

**NEW YORK BLOOD CENTER, INC. (NYBC)
NY PHARMACY PROGRAM**

NOTICE OF PRIVACY PRACTICES

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.

The NYBC NY Pharmacy Program is required by law to protect the privacy of health information that may reveal your identity and to provide you with a copy of this Notice, which describes our health information privacy practices. A copy of our current Notice will always be posted in our facilities. You or your personal representative may also obtain a copy of this Notice by accessing our website at [www.nybc.org\pharmacy](http://www.nybc.org/pharmacy) or requesting a copy from our program staff. For purposes of this Notice, all references to “NYBC” mean the NYBC Pharmacy Program. This Notice does not apply to information maintained by any other NYBC program or facility.

If you have any questions about this Notice or would like further information, please contact:

NYBC Privacy Officer
Sr. Vice President – Quality / Regulatory Affairs
New York Blood Center, Inc.
310 East 67th Street
New York, NY 10065

Email: PrivacyOfficer@nybc.org

WHAT HEALTH INFORMATION IS PROTECTED

NYBC protects the privacy and any information that identifies or could be used to identify you that relates to your health, your treatment or your health insurance benefits. If we obtain your name, address and other information about you in the course of providing you with health care services, this identifying information continues to be protected even if it is separated from information about your health, treatment or benefits.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

1. Treatment, Payment and Health Care Operations

Treatment. NYBC staff may use your health information without your written authorization in order to provide you with medical treatment or care. For example, we may use your health

information to fill a prescription or perform drug utilization review. We may also disclose your health information to others outside of NYBC. For example, we may share information with a hospital emergency room if you are admitted there for emergency treatment and for the coordination of your care, such as with your treating physician, a home infusion provider and/or with the Hemophilia Treatment Center that is coordinating your care.

Payment. We may use your health information or share it with others without your written authorization so that we may obtain payment for health care services we provide to you. For example, we may submit bills containing information about you to Medicare, Medicaid or private insurers in order to obtain reimbursement for our services.

Health Care Operations. We may use your health information or share it with others in order to conduct our health care operations. For example, we may use your health information to evaluate the quality of our services or the performance of our staff in caring for you. We may also share your health information with other health care providers and payors with which you have a relationship for certain of their health care operations.

Treatment Alternatives, Benefits and Services. In the course of providing treatment to you, we may use your health information to contact you in order to recommend possible treatment alternatives or health-related benefits and services that may be of interest to you.

Refill Reminders. We may use your health information to remind you that your prescription is scheduled to be refilled.

2. Family and Friends

We may share your health information with family and friends involved in your care, without your written authorization. We will give you an opportunity to object unless you do not have the capacity to make decisions at that time, in which case, we will discuss your preferences when you gain such capacity.

3. Emergencies or Public Need

We may use your health information and share it with others without your written authorization in order to meet the following important public needs.

As Required by Law. We may use or disclose your health information if we are required by law to do so.

Public Health Activities. We may disclose your health information to authorized public health officials so they may carry out their public health activities. For example, we may share your health information with government officials that are responsible for controlling disease, injury or disability.

Health Oversight Activities. We may release your health information to government agencies authorized to conduct audits, investigations, and inspections of our facilities and programs.

Lawsuits and Disputes. We may disclose your health information if we are ordered to do so by a court or administrative tribunal that is handling a lawsuit or other dispute or required to make a disclosure in response to a subpoena or other discovery request.

Law Enforcement. We may disclose your health information to law enforcement officials for certain law enforcement purposes such as: identifying or locating a suspect, fugitive or missing person; complying with a court order, subpoena or administrative request; providing information about a victim of a crime; or reporting a death that may be the result of a crime.

To Avert a Serious and Imminent Threat to Health or Safety. We may use your health information or share it with others when necessary to prevent a serious and imminent threat to your health or safety, or the health or safety of another person or the public.

National Security and Intelligence Activities or Protective Services. We may disclose your health information to authorized federal officials who are conducting military, national security and intelligence activities or providing protective services to the President or other important officials.

Inmates and Correctional Institutions. If you become incarcerated at a correctional institution or detained by a law enforcement officer, we may disclose your health information to prison officials or law enforcement officers, if necessary, to provide you with health care, or to maintain safety, security and good order at the place where you are confined.

Coroners, Medical Examiners and Funeral Directors. In the unfortunate event of your death, we may disclose your health information to a coroner or medical examiner. We may also release this information to funeral directors as necessary to carry out their duties.

Organ and Tissue Donation. In the unfortunate event of your death, we may disclose your health information to organizations that procure or store organs, eyes or other tissues.

Research. We may use and disclose your health information for research purposes if we obtain approval through a special process to ensure that research without your written authorization poses minimal risk to your privacy. Under no circumstances will we allow researchers to use your name or identity publicly. We may also release your health information to people who are preparing a future research project, so long as any information identifying you does not leave our facility. In the unfortunate event of your death, we may share your health information with people who are conducting research using the information of deceased persons, as long as they agree not to remove from our facility any information that identifies you.

4. Special Treatment of Sensitive Information

The policies and practices described above do not always apply to certain types of sensitive health information that is subject to special protection under the law. We will disclose this information to others without your permission only for the following purposes.

HIV-Related Information. We will not disclose any information related to HIV or AIDS without your written authorization, except (i) for purposes of obtaining payment for our services or carrying out our health care operations, (ii) in connection with organ or tissue donation and transplantation, (iii) to accreditation and oversight bodies, (iv) to a government agency as required by law, (v) in response to a court order, (vi) to the medical director of a correctional facility, (vii) to the Commission of Corrections for health oversight purposes, (viii) to funeral directors to enable them to carry out their duties or (ix) for treatment purposes as otherwise permitted by this Notice.

5. Obtaining Your Written Authorization.

We will not use your health information or share it with others for any purpose not listed in this Notice without your written authorization. If you give us your authorization, you may revoke it at any time, in which case we will no longer use or disclose your health information for that purpose, except to the extent we have already relied on the authorization. We will not deny you treatment if you refuse to sign an authorization unless the treatment is part of a research study or is being provided for the sole purpose of creating information for disclosure to a third party.

YOUR RIGHTS TO ACCESS AND CONTROL YOUR HEALTH INFORMATION

You have the following rights regarding your health information. Any requests regarding these rights should be submitted in writing to NYBC's Privacy Officer.

1. Right to Inspect and Copy Records

You have the right to inspect and obtain a copy your pharmacy and billing records. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies we use to fulfill your request. Under certain very limited circumstances, we may deny your request to inspect or obtain a copy of your information.

2. Right to Amend Records

If you believe that the health information we have about you is incorrect or incomplete, you may ask us to amend the information. Your request should include the reasons why you think we should make the amendment. We may deny your request if we believe our information is accurate or complete or for other limited reasons.

3. Right to an Accounting of Disclosures

You have a right to request an “accounting of disclosures,” which identifies certain disclosures we have made of your health information. Your request must state a time period within the past six years for the disclosures you want us to include. You have a right to receive one accounting within every 12-month period for free. However, we may charge you for the cost of providing any additional accounting in that same 12-month period.

4. Right to Request Additional Privacy Protections

You have the right to request that we further restrict the way we use and disclose your health information to provide you with treatment or care, collect payment for that treatment or care, or run our business operations. You may also request that we limit how we disclose information about you to family or friends involved in your care. We do not have to agree to all requests.

5. Right to Request Confidential Communications

You have the right to request that we communicate with you or your personal representative by alternative means or at alternative locations. We will not ask you the reason for your request and we will try to accommodate all reasonable requests.

WHO MAY EXERCISE YOUR RIGHTS

If you have the capacity to make your own health care decisions under the law, you will generally exercise your own rights under this Notice. If you do not have such capacity, your legal guardian or any other person who has the right to make health care decisions on your behalf (for example, based on a health care proxy you have signed) may exercise your rights. This person is called your “personal representative.” In addition to exercising your rights under this Notice, your personal representative may also sign any authorizations or give any other approvals required by this Notice on your behalf.

OTHER IMPORTANT INFORMATION

How to Obtain a Copy of This Notice. You have the right to a paper copy of this Notice. You may request a paper copy at any time, even if you have previously agreed to receive this notice electronically. To do so, please write to the NYBC Privacy Officer. You or your personal representative may also obtain a copy of this Notice from our website at www.nybc.org/pharmacy, or by requesting a copy from our pharmacy staff.

How to Obtain a Copy of a Revised Notice. We may change our privacy practices from time to time. If we do, we will revise this Notice. The revised notice will apply to all of your health information. We will post any revised notice at our offices and facilities. You or your personal representative will also be able to obtain your own copy of the revised notice by accessing our website at www.nybc.org/pharmacy or requesting a copy from our pharmacy staff. We are required to abide by the terms of the Notice that is currently in effect.

How to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services (HHS). To file a complaint with HHS, you may contact them at 200 Independence Avenue, SW, Washington, D.C. 20201, or at 1-877-696-6775. In addition, the Federal Center for Deaf and Hearing Impaired can be contacted at 1-800-877-8339. To file a complaint with us, please contact NYBC's Privacy Officer.

No one will retaliate or take action against you for filing a complaint.