



SAINT LOUIS UNIVERSITY

USE AND DISCLOSURE OF PHI FOR FUNDRAISING

Policy Number: OUC-050

Version Number: 2.0

Effective Date: 04/14/2003

Responsible University Official: Privacy Officer

Approved By: Executive Staff

Legal and Compliance Committee

1.0 INTRODUCTION

Saint Louis University (hereinafter the “University”) is committed to provide services in compliance with all state and federal laws governing its operations, incorporating the highest levels of business and professional ethics. HIPAA allows for health care providers to use and disclose PHI for fundraising purposes as a part of operations. Initial Privacy Rule allowed a covered entity to use or disclose only demographic information and dates of service for fundraising. HIPAA Omnibus Rule expanded the categories of PHI that may be used and disclosed for fundraising to also include department of service, treating physician, outcome information, and health insurance. Accordingly, a health care provider seeking to raise funds for a new cancer center can target its efforts to oncology patients who had positive outcomes.”

2.0 PURPOSE

The purpose of this policy is to provide guidance to workforce regarding the use and disclosure of a patient's protected health information for fundraising purposes.

3.0 PERSONNEL AFFECTED

This policy applies to all regular full-time and part-time faculty and staff and volunteers within all divisions of the University, including employees, professional staff members, residents, agents, representatives and consultants tasked with using or releasing patient health information for fund raising purposes.

4.0 DEFINITIONS

Authorization: A document that gives permission for a specific disclosure of protected health information. Authorizations typically include the name of the person or entity authorized to disclose, name of the person or entity authorized for use or disclosure, purpose of the disclosure, expiration of the authorization, and the patient’s signature.

Protected Health Information (PHI): Any individually identifiable health information transmitted or maintained in any form or medium, including oral, written, and electronic. Individually identifiable health information relates to an individual’s health status or condition, furnishing health services to an individual or paying or administering health

care benefits to an individual. Information is considered PHI where there is a reasonable basis to believe the information can be used to identify an individual.

Workforce: Employees, volunteers, trainees, contractors, and other persons under the direct control of the covered entity, whether or not paid by the covered entity.

5.0 POLICY

In general, a patient's Protected Health Information (PHI) may not be used for fundraising purposes without specific authorization from the patient or the patient's representative. Categories of PHI that may be used and disclosed for fundraising include demographic information and dates of service, along with department of service, treating physician, outcome information, and health insurance.

University fundraising personnel may only use and disclose allowed elements of information in connection with fundraising activities unless they obtain specific authorization from individual patients granting more expansive use of the patient's PHI. Demographic information generally includes name, address, other contact information, age, gender and insurance status.

6.0 PROCEDURES

Saint Louis University personnel and affiliated fundraising associates may:

- Use a patient's basic demographic information to solicit gifts.
- Access patients' dates of treatment.
- Use public information outside its internal database to send fundraising requests

University personnel and affiliated fundraising associates must:

Provide a "*Notice of Privacy Practices*" to any patients they may be planning to contact. Patients may receive a *Notice of Privacy Practices* while at Saint Louis University, or calling by calling the University Privacy Officer, (314) 977-5545.

Include an opt-out provision along with the initial fundraising letter sent describing how individuals may opt out of receiving further fundraising materials.

Exclude information about diagnosis, nature of services, or treatment in any solicitation.

Remove that patient's information immediately from the mailing list upon receipt of an opt-out clause.

Sign an appropriate *Business Associate Agreement* before disclosing patient information to consultants or outside entities for fundraising activities. This agreement is not necessary should University employees perform the fundraising.

After *Notice of Privacy Practices* is given or sent, information that **CAN** be used for fundraising without authorization or consent includes:

- Name
- Address
- Other contact information (such as email, phone etc.)
- Age
- Gender
- Insurance status
- Date of service

Information that **CANNOT** be used *without authorization*:

- Diagnosis
- Nature of services
- Treatment. Caution should be used when divulging the matter of treatment.

When a prospective contributor voluntarily discloses information about diagnosis and treatment to a member of University's fundraising staff, that information can then be used for other fundraising purposes.

7.0 SANCTIONS

Individuals who fail to comply with this policy and the procedures associated with it will be subject to disciplinary actions guided by the University's Staff Performance Management Policy, Faculty Manual, or Student Guidelines.

Non-compliance in this Policy can result in disciplinary action, including but not limited to, restricted incentive payments, suspension or termination. It may also result in the enforcement of a corrective action plan, as well as notification of the suspected misconduct and/or violation to government regulatory agencies.

This Policy does not limit the University's ability to impose greater sanctions or impose immediate action against serious violations. Disciplinary actions appropriate to the severity of the infraction will be carried out as needed.

8.0 CHANGES TO THIS POLICY

Changes to this policy may be necessary from time to time. At a minimum, the policy and all other program policies, procedures and guidelines will be reviewed on an annual basis.

9.0 RELATED POLICIES & DOCUMENTS

- Authorization for Use or Disclosure Policy
- Authorization for Disclosure (Form)
- Authorization to Use or Disclose Patient Image (Form)

APPROVAL SIGNATURES

This policy was prepared by the Office of University Compliance.

This policy was approved by:

Joe Weixlmann, Ph.D.
Provost
Saint Louis University

Policy ownership change approved by:

_____ Date: _____
William Kauffman
Vice President and General Counsel
Saint Louis University

REVISION HISTORY

EFFECTIVE DATE	VERSION NUMBER	MODIFICATION
4/14/2003	1.0	New Policy
7/01/2008	1.1	Review & Change Format
3/01/2015	1.2	Review & Change Format
	2.0	Ownership Shifted from Provost to General Counsel