NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

The Health Insurance Portability and Accountability Act (HIPAA) requires us to ensure that your health information is kept private. It also requires us to give you this Notice which explains our legal responsibilities, privacy practices, your health information rights and how your health information may be used and disclosed. We will not use or disclose your health information without your consent or authorization except as required by law or described in this Notice.

We reserve the right to change this Notice and our privacy practices in the future. Any changes made will apply to all health information we have about you at that time. If we make a change, we will post notice on our website at www.lifesouthcord.org.

What We Collect
If you choose to donate your baby’s cord blood, LifeCord will ask for certain personal information, including but not limited to your name, address, travel history as well as certain health related information, including but not limited to your health history, family medical history, expected due date, delivery hospital, and doctor or midwife.

How We Use It
We use this information to assess the potential risks of communicable and genetic diseases which could pose a risk to a compromised recipient. If your child’s cord blood unit is matched to a recipient, you will be contacted to obtain additional information about your child's medical history prior to the infusion.

Who We Share It With
Unless we have your permission or are required by law, any personal or health related information you provide us will be shared only with other LifeCord entities and/or business partners who are acting on our behalf to complete the cord blood banking and donation process. Such business partners are required by agreement to protect the privacy of your personal or health related information.

Your Rights
You have the right to inspect your health information and to obtain a copy of it. Your right to look at and copy your health information is contingent on certain criteria. For example, we can ask you to make your request in writing or, if you come in person, to do so at certain times of the day.

You have the right to ask us to amend your health information. For example, if you think that we made a mistake in the information we documented about you, you can notify us. If we do not agree to amend your record, we will tell you why, in writing, and give you information about your rights.

You have the right to revoke any authorization you may have given us to use or disclose your health information, except to the extent that the action has already been taken.

You have the right to get a copy of this notice at no change. Direct all inquiries and requests to the Chief Privacy Officer at the address listed below.

Contact
If you have any questions about this Notice of Privacy Practices or you would like to report a problem regarding the handling of your information, you may contact our Chief Privacy Officer:

LifeSouth Community Blood Centers, Inc.
Attn: Chief Privacy Officer
4039 Newberry Road
Gainesville, FL 32607
1-888-795-2707

If you believe your privacy rights have been violated, you may also file a written complaint to the U.S. Department of Health and Human Services, 200 Independence Avenue, S.W.,
Washington, D.C. 20201.
Effective September, 15 2013