

## **PRIVACY POLICY**

This Privacy Program describes how medical information about you may be used and disclosed by Mississippi Blood Services (MBS) and how you may get access to this information. Please review this notice carefully.

We provide this Notice to you as required by the federal Health Insurance Portability and Accountability Act of 1996 (“HIPAA”). We are obligated to make this Notice available to you upon request. If you have any questions about this Notice, please contact us at:

**Mississippi Blood Services**  
**115 Tree Street**  
**Flowood, MS 39232**

***Mississippi Blood Services is Committed to Keeping Information Confidential. We do not sell or share Donor or Prospective Donor Information, except as required by law or with donor consent.***

## **OUR VISION**

The mission at Mississippi Blood Services is to collect, process, and distribute safe blood components, and offer related services for our hospitals and other medical facilities, and to provide competitive advantages in the areas of customer satisfaction, quality, services, and cost, while remaining responsive to the needs of the community, donors and employees.

## **OUR PLEDGE**

Federal and state law require us to keep all of your protected health information (“PHI”) private and we are committed to upholding this requirement. PHI is any information, existing in any format, whether oral, written, electronic, or any other form, that:

- relates to an individual’s past, present, or future physical or mental health condition, the provision of care to an individual, or the past, present, or future payment for health care services provided to an individual;
- is created or received by a health care provider, health plan, or health care clearinghouse; and
- is individually identifiable.

What makes the information individually identifiable is the inclusion of any information that identifies the individual, such as demographic information, or that establishes a reasonable basis for believing that the information can be utilized to identify the individual, such as an email address.



## WHO FOLLOWS THIS NOTICE

The practices provided in this Notice regarding the use of your PHI and Contact Information will be followed by MBS and:

- Any of our staff members authorized to enter information into your medical record;
- All employees and staff at any of our facilities who may need access to your information;
- All of our departments and units, including laboratories;
- Any business associate of ours with whom or with which we share health information and who or which agrees to follow this Notice.

This Notice applies to all records concerning your donation history that are maintained by all entities, sites and locations of MBS, regardless of whether such records are generated or received by MBS's staff or, alternatively, by your own treating physician. Please be aware, however, that your treating physician or the organization that employs him or her may follow separate policies and notices regarding the use and disclosure of medical information kept in his or her private medical office or utilized by the health care organization that employs him or her.

## HOW WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION

Use and disclosure of your PHI to appropriate individuals and agencies as permitted by federal and state law may be performed with or without your written permission for the reasons described in this Notice.

**Treatment.** We may use and disclose PHI about you to provide you with medical treatment or services such as blood donor services and therapeutic services. We may disclose PHI about you to doctors, nurses, technicians, or other staff members within and outside of MBS who are involved in taking care of you. For example, a doctor treating you for an adverse donation reaction will need to know if you reported any medical conditions in your interview that would be helpful in treating you. In addition, the doctor may need to tell the person who will provide continuing care for you the details of your treatment in order to assist follow-up care. Different health care professionals may also share PHI about you in order to coordinate the different things you need, such as prescriptions and lab work.

**As Permitted or Required By Law.** We may disclose PHI about you without your permission only as allowed by federal, state and/or local law.

- *Emergency and Public Health.* The law permits, and in some instances requires, us to release your PHI in particular circumstances such as in emergency situations and situations that relate to public health. For example, we are required by law to disclose



PHI in order to help control or prevent a communicable disease, injury or disability. We must also report product defects and concerning information to the Food and Drug Administration (FDA), as well as death information.

- *National Security.* We may disclose PHI about you to authorized federal officials for national security activities allowable by law, for intelligence and counterintelligence purposes, for providing protection to the President, and to facilitate special investigations.
- *Abuse and Neglect.* We may also disclose PHI about you to the appropriate government agency required or allowed by law, or otherwise with your permission, if you have been a victim of abuse, neglect, or domestic violence.
- *Health Care Oversight Activities.* We may release PHI about you to a health care oversight agency or authority for oversight activities permitted by law, such as licensing, inspections, audits, and investigation. Such activities are necessary for the government to monitor the health care system, government activities, and compliance with civil rights laws.

**Reminders, Treatment Alternatives and Health-Related Benefits and Services.** We may use your PHI to contact you regarding an appointment, such as for blood donation, treatment or medical care, or to follow up on services that were provided to you.

**Other.** All other uses and disclosures of PHI about you not described in this Notice or otherwise required by law will only be made with your written consent which you may revoke at any time. If we receive a written revocation of consent from you, we will no longer use or disclose PHI about you in the instances covered by your revocation. You understand, however, that we are not able to take back any uses or disclosures of your PHI that we already made in accordance with your consent, prior to our receipt of your written revocation.

## **HOW WE MAY USE AND DISCLOSE YOUR CONTACT INFORMATION**

Your contact information may be used when MBS has blood drives in your area, special promotions or has publications MBS deems of interest to our donors. Mississippi Blood Services will NOT sell your contact information to third parties. Mississippi Blood Services will only release your personal information to those vendors who require it to provide a service to Mississippi Blood Services—as in large mail outs.

Contact information includes:

- Donor's full name
- Donor's physical or mailing address
- Donor's email address



- Donor's telephone number. **Please note:** donors must opt in on the Donor Portal to receive texts from MBS. Donors can choose to opt out at any time.

### **COOKIES USED TO PRESERVE DATA**

The use of cookies may be used to save some of your data, such as your Donor Portal user ID and password. You may choose to not allow cookies while accessing Donor Portal.

### **SECURITY**

MBS takes data security seriously and has deployed multiple layers of protection to secure the information on its servers. Access is limited to authorized MBS personnel, with authorized login credentials. Remote access is limited to authorized MBS administrators and authorized vendor support staff. Physical servers are protected from the public with one or more layers of firewall security and restricted physical access. The data transfer between the clients and servers is encrypted with SSL encryption. Users of our online services should also take steps to secure their information by protecting usernames and passwords, as technology has not reached a point where security of electronic information can be absolutely guaranteed.

### **THIRD PARTIES**

Mississippi Blood Services will not post donor information on its website for third party use. Mississippi Blood Services will only discuss donor information in any form to third parties in the event of hospital inquiries involving transfusion medicine and donor/patient matches OR *as required by law* to public health departments (as stated above). Information concerning transfusion medicine remains confidential and only the information pertinent to specific transfusion questions is given. Mississippi Blood Services does not release information to patients without the written consent of the donor (MBS Reunite for Life).

***Mississippi Blood Services will not share any donor information with any Third Party except as required by law or with prior approval of the donor. Mississippi Blood Services treats all donor information confidential.***

### **CHANGES TO THIS NOTICE**

We are required to abide by the terms of this notice as it exists currently and in accordance with any revisions made to it once in effect. We reserve the right to revise this Notice in whatever ways the law permits. Any changes made to this Notice will be applicable to all medical information we maintain, as well as all donor records. Should we change this Notice, you will be able to access the revised Notice through one of the following options: (1) by contacting the privacy officer; or (2) in person at our main center, located in Flowood, MS.



## **YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION**

**Inspect and Copy.** You have the right to inspect and copy PHI that may be used to make decisions about your care. Your right usually encompasses access to medical and billing records. To inspect and copy PHI that may be used to make decisions about your care, you must submit your request in writing to our Privacy Officer at the address above. We may charge a reasonable and necessary fee for the cost of copying, mailing or other supplies associated with filling your request. We may deny your request in certain very limited circumstances. If so, you may request that the denial be reviewed, at which time another licensed health care professional chosen by MBS will review your request and the denial. We will comply with the outcome of the review.

**Receive a Paper Copy of This Notice.** You have the right to a paper copy of this Notice at any time, even if you have agreed to receive this Notice electronically. To do so, please submit a written request to our Privacy Officer at the address above or pick one up from one of our donor centers.

## **YOUR RIGHTS TO RECEIVE YOUR DONOR INFORMATION**

If you choose not to access the Donor Portal, you may still obtain your donor information by contacting Mississippi Blood Services Main Center either by telephone, email or regular mail. You will be asked to confirm your full name, date of birth and address before receiving any information. **Please note:** any donor who tests positive for blood borne pathogens will receive notification via registered mail from the MBS Medical Director. These test results are not posted on the website or in Donor Portal. You will not receive this information via telephone, email, social media or text.

## **RIGHT TO FILE A COMPLAINT**

If you believe your privacy rights have been violated, you may file a complaint with MBS or the Secretary of the Department of Health and Human Services. To file a complaint with MBS contact our Privacy Officer at the address and phone number above. All complaints must be submitted in writing. You will not be retaliated against for filing a complaint.

