

SUNY DOWNSTATE MEDICAL CENTER

UNIVERSITY HOSPITAL OF BROOKLYN POLICY AND PROCEDURE

No. HIPAA-10

Subject: FUND RAISING ACTIVITIES

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Prepared by: Shoshana Milstein

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Reviewed by: Dr. JoAnn Bradley

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Approved by: Anny Yeung, RN, MPA

The JC Standards:

Margaret Jackson, MA, RN

David Conley, MBA

Stanley Fisher, M.D.

Michael Lucchesi, M.D.

Debra D. Carey, MS

Ivan M. Lisnitzer

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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 and dates of service within SUNY Downstate. 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. Age;
 - d. Gender;
 - e. Insurance status; and
 - f. Dates of treatment provided by SUNY Downstate.

2. All fundraising materials mailed or distributed to patients must be accompanied by an opt-out form (See attached Fundraising: Opt Out Form).
 - a. SUNY Downstate's Notice of Privacy Practices informs the patient of the fundraising activities undertaken and, additionally, provides the patient with an opportunity to opt-out of receiving any such communications.
 - b. Opt-out requests must be documented on the Fundraising: Opt-out Form.
 - c. All opt-out forms received from the patient upon admission or upon receiving a fundraising communication must be forwarded to the Office of Development.
 - d. The Office of Development must then ensure that the patient is removed from any future mailing lists and fundraising communications. 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 demographic information and dates of healthcare, is used or disclosed (Ex: type of treatment received, health status, hospital unit where care was rendered);
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 held after April 14, 2003 may not contain patient information, other than demographics and dates of treatment, without individual patient authorization.
 - a. Any disclosures to a fundraising database maintained by a separate legal entity after April 14, 2003 must meet the above stated requirements.
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 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;

- c. A designated individual in the Office of Development will remove the physician's name from the referral and enter the patient demographic information into the database.

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 or who have responded negatively to surveys may be referred to the Office of Development to be removed from the donor database.
4. When fundraising is done via telephone and no authorization is required, the patient should be advised of the right to opt out.

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 Form

VII. REFERENCES

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

	Revision	Required	Responsible Staff Name and Title
	Yes	No	Adeola O. Dabiri, Director of Regulatory Affairs
	Yes	No	
	Yes	No	
	Yes	No	

Office of Development- Box #
450 Clarkson Ave.
Brooklyn, NY 11203

FUNDRAISING: OPT OUT FORM

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 complete this form and return it to the address documented above. We will make every effort to ensure that you do not receive any such future communications.

Patient Name: _____
 Last Name First Name MI

Address: _____ Telephone: _____
 _____ (daytime)
 _____ (evening)

1. Do you want to stop receiving ALL fundraising materials?

___ Yes
___ No; please describe what type of materials you do not want to receive:

2. What is the title of the fundraising material we sent you? (Optional)

3. Is there a reason that you do not want to receive future fundraising communications?
(Optional)

Print Name of Patient/ Personal Representative _____ Signature of Patient/ Personal Representative _____

Description of Personal Representative's Authority	Date
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