

SUNY DOWNSTATE MEDICAL CENTER
UNIVERSITY HOSPITAL OF BROOKLYN
POLICY AND PROCEDURE

Subject: <u>FUNDRAISING ACTIVITIES</u>	No. HIPAA-10
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Prepared by: <u>Shoshana Milstein, RHIA, CHP, CCS</u>	Original Issue Date: <u>12/2002</u>
Reviewed by: <u>Dr. JoAnn Bradley</u> <u>Renee Poncet</u>	Supersedes: <u>09/2013</u>
	Effective Date: <u>12/2016</u>
	TJC Standards: RI.01.01.01: The hospital respects, protects, and promotes patient rights. IM.02.01.03: The hospital maintains the security and integrity of health information.
Approved by: <u>Margaret Jackson, MA, RN</u> <u>William P. Walsh, MBA, MSW</u> <u>Patricia Winston, MS, RN</u> <u>Michael Lucchesi, MD</u>	
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I. PURPOSE

To ensure that all uses and disclosures of patient information for fundraising activities meet the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its accompanying regulations.

II. POLICY

The type of patient information that may be used and disclosed for fundraising purposes shall be limited to patient demographics, health insurance status, dates of service, department of service, including treating physician, and outcome information. The use and disclosure of any additional patient information requires an authorization signed by the patient. Fundraising includes any activities undertaken directly by SUNY Downstate, or on its behalf by SUNY Downstate's business associates or Foundation, for the purpose of raising funds for SUNY Downstate.

III. DEFINITION

None

IV. RESPONSIBILITIES

It is the responsibility of all medical staff members and hospital staff members to comply with this policy. Medical staff members include physicians as well as allied health professionals. Hospital staff members include all employees, medical or other students, trainees, residents, interns, volunteers, consultants, contractors and subcontractors at the hospital.

V. PROCEDURE/GUIDELINES

The development of the procedure section is the responsibility of the respective department. It is dependent upon the unique needs of each department's operating structure and shall be advanced and customized accordingly.

A. Fundraising Activities

1. Fundraising activities include any activities undertaken to raise money or other things of value on behalf of SUNY Downstate that involves the use or disclosure of patient information.
2. Fundraising activities may be undertaken by SUNY Downstate hospital staff (including volunteers), medical staff, business associates or an institutionally-related foundation.
3. Examples of fundraising activities include:
 - a. Requests for general donations to benefit SUNY Downstate;
 - b. Requests for special purpose donations (Ex: Cancer research, reception area remodeling);
 - c. Requests for sponsorship of SUNY Downstate events or activities (Ex: charity dinner); or
 - d. Auctions, rummage sales or bake sales.
4. Fundraising activities do not include newsletters and brochures distributed for education purposes only and celebratory events inviting targeted patients as part of treatment and healthcare operations (ie: providing information on treatment alternatives, services offered and general education).

B. Approval for Fundraising- All fundraising activities involving the use or disclosure of patient information must be approved by the Office of Development to ensure that appropriate requirements have been met.

C. Fundraising Not Requiring Patient Authorization- Under the following circumstances, patient information may be used to raise money or solicit donations for SUNY Downstate and all the entities included in SUNY Downstate's organized healthcare arrangement (See policy on Covered Entity Designation) without the patient's authorization:

1. Only the following limited information is used:
 - a. Patient name;
 - b. Address and other contact information (Ex: Street address, city, county, state and zip);
 - c. Date of birth and/or age;
 - d. Gender;

- e. Health insurance status;
 - f. Dates of treatment provided by SUNY Downstate;
 - g. Department of service;
 - h. Treating physician information; and
 - i. Outcome Information (for example, information about the death of a patient or other sub-optimal result of treatment).
2. SUNY Downstate's Notice of Privacy Practices informs the patients that fundraising activities are undertaken to support its business operations. Patients are informed that they have a right to opt out of receiving fundraising communications. To do so, patients currently on the premises for a visit/admission should be provided with the Fundraising Opt Out Designation form which should then be forwarded to the Office of Development. The patient's record should be flagged in the fundraising database to ensure that the patient does not receive any fundraising communications. Treatment or payment may never be conditioned based upon the patient's preferences with respect to the receipt of fundraising communications.
3. All fundraising activities, including materials mailed or distributed to patients or communications made over the telephone must be accompanied with clear instructions on how the patient may opt out of receiving further solicitations.
- a. The opt-out method should include brief instructions:
We have sent you materials to raise funds for SUNY Downstate Medical Center. If you do not wish to receive fundraising communications in the future, please {call this number/ email this address/ return this postcard} with the following information and we will make every effort to ensure that you do not receive any such future communications.
 - b. At least one of the following acceptable methods for opting out should be made available and communicated to the patient:
 - i. Departmental local telephone number;
 - ii. Toll- free telephone number;
 - iii. Email address;
 - iv. Pre- paid, pre- printed postcard.
 - c. The following information should be captured during the opt out process:
 - i. Patient name and demographics;
 - ii. Date of request; and
 - iii. Whether the patient wishes to opt- out of all fundraising communications or only specific materials.
 - d. Upon receipt of the patient notification of opt- out preference, the patient's opt- out request should be documented internally via the Fundraising Opt-Out Designation form and forwarded to the Office of Development.
 - e. The Office of Development must then ensure that the patient is removed from any future mailing lists and fundraising communications, as instructed. The Office of Development must also forward such requests to any business associates, as appropriate.

D. Fundraising Activities Requiring Patient Authorization- A patient's authorization is required for the following uses and disclosures:

1. Patient information, additional to those elements listed in Section V.C.1 of this policy, is used or disclosed (Ex: diagnosis, medications);
2. Patient information is used by, or disclosed to, individuals other than SUNY Downstate staff members or business associates undertaking fundraising activities for SUNY Downstate; or
3. The fundraising purpose is to raise money or other things of value for the benefit of an organization other than SUNY Downstate (Ex: External non-profit organization engaged in research, education and awareness efforts about a particular disease).

E. Fundraising Databases

1. Fundraising databases may not contain patient information, other than the elements listed in Section V.C.1, unless there is individual patient authorization.
2. Filtering data upon any criteria derived from protected health information would require individual patient authorization (Ex: Creating a list of patients with a certain diagnosis).
3. Identifying patients that are more capable of donating by comparing the list against publicly available wealth databases is permitted.

F. Physician Fundraising

1. Physicians can solicit funds for SUNY Downstate on behalf of the organization as a whole, as well as send fundraising appeals for institutional priorities; however, they cannot fundraise for their own individual purposes.
2. Physicians should refer all patients who have shown expressions of interest to the Office of Development.
 - a. Any health-related information not allowed in Section V.C.1. must be excluded;
 - b. Private patients who were seen in the physician's private practice may not be referred to the Office of Development as fundraising may only be made for the benefit of the entity where the patient was seen.

G. Other Activities

1. Invitations for cultivation events can be made using the donor database without including any diagnostic or treatment information.
2. Fundraiser visits to assist VIP patients/ donors are permitted as part of healthcare operations (ie, customer service). Care should be taken to ensure that no diagnostic information is disclosed to the fundraiser.

3. Patients with pending lawsuits, patients who have responded negatively to surveys or patients who experienced sub- optimal results may be referred to the Office of Development to be removed from the donor database.

H. Accounting of Disclosures- All disclosures made for fundraising purposes must be documented in accordance with the policy on Accounting of Disclosures.

VI. ATTACHMENTS

Fundraising: Opt Out Designation Form

VII. REFERENCES

Standards for Privacy of Individually Identifiable Health Information, 45 CFR §164.514(f)

Date Reviewed	Revision Required (Circle One)		Responsible Staff Name and Title
9/2013	(Yes)	No	Shoshana Milstein, AVP, Compliance & Audit
9/2016	(Yes)	No	Shoshana Milstein, AVP, Compliance & Audit
12/2016	Yes	(No)	Shoshana Milstein, AVP, Compliance & Audit



FUNDRAISING: OPT OUT DESIGNATION FORM

The following individual has elected to opt-out of SUNY Downstate fundraising activities

Patient Name: _____
Last Name First Name MI

Address: _____ Opt-Out Method Utilized:
_____ Phone _____ Email
_____ Other

1. Stop receiving ALL fundraising materials?

Yes
 No; please describe what type of materials patient does not want to receive:

2. Title of the fundraising material sent by Department? (Optional)

3. Any reason that patient elects to opt-out of receiving future fundraising communications? (Optional)

A. If form is being completed by the patient on date of visit/ admission, complete this section:

_____	_____
Patient Signature	Date

B. If form is being completed by SUNY Downstate staff member upon receipt of patient notification of opt out preference, complete this section:

_____	_____	_____
Name of SUNY Downstate Staff Member	Department	Extension

Date of Notification by Patient		