

**THE TEXAS A&M UNIVERSITY SYSTEM
HEALTH SCIENCE CENTER INTERNAL POLICIES**

16.99.99.Z0.07

Fundraising Activities Internal Policy

Approved January 26, 2011

1. GENERAL/OVERVIEW

This policy applies to TAMHSC health care providers, its participating physicians and clinicians, employees and business units who provide management, administrative, financial, legal, and operational support to or on behalf of the health care provider and has been designated as a member of the TAMHSC Health Care Component. This policy pertains to protected health information covered by the TAMHSC Health Care Component's Notice of Privacy Practices.

2. INTERNAL POLICY/RESPONSIBILITIES

TAMHSC Health Care Components may not use or disclose protected health information for fundraisingⁱ without an authorization that meets the applicable requirements under HIPAA except as defined below. This policy is based on principles related to the uses and disclosures of protected health information for fundraising.

3. PROCESS

The Vice President for Institutional Advancement and Privacy Officer must authorize all fundraising activities in accordance with this policy.

3.1 The TAMHSC Health Care Provider may use, or disclose to a business associate or to an institutionally related foundation, the following protected health information for the purpose of raising funds for its own benefit, without an authorization:

3.1.1 Demographic information relating to an individual; and

3.1.2 Dates of health care provided to an individual.

3.2 The TAMHSC Health Care Provider must include in any fundraising materials it sends to an individual a description of how the individual may opt out of receiving any further fundraising communications.

3.3 The TAMHSC Health Care Provider must make reasonable efforts to ensure that individuals who decide to opt out of receiving future fundraising communications are not sent such communications.

3.4 The Business Associates and/or Vice President for Development for TAMHSC shall maintain a list of all patients who have opted out and provide a copy of said list annually to the Privacy Officer of the TAMHSC Health Care Provider.

3.5 The use of Protected Health Information (PHI) for fundraising purposes other than as described herein is prohibited without a patient authorization, which meets the requirements of the Notice of Privacy Practices and Acknowledgement Policy.

4. VIOLATIONS

The Privacy Officer has general responsibility for implementation of this policy. Employees who violate this policy will be subject to disciplinary action up to and including termination of employment. Anyone who knows or has reason to believe that another person has violated this policy should report the matter promptly to his or her supervisor or the Privacy Officer. All reported matters will be investigated, and, where appropriate, steps will be taken to remedy the situation. Where possible, every effort will be made to handle the reported matter confidentially. Any attempt to retaliate against a person for reporting a violation of this policy will itself be considered a violation of this policy that may result in disciplinary action up to and including termination of employment.

OFFICE OF RESPONSIBILITY

Vice President of Finance and Administration

ⁱ HIPAA Code: §164.514(f)(1)