

**LOUISIANA STATE UNIVERSITY
HEALTH CARE SERVICES DIVISION
BATON ROUGE, LA**

POLICY NUMBER: 7518-23

CATEGORY: HIPAA Policies

CONTENT: Use and Disclosure of Protected Health Information for Fundraising

EFFECTIVE DATE: April 14, 2003
REVIEW DATE: January 7, 2008
March 30, 2015
February 29, 2016
September 9, 2019
January 9, 2020
January 13, 2023

REVISED: January 7, 2008
April 9, 2010
August 5, 2013

INQUIRIES TO: **LSU HCSD
Compliance Section
Post Office Box 91308
Baton Rouge, LA 70821
225-354-4840**

Note: Approval signatures/titles are on the last page

**LOUISIANA STATE UNIVERSITY
HEALTH CARE SERVICES DIVISION**

Use and Disclosure of Protected Health Information for Fundraising

I. SCOPE

This policy is applicable to all workforce members of the LSU Health Care Services Division (LSU HCSD) facilities, including employees, physician/practitioner practices, vendors, agencies, business associates and affiliates. Any reference to LSU HCSD also applies and pertains to Lallie Kemp Medical Center.

The notice and opt out requirements reviewed in this policy regarding fundraising communications apply only where the Facility is using or disclosing *protected health information* to target the fundraising communication. If the Facility does not use protected health information to send fundraising materials, then the notice and opt out requirements do not apply. For example, if a Facility uses a public directory to mail fundraising communications to all residents in a particular geographic area, the notice and opt out requirements are not applicable.

II. PURPOSE

To provide guidance to the health care facilities and providers affiliated with the LSU HCSD on the use or disclosure of an individual's Protected Health Information for fundraising purposes.

III. POLICY

All LSU HCSD facilities and providers may use or disclose an individual's Protected Health Information for fundraising purposes as described in this policy.

All LSU HCSD facilities and providers are referred to in this policy as "Facility or Clinic."

IV. DEFINITIONS

A. Protected Health Information (sometimes referred to as "PHI") – for purposes of this policy means individually identifiable health information held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper, or oral. It includes demographic data that relates to that relates to:

1. The individual's past, present, or future physical or mental health or condition;
2. The provision of health care to the individual; or
3. The past, present, or future payment for the provision of health care to the

individual, and that identifies the individual or for which there is a reasonable basis to believe it can be used to identify the individual. PHI includes many common identifiers such as name, address, birth date, social security number, etc.

B. Authorization – A written document completed and signed by the individual that allows use and disclosure of PHI for purposes **other than treatment, payment or health care operations**.

C. Designated Record Set – is a group of records maintained by or for Facilities and Clinics that is:

1. The medical records and billing records about individuals maintained by or for Facilities and Clinics ; or
2. Any records used, in whole or part, by or for the Facilities and Clinics to make decisions about individuals.
3. Any record that meets this definition of Designated Record Set and which are held by a HIPAA Business Associate of Facilities and Clinics are part of Facilities and Clinics' Designated Record Set.

- The term *record means* any item, collection, or grouping of information that includes PHI and is maintained, collected, used or disseminated by or for Facilities and Clinics.
- The term *record* also includes patient information originated by another health care provider and used by Facilities and Clinics to make decisions about a patient.
- The term *record* includes tracings, photographs, and videotapes, digital and other images that may be recorded to document care of the patient.

D. Fundraising – A communication to an individual that is made by the Facility, an institutionally related foundation, or a business associate on behalf of the Facility, for the purpose of raising funds for the Facility. The communication may be in a variety of forms, including phone contact, mailing, and emailing. No matter the format of the communication, it must be clear to the individual that he or she may opt out of further solicitations.

V. PROCEDURE

A. The facility or clinic may use, or disclose to a business associate or to an institutionally related foundation, without a signed authorization from an individual the following Protected Health Information for the purpose of raising of funds for its own benefit: (1) Demographic information relating to an individual; (2) Dates of health care provided to an individual; (3) Department of service; (4) Treating physician; and (5) Outcome information.

1. Demographic information includes names, addresses, other contact information, age, gender, and date of birth. Insurance status is also included in this class of information.
 2. Department of service information includes general information about the general department of treatment, such as cardiology, oncology, or pediatrics.
 3. Outcome information includes information regarding the death of the patient or any sub-optimal result of treatment or service so that such patients may be screened and eliminated from fundraising solicitations.
 4. **NOTE:** The Facility must apply the minimum necessary standard to ensure that only the minimum amount of protected health information necessary to accomplish the intended purpose is used or disclosed.
- B. The facility must have a business associate contract in place before disclosing patient information to a consultant or outside entity for fundraising purposes.
- To use or disclose other Protected Health Information related to an individual besides the categories included in V.1 above, the facility or clinic must obtain the patient or personal representative's authorization to use such information for fundraising purposes. Examples of such information include but are not limited to: a patient's illness, diagnosis, or treatment; or
 - other non-demographic information for fundraising purposes.
- See **[HIPAA Policy on Authorization (7501)]**.
- C. The facility may filter patient names for targeted or other fundraising purposes based upon the demographic information.
- D. The Notice of Privacy Practices of the Facility must contain a statement that the individual has a right to opt out of receiving fundraising communications.

Request to Opt Out of Receiving Further Communications

1. The method for an individual to elect not to receive further fundraising communications should not cause the individual to incur an undue burden or more than a nominal cost.
 - a. Requiring individuals to write and send a letter to the Facility is considered an undue burden, and not permitted under the Rule.
 - b. The facility may have an individual return a pre-printed, pre-paid postcard to opt out of fundraising communications.
 - c. Other options such as the use of a toll-free phone number, an email address, or similar opt out methods that are simple, quick, and inexpensive may also be considered by the Facility as methods for the individual to communicate the desire to opt out of fundraising communications.

2. The facility fundraising communications must include a statement describing how the patient can opt out of receiving future fundraising communications and stating that the facility will take reasonable efforts to ensure the patient does not receive future fundraising communications.
3. The facility may continue to send information about educational and other events to a patient who has opted out from receiving fundraising communications.
4. Newsletters and other types of communications concerning facility events may include active or passive fundraising. These types of communications sent out to broad sections of patients or general audiences do not require an 'opt out' clause.
5. The Facility may choose to have the patient consider opting out of a campaign *specific* fundraising communication, or *all* future fundraising communications. Whichever option is chosen, the Facility must have data management systems and processes in place to timely track and flag those individuals who have opted out of receiving fundraising communications to ensure that the Facility is not sending additional fundraising communications.
6. The opt out communication should clearly inform individuals of their options and any consequences of electing to opt out of further fundraising communications. Under no circumstances may one of the consequences be that treatment or payment be dependent on allowing fundraising communications.

Ability to Opt Back In to Fundraising Communications

The Facility has the discretion to determine how individuals should be able to opt back in to fundraising communications. For example, the Facility could provide a phone number that individuals could call to be put on a fundraising list.

VI. RESPONSIBILITIES

- A. The Privacy Officer, is responsible for reviewing and approving all fundraising communications using PHI.
- B. The Administrative Office or designee is responsible for receiving and processing patient requests to opt out of receiving further fundraising communications.
- C. The Contracts, Purchasing, or Administrative Office, with input from the Privacy Officer and contracts personnel, is responsible for obtaining business associate contracts with any business associates involved in the production, distribution, or processing of fundraising communications.

Document Metadata

Document Name: 7518 - 23 Use and Disclosure of Protected Health Information for Fundraising.doc

Policy Number: 7518

Original Location: /LSU Health/HCSO/7500 - HIPAA

Created on: 01/24/2020

Published on: 01/23/2023

Last Review on: 01/13/2023

Next Review on: 01/13/2024

Effective on: 04/14/2003

Creator: Simien, Tammy
Staff Attorney

Committee / Policy Team: Main Policy Team

Owner/SME: Simien, Tammy
Staff Attorney

Manager: Simien, Tammy
Staff Attorney

Author(s): Wicker, Claire M.
PROJECT COORDINATOR

Approver(s): Simien, Tammy
Staff Attorney

Publisher: Wicker, Claire M.
PROJECT COORDINATOR

Digital Signatures:

Currently Signed

Approver:
Simien, Tammy
Staff Attorney



01/23/2023