

HEALTH SCIENCE CENTER HANDBOOK OF OPERATING PROCEDURES

Chapter 11	Patient Privacy Policies	Effective:	April 2003
Section 11.2	Uses and Disclosures of Protected Health Information	Revised:	October 2011
Policy 11.2.8	Uses and Disclosures of Protected Health Information for Fundraising	Responsibility:	Vice President and Chief Development Officer

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION FOR FUNDRAISING

Policy

The Health Science Center may use limited patient protected health information for fundraising purposes without authorization from the patient. The Dean and the Office of Development should approve any departmental fundraising activities prior to initiation.

Definitions

DEMOGRAPHIC INFORMATION: Generally includes name, address, and other contact information.

FUNDRAISING: The organized activity of raising funds for an institutional cause.

General Procedures

The Health Science Center fundraising personnel may use the patient's demographic information in connection with fundraising activities for its own benefit without an authorization. If required, fundraising staff may obtain a specific authorization from individual patients granting more expansive use of the patient's protected health information.

Health Science Center personnel may:

- Use a patient's basic demographic information to solicit gifts.
- Use public information outside its internal database to send fundraising requests, without violating this policy.

Health Science Center personnel must:

- Exclude information about diagnosis, nature of services, or treatment in any solicitation.
- Sign an appropriate Business Associate contract before disclosing patient demographic information to consultants or outside entities for fundraising activities (See [Section 11.1.3](#) of the *Handbook of Operating Procedures* (HOP), "Business

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Associates”). This contract is not necessary should the Health Science Center employees perform the fundraising.

Notice of Privacy Practices

Health Science Center personnel must provide a “Notice of Privacy Practices” (Notice) to all patients who receive services from the Health Science Center. Patients can also obtain this document on the Health Science Center’s Web site at <http://www.uthscsa.edu/hipaa/patientrights/noticeofprivacypracticesuthscsa.pdf>, or by calling (210) 567-5212. The Notice must include the statement that the Health Science Center may use the patient’s protected health information for fundraising activities.

Information that May/May Not be Disclosed

Provided that the patient has been given the “Notice of Privacy Practices,” information that can be used for fundraising without authorization includes:

- Name
- Address
- Phone number
- Dates of treatment

Information that cannot be used without authorization:

- Diagnosis
- Nature of services
- Treatment
- Place within hospital or Health Science Center clinics where a patient receives treatment that would specifically identify the treatment, such as: Department of Psychiatry; Department of Obstetrics and Gynecology; and/or Department of Radiation Oncology.

Information about the department in which an individual received services cannot be used for fundraising purposes without the patient’s authorization, if that information would reveal or could reveal the nature of the diagnosis, services, or treatment that the individual received. [The Office of Development – Patient Authorization Form](#) must be completed.

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When a prospective contributor voluntarily discloses information about diagnosis and treatment to a member of the Health Science Center’s fundraising staff, that information can be used for other fundraising purposes; however, publication of the patient’s health information would require the patient’s written authorization. The [Release Form](#) must be completed.

Opt-Out Notice

The Health Science Center must include an opt-out provision with any fundraising letter sent describing how individuals may opt-out of receiving further fundraising materials. The Health Science Center must make reasonable efforts to ensure that the individuals who choose to opt-out of receiving future fundraising communications are not sent such communications, including removing the patient’s information from the mailing list upon receipt of an opt-out request. The sample language can be as follows:

Opt-Out Notice:

You have the right to request that we not send you any future development materials, and we will use our best efforts to honor such requests. You may make the request by sending your name and address to The University of Texas Health Science Center at San Antonio to the Office of Development with your request to be removed from our development mailing and contact lists.

Revocation of Authorization

An individual may revoke an authorization at any time provided the revocation is in writing. The [Revocation of Authorization to Release Protected Health Information](#) form should be used. Also, see [Section 11.3.3](#) of the *Handbook of Operating Policies* regarding the “[Revocation of Authorization to Use or Disclose Protected Health Information](#)” form.
