Policy Statement

Texas Tech University Health Sciences Center El Paso (TTUHSC El Paso) shall only use or disclose protected health information (PHI) for fundraising activities with a valid authorization that meets applicable requirements under “HIPAA” except as set forth below. Departments or individuals that/who wish to conduct fundraising activities must contact the TTUHSC El Paso Office of Institutional Advancement for assistance and coordination to ensure that privacy requirements and fundraising policies are followed.

Scope

This policy includes all TTUHSC El Paso fundraising activities and applies to all faculty, staff and business associates engaged in fundraising activities on behalf of TTUHSC El Paso.

Definitions

Refer to HPP 1.1 for Glossary of HIPAA Terms

Policy

The Health Insurance Portability and Accountability Act (HIPAA) limits the use and disclosure of PHI for fundraising purposes. In general, an authorization by the individual or the individual’s legally authorized representative is required for the use or disclosure of PHI for fundraising. However, there is an exception for certain fundraising uses. This policy establishes how TTUHSC El Paso may use and disclose PHI for fundraising purposes.

a. Use and Disclosure of PHI for Fundraising – Authorization Not Required

TTUHSC El Paso may use patients’ demographic and health status data and dates of health service for fundraising purposes without an authorization. The permitted fundraising PHI that may be used includes:

- demographic information relating to an “individual” including name, address and other contact information, gender, age and date of birth
- dates of patients’ health care services
- general type of department in which a patient is serviced
- treating physician’s information
- health insurance status
- outcome information (e.g., death of a patient, or any sub-optimal result of treatment of/or services)
Permitted fundraising PHI may be used by or disclosed to a business associate. The business associate is prohibited from using PHI for any purpose other than performing duties on behalf of the covered entity.

b. **Use and Disclosure of PHI for Fundraising – Authorization Required**
   
   Disclosure of all other types of PHI for fundraising purposes is “prohibited” unless the patient signs an authorization.

   Certain types of PHI are given additional protection under applicable federal and state regulations. Special consideration should be considered for the following:
   
   - mental health, psychotherapy notes and substance abuse
   - communicable diseases, sexually transmitted infections, HIV/AIDS
   - genetic testing
   - infertility treatment
   - abuse of children, adults with disabilities or the elderly, and sexual assault

   Due to the sensitive nature of these treatments, additional authorization requirements must be considered. Contact the legal or compliance department prior to obtaining an authorization for this type of information.

c. **Opt-out Process**

   - In any fundraising material, TTUHSC El Paso must include a clear and conspicuous description of how an individual may opt out of receiving any further fundraising communications.
   - The notice of privacy practices shall contain a notice about use of PHI for fundraising and the patient’s ability to opt out.
   - The opt out method must not cause any undue burden or cost to the patient.
   - Once an election to opt out is received, no further fundraising communications shall be made to that individual.
   - There is no expiration of the opt out decision made by the patient.
   - A patient may elect to opt back into receiving fundraising communication.
   - TTUHSC El Paso may not condition treatment based on receipt of fundraising communications.

   The Office of Institutional Advancement will record; track and honor all individual opt out requests.

   Knowledge of a violation or potential violation of this policy must be reported directly to the Institutional Privacy Officer or the Fraud and Misconduct Hotline at (866) 294-9352 or www.ethicspoint.com under Texas Tech University System.

**Frequency of Review**

This policy will be reviewed on each odd-numbered year (ONY) by the Institutional Privacy Officer, and the HIPAA Privacy and Security Committee, but may be amended or terminated at any time.

Questions regarding this policy may be addressed to the Institutional Privacy Officer or the Institutional Compliance Officer
Review Date: March 9, 2021

Revision Date: November 8, 2017, March 16, 2021