



Blood Drive Coordinator Confidentiality Agreement

We appreciate your dedication and hard work as a blood drive coordinator to help us make sure blood is available when patients need it. You are a hero to these patients and to their families.

Blood Assurance (hereafter "Blood Center") partners with businesses, schools, faith-based organizations and other groups, and volunteer blood drive coordinators like you, to promote and host blood drives for the benefit of the community. As part of this partnership, we may provide you with information pertaining to blood donors and our organization including but not limited to: names, contact information, donation histories or records, blood types, and other relevant information (collectively, "Donor Information") for the express purpose of organizing and promoting blood drives and recruiting blood donors. Additionally, you may overhear or have access to confidential information during your participation in a blood drive with us.

We value and protect the confidential nature of information pertaining to our blood donors and employees, and, therefore, request that you agree to the following:

I understand it is my responsibility as a blood drive coordinator for Blood Center to ensure that all such confidential Donor Information is handled privately and with the utmost discretion. Therefore, I agree to use such confidential Donor Information only to coordinate Blood Center blood drives and recruit blood donors, and I will not disclose any such confidential Donor Information to any other person, firm, or corporation, nor use it for my personal or professional benefit, or any other purpose, during or after my volunteering. I agree that I will handle any Donor Information I receive, whether in paper form or electronically, with reasonable care and caution to prevent unauthorized disclosure or access to it by third parties (e.g., store Donor Information in a secure, private location, use encryption, or otherwise act with diligence to maintain its confidentiality).

I further agree that it is my responsibility to inform any blood drive volunteers about the expectation of confidentiality related to Donor Information. I also understand that disclosure of any confidential Donor Information that I may receive, overhear, or have access to because of my role as blood drive coordinator may result in irreparable harm to the reputation or operations of Blood Center or to the individuals whose confidential information is disclosed.

I further agree that I will securely destroy/delete (or if necessary, return to Blood Center staff) any and all confidential Donor Information immediately following the conclusion of the blood drive. If I print, export, or save any Donor Information, I understand and agree that I will destroy or delete all such Donor Information and will not retain it in any form. If I become aware of any confidential Donor Information being inappropriately disclosed or accessed (even inadvertently), I will inform a Blood Center representative immediately.

I acknowledge my obligation to maintain the privacy of any confidential Donor Information, and I understand this agreement shall remain in effect while I serve as a blood drive coordinator for Blood Center and after I no longer serve in that role.

Coordinator Name: _____ Sponsor Group Name: _____

Coordinator Signature: _____ Date: _____