



**HIPAA Privacy Procedure #8**

Effective Date: April 14, 2003

**Use or Disclosure of Protected Health Information on Fundraising**

Reviewed Date: February, 2011

Revised Date: February, 2011

Scope: Radiation Oncology

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**Policy Expectation:**

Washington University (WU) has adopted a Fundraising Authorization policy.

**Why is this important?**

Failure to comply may result in being liable for civil or criminal penalties.

**What do you need?**

HIPAA Privacy Policy on Use or Disclosure of Protected Health Information in Fundraising.

Steps:	Additional Information
<p>1. Request from Individual asking to opt out of future Fundraising communications:</p> <ul style="list-style-type: none"> <li>Any member of the workforce receiving such a request should direct such requests to the Office of Medical Alumni and Development:  <b>Office of Medical Alumni Development</b>  <b>Washington University School of Medicine</b>  <b>7425 Forsyth Blvd., Suite 2100, St. Louis, MO</b>  <b>63105-2161</b></li> </ul>	<p>All such requests are to be made in writing by the Individual. See <b>Exhibit B</b>.</p>
<p>2. Medical School faculty wishing to engage in grateful patient Fundraising activity should submit Exhibit A to Office of Medical Alumni and Development. The Office:</p> <ul style="list-style-type: none"> <li>assists Individuals in completing and signing an Authorization for Fundraising Form approving sharing of PHI with the development officer.</li> <li>files completed Authorization Form in a secure</li> </ul>	<p>See <b>Exhibit A</b> for a sample of the Authorization for Fundraising Form.</p>

<p>area within the Office of Medical Alumni and Development along with a written record of the PHI that was shared, and</p> <ul style="list-style-type: none"> <li>logs the transactions with the date of authorization, expiration date, revocation of authorization (if any), name of faculty member and name of development officer.</li> </ul>	
<p>3. Coordination of Fundraising:</p> <ul style="list-style-type: none"> <li>Fundraising initiatives planned by Radiation Oncology in the School of Medicine shall be submitted for review and approval by the Office of Medical Alumni and Development.</li> </ul> <p><b>Office of Medical Alumni Development Washington University School of Medicine Campus Box 1247, 7425 Forsyth Blvd., Suite 2100, St. Louis, MO 63105-2161</b></p> <ul style="list-style-type: none"> <li>That office reviews materials to ensure compliance with HIPAA regulations.</li> </ul>	<p>Initiatives are to be submitted in writing and detail the objectives, number of Individuals involved, demographic information used to identify the population, copy of the direct mail letter and a timeline for the initiative.</p>

## EXHIBIT A

### AUTHORIZATION FOR FUNDRAISING

1. I authorize Washington University School of Medicine to use or disclose my protected health information, as described in Paragraph 2, for the purpose of contacting me for fundraising for the benefit of Washington University School of Medicine.
2. The information I authorize Washington University School of Medicine to use is the name of my physician(s) and the name of the department(s) or division(s) where I was treated at Washington University School of Medicine. My demographic information (i.e. name, address, and other contact information, age, gender, and insurance status) may also be used. This information is referred to in this Authorization as "My PHI".
3. The personnel in the department(s) or division(s) where I was seen at Washington University School of Medicine are authorized to use and disclose MY PHI to contact me for this fundraising purpose or to disclose the information to personnel of the Office of Medical Alumni and Development Programs of Washington University School of Medicine for their use and disclosure to contact me for this fundraising purpose.
4. This authorization is valid for a **twenty (20)** year period from the date of signature through December 31, 20\_\_\_. Fundraising campaigns customarily cover a **twenty** year period. Washington University School of Medicine may ask me to sign another authorization for a period after December 31, 20\_\_\_, but I have no obligation to do so.

5. I may revoke this authorization in writing at any time unless Washington University School of Medicine has relied on my authorization. I may revoke this authorization by mailing the revocation to

Medical Alumni and Development  
Washington University School of Medicine  
Campus Box 1247  
7425 Forsyth Blvd.  
St. Louis, Missouri 63105-2161

6. I understand that My PHI, once used or disclosed in accordance with this authorization, may be subject to redisclosure by the recipient and no longer protected by the Health Insurance Portability and Accountability Act regulations.
7. I understand that Washington University School of Medicine may not condition treatment, payment, enrollment in any health plan or eligibility for the benefits on my signing this authorization for use or disclosure of My PHI.
8. I understand that I may inspect and obtain a copy of My PHI authorized to be used or disclosed under this authorization. The request for inspection and copying must be in writing addressed to

Medical Alumni and Development  
Washington University School of Medicine  
Campus Box 1247  
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St. Louis, Missouri 63105-2161

9. I understand that Washington University School of Medicine may charge a reasonable cost based fee for the copy of My PHI requested under Paragraph 8, but that the fee may only include the cost of supplies for and labor of copying, postage (if requested to be mailed) and preparation of a summary (if one is requested and agreed to by me).
10. I may refuse to sign this authorization.

This authorization is signed this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Print Name Signature

\_\_\_\_\_  
Representative

\_\_\_\_\_  
Description of Authority to Act for the Individual

## Exhibit B

### OPT-OUT LANGUAGE

Please write to us at Campus Box 1247, 7425 Forsyth Blvd., Suite 2100, St. Louis, MO 63105-2161. If you wish to have your name removed from the list to receive fundraising requests supporting the Washington University School of Medicine.