LSU Health
NEW ORLEANS
Office of the Chancellor

Office of Compliance Programs
PRIVACY POLICY AND PROCEDURES Policy #: 2100.23
LSU Health Sciences Center New Orleans Page: 1
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Patient Information Policy
Use and Disclosure of an Individual’s Protected Health Information for Fundraising

SCOPE:
All Louisiana State University (LSU) System health care facilities and providers including, but not limited to hospitals, physician practices, clinics, schools, etc. on the LSU Health Sciences Center New Orleans Academic Campus.

Nota Bene: All LSU System health care facilities and providers including, but not limited to hospitals, physician clinics, schools, etc. on the LSU Health Sciences Center New Orleans Academic Campus, are referred to in this policy as LSUHSC-NO.

PURPOSE:
To specify the conditions under which the health care facilities and providers affiliated with LSUHSC-NO may use and disclose certain PHI for fundraising purposes.

POLICY:
All LSUHSC-NO health care facilities and providers may use or disclose certain data items described in “1” below, from an individual’s Protected Health Information for fundraising purposes when the requirements, as described in “2” below are met.

DEFINITIONS:

Protected Health Information (sometimes referred to as “PHI”) – for purposes of this policy means individually identifiable health information, that relates to the past, present or future health care services provided to an individual. Examples of Protected Health Information include medical and billing records of the patient.

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.

Director of Information Services – Person designated by the facilities and clinics with the responsibility for disseminating information to the general public regarding the activities of LSUHSC-NO and for determining, with input from the Privacy Officer, HIPAA-appropriate fundraising activities. The Director of Information Services or his/her designee is responsible for obtaining patient authorizations when required by HIPAA.

PROCEDURE:
1.0 LSUHSC-NO 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 funds for its own benefit:

(i) Demographic information relating to an individual, including name, address, other contact information, age, gender, and date of birth;
(ii) Dates of health care provided to an individual;
(iii) Department of service information;
(iv) Treating physician;
(v) Outcome information;
(vi) Health insurance status.

1.1 LSUHSC-NO must have a business associate contract in place before disclosing patient information to a consultant or outside entity for fundraising purposes.

1.2 To use or disclose other Protected Health Information related to an individual besides the categories included in "1." above, LSUHSC-NO 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;
- The services received,; or
- Other non-demographic information for fundraising purposes. (See CM-53 Section T on Authorizations)

1.3 LSUHSC-NO may filter patient names for targeted or other fundraising purposes based upon the demographic information.

1.4 The Notice of Privacy Practices of LSUHSC-NO must include a statement that LSUHSC-NO may contact the individual to raise funds for LSUHSC-NO and that the individual has the right to opt out of such communications.

2.0 Request to Opt Out of Receiving Further Communications

2.1 LSUHSC-NO fundraising communications must include a statement describing how the patient can opt out of receiving future fundraising communications and stating that LSUHSC-NO will take reasonable efforts to ensure the patient does not receive future fundraising communications.

2.2 Choosing to opt out cannot cause the patient to incur an undue burden or more than nominal cost. Acceptable methods for patients to opt out include but are not limited to:

- Calling a toll-free number
- Sending an email to an "opt out" email address
- Providing a pre-printed, self-addressed form or post card
- Providing an "opt out" check box on the donation form
- If solicitations are made via telephone, allowing the patient to opt out verbally at that time

Opting out is considered the same as revoking an authorization. Appropriate controls must be in place to prevent an individual who has opted out of receiving fundraising communications from receiving such communications in the future. Once a patient opts out of receiving fundraising communications, it applies to all forms of fundraising communications (e.g. mail, email, telephone, social media, in person contact, etc.)

2.3 LSUHSC-NO may continue to send information about educational and other events to a patient who has opted out from receiving fundraising communications.

3.0 Newsletters

Newsletters and other types of communications concerning LSUHSC-NO 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.

4.0 Responsibilities

4.1 LSUHSC-NO must designate appropriate personnel who are responsible for reviewing and approving all fundraising communications using PHI.

4.2 LSUHSC-NO must designate appropriate personnel who are responsible for receiving and processing patient requests to opt out of receiving further fundraising communications.

4.3 LSUHSC-NO must designate appropriate personnel who are responsible for obtaining business associate contracts with any business associates involved in the production, distribution, or processing of fundraising communications.

REFERENCE:

45 C.F.R. § 164.514(f)