University of California Policy

HIPAA Uses and Disclosures for Fundraising

Responsible Officer: Senior Vice President/Chief Compliance and Audit Officer

Responsible Office: Ethics, Compliance and Audit Services

Effective Date: September 13, 2010

Next Review Date: September 1, 2013

Who is Covered: All UC HIPAA workforce members

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Policy Summary

HIPAA imposes strict constraints on the use of Protected Health Information (PHI) for fundraising purposes. This policy describes the circumstances and conditions under which PHI may be used for these purposes.

Policy Definitions

Refer to the document entitled “UC HIPAA Glossary”.

Policy Text

The UC Single Health Care Component (SHCC) may use or disclose only the individual's demographic information and health care date of service for fundraising activities. The Privacy Rule commentary[1] defines demographic information as only the individual's "… name, address and other contact information, age, gender, and insurance status." The SHCC must obtain the individual's prior Authorization to use or disclose any other information (such as the treating or referring physician, the department or practice area, illness, or treatment) for fundraising purposes. Since only the individual's demographic information may be used, reports cannot be generated for fundraising purposes from an information system using non-demographic-information fields, such as physician, medical condition, or clinical department.

In conducting fundraising activities, the SHCC must ensure that:

- All fundraising efforts are coordinated with Development / Institutional Advancement (IA) Offices;
- The SHCC's Notice of Privacy Practices states that the SHCC may contact the individual to raise funds for the SHCC and may use or disclose certain information (demographic and dates of health care service) to a business associate or institutionally-related foundation, for the SHCC's own fundraising purposes;
- When the SHCC provides fundraising materials to the individual, the SHCC provides the individual with a clear and simple way to opt out of any future fundraising communications;
- The SHCC's covered components implement a process for recording, tracking and honoring all individual "opt outs";
- In conducting fundraising activities, the SHCC must ensure that in all cases, it is made very clear that the individual may request that there be no further fundraising communications from the individual provider or the SHCC, and that that request will have absolutely no adverse effect on their treatment or care as a result;
- Written solicitations are worded in a way that does not suggest that the sender of the solicitation letter knows the individual's disease diagnosis or treatment unless the recipient has specifically authorized the use of that PHI for fundraising purposes (for example, VIP donors who want their names linked to a specific appeal);
- In conducting fundraising activities, the SHCC must ensure that the individual's health care provider or provider team obtains the individual's written prior Authorization to provide disease or treatment specific information to IA. The SHCC must maintain the Authorization for six years.

If the SHCC has obtained an individual's permission at the time of admission or discharge to be contacted by Institutional Advancement, HIPAA permits such direct contact to discuss fundraising or gift opportunities that are disease specific or related to the individual's

[1] 65 FR 82718

healthcare treatment. The prior Authorization may be combined with other Authorizations under a Compound Authorization.

When Development and Institutional Advancement staff obtain PHI for fundraising purposes, that PHI should not be stored or recorded unless the individual's prior Authorization is obtained.

For development activities, the SHCC may use the Facility Directory[2] to identify individuals who may be receiving care in the covered component and, to personally contact the individual during their hospital stay, unless the individual has restricted disclosure of their information from the Facility Directory.

Approval Authority

Implementation of the Policy: Senior Vice President/Chief Compliance and Audit Officer
Revisions to the Policy: Senior Vice President/Chief Compliance and Audit Officer
Approval of Actions: not applicable

Compliance and Reporting

N/A

Implementation Procedures

UC Organizational Units subject to HIPAA are responsible for implementation.

Related Documents

45 CFR 164.508 and 164.514

Frequently Asked Questions

FAQs may be found on the UC HIPAA website.

Revision History

HIPAA Privacy Rule: University of California Systemwide Standards and Implementation Policies (System Standards), April 2003.

[2] HIPAA permits the SHCC to use a patient's demographics for fundraising purposes without Authorization. The Facility Directory contains only the patient's name and location, that is, a subset of the full set of demographic information.