



Bleeding Disorders Association of Northeastern New York, Inc.

P. O. Box 947
Rensselaer, NY 12144
Phone: (518) 729-3577
www.BDANENY.org
memberservices@bdaneny.org

CONFIDENTIALITY POLICY

It is the policy of the Bleeding Disorders Association of Northeastern New York that Advisory Board Members, volunteers, and staff may not disclose, divulge, or make accessible confidential information belonging to, or obtained through their affiliation with the Association to any person, including relatives, friends, and business and professional associates, other than to persons who have a legitimate need for such information and to whom the Association's President or Executive Director has authorized disclosure. Advisory Board Members, volunteers, or staff shall use confidential information solely for the purpose of performing services for the Association. This policy is not intended to prevent disclosure, where disclosure is required by law.

Confidentiality shall be defined as the preservation of privileged information, either organizational or personal.

It is also recognized that any discussion of disclosure of such confidential information would constitute an invasion of privacy and has the potential to cause harm to those individuals served by the Association.

Conversations about Association activities that are held in public places, such as restaurants, elevators, and public transportation, should be limited to matters that do not pertain to information of a sensitive or confidential nature. In addition, there must be sensitivity to the risk of inadvertent disclosure and, as an example, individuals must refrain from leaving confidential information on desks or otherwise in plain view and refrain from the use of speaker phones to discuss confidential information if the conversation could be heard by unauthorized persons.

At the end of a trustee's term in office or upon the termination of an employee's, volunteer's or contractor's relationship with the Association, he or she shall return, at the request of the Association President or Executive Director, all documents, papers, and other materials, regardless of medium, which may contain or be derived from confidential information, in his or her possession.

Name: _____

Signature: _____

Date: _____