

USE OF PROTECTED HEALTH INFORMATION (“PHI”) FOR FUNDRAISING PURPOSES

PURPOSE

The purpose of this policy is to establish guidelines for the release of Protected Health Information (“PHI”) for fundraising purposes that ensures the privacy of patients as required by the federal Health Insurance and Portability And Accountability Act of 1996 (the “Privacy Rule”) and California law.

This policy applies to the UCLA Health System and David Geffen School of Medicine at UCLA (hereafter referred to as “UCLA Health”).

DEFINITIONS

“Protected Health Information” or “PHI” is any individually identifiable health information, in any format, including verbal communications, regarding a patient created as a consequence of the provision of health care. “Individually identifiable” means that the health or medical information includes or contains any element of personal identifying information sufficient to allow identification of the individual, such as the patient’s name, address, electronic mail address, telephone number, or social security number, or other information that, alone or in combination with other publicly available information, reveals the individual’s identity. PHI includes patient billing and health insurance information and applies to a patient’s past, current or future physical or mental health or treatment.

“Electronic Protected Health Information” or “ePHI” is PHI that is transmitted by electronic media or is maintained in electronic media. For example, ePHI includes all data that may be transmitted over the Internet, or stored on a computer, a CD, a disk, magnetic tape or other media.

“Personal Information (PI)” as used in this policy is an individual’s first name or first initial and last name combined with any one of the following:

- (1) social security number,
- (2) driver’s license number or California identification card number,
- (3) account number, credit, or debit card number, in combination with any required security code, access code, or password that would permit access to an individual’s financial account,
- (4) medical information, or
- (5) health insurance information.

“Medical information” means any information, in either electronic or physical form, regarding an individual's medical history, mental or physical condition, or medical treatment or diagnosis by a health care professional, and which may be in the possession of or derived from a health care provider, health care service plan, pharmaceutical company or contractor. “Health insurance information” means an individual's health insurance policy number or subscriber identification number, any unique identifier used by a health insurer to identify the individual, or any information in an individual's application and claims history, including any appeals records. Medical information and health insurance information for patients are also considered to be PHI.

“Restricted Information” (as defined by UC Policy IS-3, Electronic Information Security) describes any confidential or Personal Information that is protected by law or policy and that requires the highest level of access control and security protection, whether in storage or in transit. This includes Personal Information, PHI and ePHI as defined in this section but could also include other types of information such as research data.

“Demographic information” includes an individual's name, age , gender, ethnicity, insurance status, address and other contact information. Demographic information does not include any information about the individual's illness, treatment or dates of care.

“Workforce” means employees, volunteers, and other persons whose conduct, in the performance of their work for UCLA Health, is under the direct control of UCLA Health or the Regents of the University of California, whether or not UCLA Health pays them. The Workforce includes employees, medical staff, and other health care professionals, agency, temporary and registry personnel, and trainees, house staff, students and interns, regardless of whether they are UCLA trainees or rotating through UCLA Health facilities from another institution.

POLICY/PROCEDURES

The Privacy Rule applies to all UCLA Health workforce members and entities that carry out institutional advancement, development (including fundraising) or external relation functions and activities on behalf of or for UCLA Health 's individual or institutional health care providers.

In addition, when UCLA Health contracts with business associates/consultants or works with institutionally-related foundations that are separate legal entities to carry out development or external relations activities on the behalf of UCLA Health , those entities are subject to a business associate agreement (or confidentiality agreement, in the case of foundations who may be subject to tax code provisions that do not allow those institutions to enter into a business association agreement) and must comply with the Privacy Rule.

I. Statement in the Notice of Privacy Practices

The Privacy Rule requires that if an entity uses or discloses PHI for fundraising purposes, the entity's Notice of Privacy Practices must say so. UCLA Health System's Notice of

Privacy Practices (see: Privacy Policy and Procedure No. 9411, "Notice of Privacy Practices") provides:

Fundraising Activities: We may contact you to provide information about UCLA Health System sponsored activities, including fundraising programs and events. We would only use contact information, such as your name, address and phone number and the dates you received treatment or services at UCLA Health System.

II. Permissible Fundraising Activities

A. Coordinating with UCLA Development Office.

The Privacy Rule does not prohibit a physician or provider from directly contacting his or her patients for fundraising purposes using the individual's Demographic Information and/or dates of care. However, in order to maximize fundraising potential and to ensure compliance with the Privacy Rule, physicians and other employees must coordinate all fundraising efforts with UCLA Health System Medical Sciences Development Offices ("Development").

B. Creation of Fundraising Lists.

In order to create a fundraising list, UCLA Health System physicians may provide Development with a list that includes their patient's Demographic Information, and dates of care.

C. Fundraising Materials.

i. Opt-Out Requirement.

UCLA Health must include in any fundraising materials it sends to an individual information on how the individual can opt out from any future fundraising communications. ,

UCLA Health shall make reasonable efforts to ensure that individuals who decide to opt out of receiving future fundraising communications are not sent such communications.

UCLA Health shall implement a process for recording, tracking, and attempting to honor all individual's "opt out" requests.

ii. Discretion to be Used in Written Materials.

Written solicitations are worded in such a way as to not suggest that the sender of the solicitation letter knows the individual's disease diagnosis or treatment unless the recipient has specifically authorized the use of that PHI for fundraising purposes (for example, donors who want their names linked to a specific appeal).

D. Prior Authorization Required - Use of Disease or Treatment-Specific Information (Protected Health Information).

i. Who May Approach the Patient for Authorization?

The provider must obtain the patient's prior written authorization in order to provide or request PHI other than demographic information or date of care for fundraising purposes from staff, data managers, Development, or others within UCLA Health .

The patient's physician or provider team must initiate efforts to obtain the individual's written Authorization to provide disease or treatment specific information to Development.

UCLA Health can seek authorization from the individual at admittance or discharge that would allow direct contact by Development to discuss fundraising or gift opportunities that are disease specific or related to the individual's healthcare treatment.

ii. Authorization Must be Obtained Prior to Release of Information.

The signed authorization must be obtained prior to any disclosure or use of information other than a patient's demographics (as defined above) and dates of care. The authorization must meet all of the requirements contained in the Privacy Rule and in Privacy Policy and Procedure No. 9412, "*Authorization to Disclose Protected Health Information ("PHI").*" See Appendix A, "*HIPAA Fundraising Authorization.*"

iii. Documentation Requirements.

Copies of patient authorization shall also be sent to the Health Information Management Services Department for scanning and tracking. All authorizations shall be maintained for a period of 6 years by Development.

E. Using Family Members' Information.

The patient's spouse, other family members, or friends' contact information must not be used for fundraising purposes. However, in cases where the patient is a minor, UCLA Health may use only the minor's guarantor's contact information consistent with this policy.

III. Use of Facility Directory

UCLA Health System may use the Facility Directory to identify individuals who may be receiving care to contact the individual personally during their hospital stay, unless the individual has opted out of the Facility Directory (restricted disclosure of their information from the Facility Directory).

IV. May Disclose Limited PHI

UCLA Health may use or disclose limited PHI to a Business Associate (see Privacy Policy and Procedure No. 9430, "*Business Associates*") or to an institutionally related foundation to raise funds for the benefit of UCLA Health. However, the PHI used or disclosed must be limited to certain demographic information and the dates of care provided to the individual. (Demographic information includes the individual's name, age gender, ethnicity, insurance status, address and other contact information, but does not include information about the individual's illness or treatment.)

Uses and disclosure of all other PHI, including the individual's diagnosis or treatment protocol, require the individual's authorization.

V. Accounting of Disclosures

The Privacy Rule gives individuals the right to an accounting of how their PHI has been disclosed outside of the facility over the 6 years prior to their request. However, the Privacy Rule does not require an accounting of disclosures to be made to carry out the treatment, payment or health care operations of UCLA Health. (See: Privacy Policy and Procedure No. 9414, "*Request for an Accounting of Disclosures.*")

UCLA Health does not have to provide an accounting for disclosures when using a patient's demographics and dates of care for fundraising activities. This is because the Privacy Rule defines those activities as health care operations. In addition, disclosures authorized by a patient in writing do not require an accounting.

REFERENCES

Health Insurance Portability and Accountability Act, 45 CFR 160-164
California Medical Information Act, California Civil Code Section 56 *et seq.*
Information Practices Act of 1977, California Civil Code Sections 1798.29 and 1798.82
California Health and Safety Code Sections 1280.15 and 130203
California Lanterman-Petris Short Act ("LPS Act"),
University of California – HIPAA Uses and Disclosures for Fundraising Policy

CONTACT

Chief Privacy Officer, Compliance Office
Chief Information Security Officer, Compliance Office

REVISION HISTORY

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APPROVAL

Health Sciences Enterprise Compliance Oversight Board
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U C L A Healthcare**HIPAA FUNDRAISING AUTHORIZATION**

MR#

Name

DOB

I authorize UCLA Health System to release my protected health information to (specify the name (s), or other identify of the person(s) or class or group of person(s)):

Street Address (If applicable)
Applicable)

City, State, Zip Code (If Applicable)

Phone Number (If

PLEASE SPECIFY THE PROTECTED HEALTH INFORMATION YOU AUTHORIZE TO BE RELEASED:

Type (s) of health information:

Date (s) of care

The following information will not be released unless you specifically authorize it by initialing the relevant line(s) below:

- _____ I specifically authorize the release of information pertaining to drug and alcohol abuse, diagnosis or treatment (42 C.F.R. §§2.34 and 2.35).
- _____ I specifically authorize the release of information pertaining to mental health diagnosis or treatment (Welfare & Institutions Code §§ 5328, *et seq.*)
- _____ I specifically authorize the release of HIV/AIDS test results (Health and Safety Code §120980(g)).
- _____ I specifically authorize the release of genetic testing information (Health and Safety Code §124980(j)).

THE PURPOSE OF THE RELEASE OF YOUR PROTECTED HEALTH INFORMATION IS FOR (check one or more):

- Fundraising activities to raise money to support the activities and programs of UCLA Health System
- Other
(specify) _____

NOTICE: UCLA Health System and many other organizations and individuals such as physicians, hospitals and health plans are required by law to keep your health information confidential. If you have authorized the disclosure of your health information to someone who is not legally required to keep it confidential, it may be subject to redisclosure and may no longer be protected by state or federal confidentiality laws. This Authorization to release health information is voluntary. You are not required to sign this authorization in order to receive treatment, for payment of your care, or for enrollment in a health plan or eligibility for benefits.

This Authorization may be revoked at any time. The revocation must be in writing, signed by you or your patient representative, and delivered to the UCLA Medical Sciences Development Office, 10945 Le Conte Avenue, Suite 3132, Box 951784, Los Angeles, CA 90095-1784. The revocation will take effect when UCLA Health System receives it, except to the extent UCLA Health System or others have already relied on it. You are entitled to receive a copy of this Authorization. Unless otherwise revoked, this Authorization expires on _____

If no date is indicated, the Authorization will expire 5 years after the date of your signing this form.

Print Name Signature (Patient, Parent, Guardian) Date

Relationship to Patient (Parent, Guardian, Phone
Conservator, Patient Representative) Witness (if patient unable to sign)
or Interpreter

Mailing Address:
