access to your medical information, amending your medical information, restricting the use or disclosure of your medical information, having us contact you by alternate means or at an alternate location, or you want to complain to us, contact us using the information listed at the end of this notice. You may also submit a written complaint to the US Department of Health and Human Services (DHHS). We will provide you with the address to file your complaint with DHHS upon request.

Community Blood Center supports your right to the privacy of your medical information and will not retaliate in any way if you choose to file a complaint with us or DHHS.

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## HOW TO GET MORE INFORMATION OR REPORT A PROBLEM

Please contact us at:

Mailing Address: QM Privacy & Security Office  
Community Blood Center  
4040 Main Street  
Kansas City, MO 64111

Telephone: (816) 753-4040, extension: Privacy & Security Official  
E-mail: [privacy@cbckc.org](mailto:privacy@cbckc.org)  
Web Site: [www.savealifenow.org](http://www.savealifenow.org)

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