

# **Punxsutawney Rotary Club**

## **Notice of Privacy Practices**

### **For Annual Multi-phasic Blood-screening Program**

**Effective as of 01/01/2012**

#### **We are required to:**

- **Make sure medical and personal information supplied by you is kept secret. We are never permitted to discuss, convey or divulge to any others (who are not listed below) any of this information.**
- **As an organization working with Punxsutawney Area Hospital, we have received a copy of the hospitals HIPAA confidentiality of information and ethical standards policy. We are responsible for knowledge of and adherence to the fundamental policy of compliance with all laws, regulations and ethical standards in our role and in conducting business associated with the above identified screening program.**
- **Make available to you this Notice of our duties and privacy practices with respect to medical and personal information about you.**
- **Follow the terms of this Notice as are currently in effect.**

#### **Who we will share information with:**

- **The medical Physician that you designate for us in the registration process.**
- **Punxsutawney Area Hospital as our medical service vendor and provider.**

**We pledge to never share this information with anyone not listed above, unless the participant gives specific permission for such access by others.**