
HIPAA Policy 5035

Uses and Disclosures of PHI for Fundraising

Responsible Office	Office of the Provost	Effective Date	April 14, 2003
Responsible Official	Privacy Officer	Last Revision	October 13, 2015

Scope

This policy applies to the University's Covered Components and those working on behalf of the covered components, designated as such for purposes of complying with the privacy provisions of the Health Insurance Portability and Accountability Act of 1996. The Covered Components are: (1) the Group Health Plan Component; and (2) the Covered Health Care Component, which includes the School of Nursing, the Department of Psychology clinics, Yale Health and the School of Medicine (except the School of Public Health and the Departments of Cell Biology, Cellular and Molecular Physiology, Comparative Medicine, History of Medicine, Immunobiology, Microbial Pathogenesis, Molecular Biophysics & Biochemistry, Neurobiology, Pharmacology, and WM Keck Biotechnology Resources Laboratory).

This policy applies to all Covered Components that engage in fundraising activities.

Policy Statement

Yale University Covered Components may use, or disclose to a business associate or to an institutionally related foundation the following information for the purpose of raising funds for the Covered Components' own benefit without an authorization for use and disclosure by the individual:

- demographic information
- dates of health care provided
- date of birth
- department of service
- treating physician
- outcome information
- health insurance status

All fundraising communications will include information on how the individual may opt out of receiving any further fundraising communications. Such opt out procedures will not be overly burdensome and once an individual has notified the University, no further fundraising communications may be made to the individual in accordance with the opt out request.

In no case will treatment or payment for treatment be conditioned on an individual's choice with respect to receipt of fundraising material.

Reason for the Policy

To establish procedures for using PHI to contact individuals for fundraising purposes.

Definitions

Covered Entity

Covered entity means an entity that is subject to HIPAA. Yale University is the covered entity for HIPAA compliance purposes. Because Yale is a Hybrid Entity, only Yale's designated Covered Components are subject to HIPAA requirements.

Disclosure

The release, transfer, provision of access to, or divulging in any other manner of protected health information outside of the entity holding the information.

Legally Authorized Representative

A person authorized either by state law or by court appointment to make decisions, including decisions related to health care, on behalf of another person, including someone who is authorized under applicable law to consent on behalf of a prospective subject to the subject's participation in the procedure involved in the research.

Protected Health Information (PHI)

Any individually identifiable health information, including genetic information and demographic information, collected from an individual, whether oral or recorded in any form or medium that is created or received by a covered entity (Yale School of Medicine (excluding the School of Public Health, the Animal Resources Center, and the basic science departments: Cell Biology, Cellular and Molecular Physiology, Comparative Medicine, History of Medicine, Immunobiology, Microbial Pathogenesis, Molecular Biophysics & Biochemistry, Neurobiology, Pharmacology and WM Keck Biotechnology Resources Laboratory), Yale School of Nursing, Yale Health, Department of Psychology Clinics and the Group Health Plan component)

PHI encompasses information that identifies an individual or might reasonably be used to identify an individual and relates to:

- The individual's past, present or future physical or mental health or condition of an individual; OR
- The provision of health care to the individual; OR
- The past, present or future payment of health care to an individual.

Information is deemed to identify an individual if it includes either the patient's name or any other information that taken together or used with other information could enable someone to determine an individual's identity. (For example: date of birth, medical records number, health plan beneficiary numbers, address, zip code, phone number, email address, fax number, IP address, license numbers, full face photographic images or Social Security Number see [Policy 5039](#) for a list of [HIPAA Identifiers](#))

PHI excludes individually identifiable health information in education records covered by the Family Educational Right and Privacy Act (FERPA) (records described in 20 USC 1232g(a)(4)(B)(iv)) and employment records held by a covered entity in its role as employer. PHI also excludes information related to individuals who have been deceased for more than 50 years. (see also definitions of "health information" and "individually identifiable health information")

TPO

Treatment, Payment, Health Care Operations

Use

Sharing, employment, application, utilization, examination, or analysis of individually identifiable health information within an entity that holds such information.

See the [HIPAA Glossary](#) for a complete listing of HIPAA terms

Procedures

[5035 PR.1](#) - Uses and Disclosures of PHI for Fundraising

Related Information

Fundraising FAQ

Contacts

Subject	Contact	Phone
HIPAA Compliance	Chief HIPAA Privacy Officer	203-432-5919
Information Security	Central Campus Help Desk	203-432-9000
	Medical School Campus Help Desk	203-785-3200

Roles and Responsibilities

Office of the Provost

responsible for University compliance issues including HIPAA

Office of General Counsel

interprets HIPAA regulations; reviews and approves all HIPAA related contracts including contracts with Business Associates or for research contracts

University Information Security Officer

individual responsible for overseeing information security and ensuring compliance with security requirements of HIPAA

Chief HIPAA Privacy Officer

individual responsible for overseeing and ensuring HIPAA compliance throughout Yale University; coordinates compliance related activities through the following deputies in each of the covered schools, departments, or other entities:

- Deputy Privacy Officer, School of Medicine
- Deputy Privacy Officer, School of Nursing
- Deputy Privacy Officer, Yale Health Services
- Deputy Privacy Officer, Yale Health Plan/Benefits Office
- Deputy Privacy Officer, Department of Psychology Clinics

Procurement Office

identifies Business Associates and ensures appropriate contracts in place

Revision History

Revised 9/23/2013

The official version of this information will only be maintained in an on-line web format. Any and all printed copies of this material are dated as of the print date. Please make certain to review the material on-line prior to placing reliance on a dated printed version.