



Policies and Procedures for Attendance to BDASC Sponsored Events as Home Care Representing Agents / BDASC Registered Members with Dual Participation

- If a home care agency is not sponsoring a BDASC event, the representing agents of said home care company will not be permitted to attend the event if it is a support group activity, family event, or group activity, (except for Advocacy Days). The sponsoring company and BDASC will determine if an event is open to non-sponsoring company agents in some limited cases. The only occasional exception made, is if a request comes directly from a BDASC member requesting that their home care representative be present with them at the event. This must be communicated directly from the BDASC member themselves to the Chapter for that specific event.
- Educational BDASC Sponsored Events, (i.e.: educational outreach dinners) in which information for educational learning is discussed to support the care and treatment for individuals with bleeding disorders, will allow the attendance from a South Carolina Home Care agent that has a yearly partnership relationship with the Chapter, if a patient on their service is attending. Only one agent per event, per company, will be allowed. The aforementioned must include; proper notice (RSVP) to the Chapter's specified reservation request, availability of limited participation space and permission from the sponsoring agent. If the same educational event, or topic of education, is being delivered in multiple locations, only one location event will be allowed, unless Home Care agent is attending with a patient on their service not having attended at the other location for support. Attendance will not be confirmed until Chapter acknowledges.
 - a.) *We encourage all South Carolina Home Care representatives to reach out and encourage their clients with bleeding disorders to attend BDASC educational events, in which case, if they will be attending, the Home Care agent will be allowed to join them. Please note, due to our understanding of the HIPPI compliance needs, the BDASC member will need to inform the Chapter of the request for their Home Care representative's attendance when they RSVP for the event.*
 - b.) When attending educational events, home care agents will wait until all attendees have been seated before taking their seats. This will assure that participants have ample available seating and encourage communication with other BDASC attendees.

The following page is intended for BDASC registered members with dual roles: Industry Agent or family member of an Industry Agent

As a registered member of Bleeding Disorders Association of South Carolina (BDASC) and receiving benefits of the Chapter's mission, I disclose that I have an ongoing relationship or organizational membership that may constitute a conflict of interest or *perceived* conflict with Bleeding Disorders Association of South Carolina. This includes paid or unpaid affiliations with home care pharmacies, HTC's or pharmaceutical manufactures of clotting products and or a spouse that has a working relationship in the Industry that provides treatment therapies, or healthcare services.

BDASC

Potential Conflicts: (describe conflict or possible *perceived conflict* and provide the name of the affiliated company)

1. _____

When attending events at BDASC which I and my family members are not representing the named company above, I will abide by the policy of BDASC to not conduct any marketing activity, provide materials, business cards, ask for Private Personal Identification (PPI) for the purpose to be used for my industry-related marketing, sales, or **individual or company financial gain of any kind.** I will ensure that all other attendees' personal information acquired during the event is *kept in confidence* and will not be used for the aforementioned above.

By signing this document, I acknowledge that I have read, understand and agree to abide by the terms of this agreement for attendance, committee work and other volunteer services at Bleeding Disorders Association of South Carolina events, programs, services and fundraisers. My attendance and involvement at such events will be for the purpose to assist the Chapter, learn, connect and/or receive support services.

BDASC Registered member _____ Date _____

BDASC Executive
Director _____ Date _____