## LAC+USC MEDICAL CENTER POLICY

|                                       |                          |             |                         | Page 1           | Of    | 3 |
|---------------------------------------|--------------------------|-------------|-------------------------|------------------|-------|---|
| Subject:                              |                          | Original    | 4/4.4/00                | Policy #         | 400   |   |
|                                       |                          | Issue Date: | 4/14/03                 |                  | 108.1 |   |
| PROTECTED HEALTH INFORMATION: USE AND |                          | Supersedes: |                         | Effective I      | Date: |   |
| DISCLOSURE FOR FUNDRAISING PURPOSES   |                          |             | 2/11/14                 | 11/              | 21/22 |   |
| Departments Consulted:                | Reviewed & Approved      | by:         | Approved by:            | •                |       |   |
| Ambulatory Care Services              | Attending Staff Asso     | ociation    |                         |                  |       |   |
| Office of Community Relations         | Executive Committee      |             | (Sign                   | gnature on File) |       |   |
| Customer Services Center              | Senior Executive Council |             | Chief I                 | Medical Officer  |       |   |
| Nursing Services                      |                          |             |                         |                  |       |   |
| Support Services; Volunteer Services  |                          |             | (Sign                   | ature on F       | ile)  |   |
| Expenditure Management                |                          |             | Chief Executive Officer |                  |       |   |
| HIPAA Office                          |                          |             |                         |                  |       |   |

#### **PURPOSE**

The purpose of this policy is to provide guidance on the Use and Disclosure of Protected Health Information (PHI) for fundraising purposes, and to identify when patient authorization is required to Use and Disclose PHI for Fundraising purposes.

### **POLICY**

The LAC+USC Medical Center will obtain an individual's authorization to use or disclose protected health information (PHI) for the purpose of fundraising, unless the Medical Center limits its fundraising activities as provided by this policy and in accordance with DHS Policy No. 361.28. A patient has the right defined by federal regulations to opt out of receiving fundraising communications and this opt out will be documented in the medical record as noted in the procedure below.

### **DEFINITIONS**

| <u>P</u> | rot | <u>ected</u> | <b>Health</b> |
|----------|-----|--------------|---------------|
| _        | _   |              |               |

Information (PHI) Individually identifiable information relating to past, present, or future physical

or mental health or condition of an individual, provision of health care to an individual, or the past, present, or future payment for health care provided to

an individual.

Authorization The signed authorization language used by the Medical Center to obtain an

individual's permission prior to using or disclosing that individual's PHI for purposes that do not fall within the definitions of treatment, payment, or health

care operations activities, and other purposes that do not require the

individual's permission.

Disclose or

**Disclosure** With respect to PHI, the release of, transfer of, provision of access to, or

divulging in any manner PHI outside of the Medical Center's internal

operations or to other than its workforce members.

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| Subject:  | Effective Date:<br>11/21/22                          |        |   | 108 | .1 |
| PROTECTED HEALTH INFORMATION: USE AND DISCLOSURE FOR FUNDRAISING PURPOSES | Chief Executive Officer's Initials: Initials on File |        |   |     |    |

**Use or Uses** With respect to PHI, the sharing, employment, application, utilization,

examination, or analysis of such information within the Medical Center's

internal operations.

**Fundraising** Any communication for raising funds for the benefit of the Medical Center.

**Opt Out** Individual chooses not to participate.

<u>Business</u>

**Associate (BA)** A person or entity who, on behalf of the Medical Center, but not in the

capacity of a workforce member, performs or assists in the performance of a function or activity involving the use or disclosure of PHI, or provides legal,

actuarial, accounting, consulting, data aggregation, management,

administrative, accreditation, or financial services involving disclosure of PHI.

#### **PROCEDURE**

The Medical Center cannot conduct fundraising activities that involve the use or disclosure of PHI without an individual's authorization except in those instances listed below.

Notwithstanding the above, the Medical Center may conduct fundraising activities using or disclosing PHI provided that the Medical Center:

- 1. Limits PHI used or disclosed about an individual receiving fundraising communications to:
  - Demographic information (e.g., name, street address, email address, telephone number, age, gender, ethnicity, marital status); and
  - Dates of health care provided to that individual
  - Department of service, for example, cardiology, oncology, etc.
  - Treating physician
  - Outcome information, for example, death, successfully treated, etc.
  - Health insurance status.
- 2. Includes in its Notice of Privacy Practices that the Medical Center may contact the individual to raise funds for itself;
- 3. Describes in fundraising communications how to opt out of receiving such communications in the future in a simple way that does not cause any undue burden to the patient; and
- 4. Ensures the prevention of fundraising communications from being sent to those who opted out.
  - If a patient chooses to opt out of receiving fundraising communications, the facility will acknowledge the patient's request by documenting the patient's request to opt out in the hospital information system (HIS).
  - According to the federal regulations, the facility will be liable for any violation of this
    policy in which fundraising materials are sent to a patient who has opted out.

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The Medical Center may, without authorization, disclose the limited PHI, as described in the "bulleted" items listed under "Paragraph 1" above, to:

- Its Business Associate to raise funds for the Medical Center; and
- Its institutionally related foundation, CARES, as defined by Section 501(c)(3) of the Internal Revenue Code, which has an explicit link to the Medical Center in its charter statement of charitable purposes. Organizations with general charitable purposes (e.g., American Cancer Association) are not foundations that are institutionally related to the Medical Center.

The Medical Center will not condition treatment on the patient's choice to opt in or opt out of fundraising activities.

Documentation required or completed under this policy shall be retained for at least six (6) years from the date of creation or the date when it was last in effect, whichever is later.

#### RESPONSIBILITY

Administration
Health Information
Management HIPAA
Compliance Office Volunteer Services

#### **REFERENCES**

45 Code of Federal Regulations Part 160 and 164: Section 164.514(f) "Other Requirements Relating to Uses and Disclosures of Protected Health Information - Uses & Disclosure of PHI for Fundraising"

78 Code of Federal Regulations 5566, 5618-5622 "Omnibus Rule" County of Los Angeles Auditor-Controller Manual, Chapter 15 DHS Policy No. 361.28, "Use and Disclosure of Protected Health Information (PHI) for Fundraising"

California Hospital Association Privacy Manual 2013

# **REVISION DATES**

April 10, 2007; September 25, 2008; February 11, 2014, November 21, 2022