

Tulane University

DEPARTMENT: General Counsel's Office -- HIPAA	POLICY DESCRIPTION: Fundraising Activities
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APPROVED: April 1, 2003	REVISED: April 24, 2003; August 19, 2006
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Tulane University Policy on Fundraising Activities

SCOPE OF POLICY

This policy applies to Tulane University Medical Group, its participating physicians and clinicians, and all University employees and business units who provide management, administrative, financial, legal, and operational support to or on behalf of Tulane University Medical Group and have been designated as part of the Tulane University HIPAA Health Care Component.

STATEMENT OF POLICY

Tulane University Medical Group may not use or disclose protected health information for fundraising without an authorization that meets the applicable requirements under HIPAA except as defined below. The Sr. Associate Vice President for Advancement of Health Sciences Center must authorize all fundraising activities in accordance with this policy.

IMPLEMENTATION OF POLICY

This policy is based on principles related to the uses and disclosures of protected health information for fundraising.

1. The Tulane University Health Care Component 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:
 - a. Demographic information relating to an individual; and
 - b. Dates of health care provided to an individual.
2. The Tulane University Health Care Component 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. The Tulane University Health Care Component must make reasonable efforts to ensure that individuals who decide to opt out of receiving future fundraising communications are not sent such communications.
4. The Business Associates and/or Vice President for Development for Tulane University shall maintain a list of all patients who have opted out and provide a copy of said list annually to the Privacy Official of the General Counsel's Office.
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 policy GC-003.