# I. 11.2.8 Uses and Disclosures of Protected Health Information for Fundraising

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| Chapter 11 - Patient Privacy | Original Effective Date: April 2003 |
| Section: 11.2 Uses and Disclosures of Protected Health Information | Date Last Reviewed: January 2023 |
| Responsible Entity: Chief Compliance and Privacy Officer; Vice President and Chief Development Officer | Date Last Revised: January 2023 |

## II. Purpose

To ensure all Fundraising activities that occur at the University of Texas Health Science Center at San Antonio (UT Health San Antonio) comply with established guidelines for the release of Protected Health Information (PHI) for Fundraising purposes as required by the federal Health Insurance and Portability and Accountability Act of 1996 (HIPAA).

## III. Scope

This policy applies to all faculty, staff, students, residents, health care providers, researchers, contractor, or any other individual (collectively, Workforce Member, including employees and non-employees) who have direct or indirect access to patient PHI created, held or maintained by an UT Health San Antonio controlled affiliate, including, but not limited to, its clinics, hospitals, and research operations.

This policy does not apply to fundraising communications based solely on non-PHI sources of information, such as a purchased mailing list, alumnus or employee information, or direct contact initiated by a potential donor. Authorized workforce members may use available public datasets outside of UT Health San Antonio's internal database to send fundraising requests, without violating this policy.

## IV. Policy

UT Health San Antonio may use limited patient Protected Health Information (PHI) for fundraising purposes without authorization from the patient. Departments or individuals that wish to conduct Fundraising activities must contact the Office of Institutional Advancement for assistance prior to initiation to ensure that privacy requirements and fundraising policies are followed.

A. General Procedures

1. UT Health San Antonio workforce members may:

a. Use a patient's basic Demographic Information to solicit gifts.

b. Use public information outside its internal database to send fundraising requests, without violating this policy.

2. UT Health San Antonio workforce members must:

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

b. Ensure an appropriate Business Associate Agreement is signed before disclosing patient Demographic Information to consultants or outside entities for fundraising activities (per the Institutional Handbook of Operating Policies, policy 11.1.3 Business Associates). This is not necessary should a UT Health San Antonio employee perform the fundraising activities.

B. Notice of Privacy Practices

UT Health San Antonio workforce members must provide a "Notice of Privacy Practices" (Notice) to all patients who receive services from UT Health San Antonio. The Notice must include the statement that UT Health San Antonio may use the patient's Protected Health Information (PHI) for Fundraising activities. The Notice is available on the Institutional Compliance and Privacy Office Privacy Compliance Program Website.

C. Information that May/May Not be Used or Disclosed

1. Provided the patient has been given the "Notice of Privacy Practices", information that can be used for Fundraising without authorization includes:

a. Name

b. Address

c. Phone Number

d. Email Address

e. Date of Birth and/or age

f. Gender

g. Medical Record Number (MRN)

h. Dates of patient health services

i. Health insurance status (used for exclusions)

j. Treating physician information

k. General outcome information (used for exclusions)

l. General department of services

2. Information that cannot be used without authorization includes:

a. Diagnosis

b. Nature of services

c. Treatment

3. When a prospective contributor voluntarily discloses information about diagnosis and treatment to a member of the UT Health San Antonio 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.

D. Opt-Out Notice

1. A clear and conspicuous opt-out provision must be included with any Fundraising communication describing how individuals may opt-out of receiving further Fundraising materials. The sample language can be as follows:

   Opt-Out Notice EXAMPLE:

   To be removed from our mailing list, send your request with your name and address to The University of Texas Health Science Center at San Antonio, 7703 Floyd Curl Drive, MC 7835, San Antonio, Texas 78229 or visit https://makelivesbetter.uthscsa.edu/optout.

2. The Office for Institutional Advancement must record, track and ensure that 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.

3. A patient's decision to opt-out does not lapse or expire. If an individual who has opted out of fundraising communications makes a donation, this will not constitute a revocation or waiver of the decision to opt-out.

4. A patient's treatment or payment will not be affected by their choice to opt out of fundraising communications.

E. 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 per IHOP policy 11.3.3 Revocation of Authorization to Use or Disclose Protected Health Information.

## V. Definitions

*Terms used in this document have the meaning set forth in the* Patient Privacy Policies Glossary *unless a different meaning is required by context.*

## VI. Related References

Forms
Notice of Privacy Practices: English, Spanish
Patient Authorization for Release of Health Records to External Parties
Revocation of Authorization to Release Protected Health Information

HIPAA Compliance Program website

Institutional Handbook of Operating Policies (IHOP)
11.1.3 Business Associates
11.3.3 Revocation of Authorization to Use or Disclose Protected Health Information

## VII. Review and Approval History

The approving authority of this policy is the University Executive Committee.

| Effective Date | Action Taken | Approved By | Approved Date |
|---|---|---|---|
| 04/2003 | Policy Origination | | |
| 06/2015 | Policy Revised | | |
| 11/2015 | Policy Review | | |
| 01/2023 | Policy Review | ICPO | 01/04/2023 |