

**Texas Tech University Health Sciences Center
HIPAA Privacy Policies**

Using and Disclosing of PHI	Policy 4.11
Guidelines for Release of Information for Fundraising Activities	Effective Date: August 26, 2016
References: http://www.hhs.gov/ocr/hipaa HSC HIPAA website http://www.ttuhscc.edu/hipaa/policies_procedures.aspx HIPAA Regulations: 45 CFR Part 164.514(f); 45 CFR Part 164.520, 45 CFR Part 164.508 HITECH Regulations: Section 13406(b)	

Policy Statement

TTUHSC shall only use or disclose Protected Health Information (PHI) for fundraising activities with a valid authorization that meets applicable requirements under HIPAA except as set forth below. Departments or individuals that wish to conduct fundraising activities must contact the TTUHSC Office of Institutional Advancement for assistance and coordination to ensure that privacy requirements and fundraising policies are followed.

Scope and Distribution

This policy includes all TTUHSC fundraising activities and applies to all faculty, staff and business associates engaged in fundraising activities on behalf of TTUHSC.

Definitions

Refer to [HPP 1.1 for Glossary of HIPAA Terms](#)

See [Old/New HIPAA Policy Number Cross Reference Chart](#)

Procedure

The Health Insurance Portability and Accountability Act (HIPAA) limits the use and disclosure of Protected Health Information (PHI) for fundraising purposes. In general, an Authorization by the individual or the individual's Legally Authorized Representative is required for the use or disclosure of PHI for fundraising. However, there is an exception for certain fundraising uses and disclosure of PHI. This policy establishes how TTUHSC may use and disclose PHI for fundraising purposes.

a. Use and Disclosure of PHI for Fundraising – Authorization not Required

TTUHSC may use patient demographic, health status data and dates of health service for fundraising purposes, without an authorization. The Permitted Fundraising PHI that may be used includes:

- Demographic information relating to an individual including, name, address or other contact information, gender, age and date of birth
- Dates of patient's health care services
- General Department of service
- Treating physician information
- Health insurance status
- Outcome information (to screen out only)

Permitted Fundraising PHI may be used by or disclosed to a Business Associate. The Business Associate is prohibited from using PHI for any purpose other than performing duties on behalf of the Covered Entity.

b. Use and Disclosure of PHI for Fundraising – Authorization Required

Disclosure of all other types of PHI for fundraising purposes is prohibited unless the patient signs an authorization.

Certain types of PHI are given additional protection under applicable federal and state regulations. Special consideration should be considered for the following:

- Mental Health, Psychotherapy Notes, Substance Abuse
- Communicable Diseases, sexually transmitted infections, HIV/AIDS
- Genetic Testing
- Infertility treatment
- Abuse, including pediatric, adult with disability, elder abuse, sexual assault

Due to the sensitive nature of these treatments, additional authorization requirements must be considered. Contact the legal or compliance department prior to obtaining an authorization for this type of information.

c. Opt-out Process

- In any fundraising material, TTUHSC must include a clear and conspicuous description of how an individual may opt-out of receiving any further fundraising communications.
- The Notice of Privacy Practices shall contain a notice about use of PHI for fundraising and the patient's ability to opt-out.
- The opt-out method must not cause an undue burden or cost to the patient.
- Once an election to opt-out is received, no further fundraising communications shall be made to that individual.
- There is no expiration of the opt-out decision made by the patient.
- A patient may elect to opt back into receiving fundraising communication.
- TTUHSC may not condition treatment based on receipt of fundraising communications.

The Institutional Advancement Office will record, track and honor all individual "opt-out" requests.

Knowledge of a violation or potential violation of this policy must be reported directly to a Regional

Privacy Officer, the Institutional Privacy Officer or to the employee Compliance Hotline at (866) 294-9352 or www.ethicspoint.com under HSC.

Approval Authority

Questions regarding this policy may be addressed to the Regional Privacy Officer ([Amarillo, Permian Basin](#)), the [Institutional Privacy Officer](#), or the [Institutional Compliance Officer](#).

Responsibility and Revisions

This policy may be amended or terminated at any time to reflect changes in TTUHSC operating policies or applicable laws and regulations.