

Privacy Statement

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.

We are required by law to maintain the privacy of your protected health information and to provide you with a notice of our legal duties and our privacy practices with respect to that information. We are required to abide by the terms of the Notice of Privacy Practices currently in effect, but we reserve the right to change these terms at any time. Any new changes will be effective immediately and will be available to you on our website (www.psbcc.org), or given to you through the mail or at your next appointment.

The following are descriptions and examples of certain uses and disclosures that we will make of your protected health information.

- We may disclose your protected health information from time-to-time to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of your physician becomes involved in your care by providing assistance with your health care diagnosis or treatment.
- Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as; making a determination of eligibility or coverage for insurance benefits.
- We will share your protected health information with third party "business associates" that perform various activities (e.g., billing, testing or consulting) for the Blood Center. Whenever an arrangement between a business associate and us involves the use or disclosure of your protected health information, we will have a written agreement that will protect the privacy of your health information.
- We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- We may contact you concerning fundraising or media promotion.

The following is a description of the purposes for which we may use or disclose your protected health information without your consent or authorization.

- We may use or disclose your protected health information to the extent that law requires the use or disclosure. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.
- We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your protected health information, if directed by the public

health authority, to a foreign government agency that is collaborating with the public health authority.

- We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.
- We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law.
- We may disclose protected health information for cadaveric organ, eye or tissue donation purposes.
- We may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.
- We may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
- When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities.
- We may disclose your protected health information, as authorized to comply with workers' compensation laws and other similar legally established programs.

Any other use or disclosure of your personal health information will take place only with your written authorization. In addition, you may revoke that authorization by a notice to us in writing, except to the extent that we have taken any action in reliance thereon.

- The following is a description of your individual rights with respect to your protected health information, and how you may exercise those rights.
- You have the right to request restrictions on the use or disclosure of your health information for the purpose of carrying out treatment, payment or healthcare operations, but we are not required to agree to such restrictions. In addition, we have the right to terminate any restriction to which we have previously agreed. Requests are made to our Privacy Officer.
- Under certain conditions, you have the right to request to have your health information communicated to you in certain confidential ways. Such requests must be made in writing to our Privacy Officer.
- You have the right, with certain limitations, to inspect and copy your protected health information for which you will be charged copying and postage costs. Requests should be made to our Privacy Officer.

- With certain restrictions, you have the right to ask that your personal health information be amended, if we agree that the existing information is inaccurate or incomplete. A request can be made by contacting our Privacy Officer.
- You have the right for an accounting of certain types of disclosures of your protected health information. This request can be made by contacting our Privacy Officer.
- You have a right to receive a printed copy of this Notice of Privacy Practices from us, upon request, even if you previously agreed to receive it electronically. This request is made by contacting our Privacy Officer.

Complaints

If at any time you feel that your privacy rights have been violated, you may file a complaint with the Office of Civil Rights, the Secretary of HHS or us.

The complaint must be in writing to our Privacy Officer. It can be addressed in either paper or electronic form. Paper correspondence should be sent to:

Privacy Officer
Puget Sound Blood Center
921 Terry Avenue
Seattle, WA 98104

Electronic correspondence should be sent to: privacyofficer@psbc.org

The complaint must describe the acts or omissions you believe violated your rights. Your complaint must be filed within 180 days of when the alleged violation occurred. All complaints will be investigated without prejudice or retaliation.

This notice was published and becomes effective on December 13, 2011.