



Use and Disclosure of Patient Protected Health Information for Fundraising Purposes #1660.035

INITIAL EFFECTIVE DATE:	LAST REVISION DATE:	RESPONSIBLE UNIVERSITY DIVISION/DEPARTMENT
September 1, 2009	March 4, 2024	Office of Compliance and Integrity

POLICY STATEMENT

The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, the Health Information Technology for Economic and Clinical Health Act (HITECH) regulations, and Florida state statutes permit limited uses and disclosures of protected health information (PHI) for fundraising activities on behalf of a covered entity without patient authorization. Florida International University (FIU) is a covered entity and follows the HIPAA and HITECH regulations, and Florida state statutes regarding when patients must provide written authorization for the use and disclosure of their protected health information (PHI) for fundraising activities.

FIU HIPAA Hybrid Designated Health Care Components (Components) and the FIU Foundation are permitted to only use and disclose limited patient information consisting of demographic information and dates of service for fundraising purposes of the Component(s) in narrow circumstances described below.

1. Disclosures must be specifically set forth in the Component’s Notice of Privacy Practices.
2. The disclosure can only be to the Component, a Business Associate of the Component, or an institutionally related foundation (e.g., the FIU Foundation) for the purpose of fundraising for the benefit of the Component only.
4. All fundraising materials must include information about how the recipient (i.e., patient) of the information may opt out of future fundraising communications. If the recipient opts out, the Component, the Foundation, and its Business Associates may not send the recipient (patient) further fundraising communications.

FIU, it’s Components, the Foundation and Business Associates cannot use or disclosure patient PHI for any other fundraising activities without first obtaining a written authorization from the patient.

As a University-wide policy and procedure, this policy and procedure takes precedence over any Component-specific policies, procedures, or protocols that conflicts with this policy and procedure, unless prior approval is obtained from the Office of Compliance and Integrity. (FIU Policy and Procedure #1660.080) (Policies and Procedures, Changes to Policies and Procedures, and Documentation)



Components may maintain HIPAA documentation in either paper or electronic form, provided that any format is sufficiently protected to ensure it will be retrievable throughout the required retention period. Unless otherwise indicated in FIU Privacy or Security Rule Policy and Procedure, each Component Privacy Coordinator will be responsible for maintaining all HIPAA documentation relevant to his/her Component. (FIU Policy and Procedure #1660.080) (Policies and Procedures, Changes to Policies and Procedures, and Documentation)

All FIU Workforce members shall receive mandatory HIPAA Privacy and Security Rule training. (FIU Policy and Procedure #1660.075) (HIPAA Privacy and Security Rule Training)

Component Workforce members who fail to adhere to this policy and procedure may be subject to civil and criminal penalties as provided by law, and/or administrative and disciplinary action. (FIU Policy and Procedure #1660.085) (Sanctions)

Each Component must designate a HIPAA Privacy Coordinator and a HIPAA Security Coordinator. (FIU Policy and Procedure #1660.070) (Designation of HIPAA Privacy Officer and Component Privacy and Security Coordinators)

FIU reserves the right to amend, change or terminate this policy and procedure at any time, either prospectively or retroactively, without notice. Any ambiguities between this policy and procedure and the other policies and procedures should be accordingly made consistent with the requirements of HIPAA and state law and regulation. (FIU Policy and Procedure #1660.080) (Policies and Procedures, Changes to Policies and Procedures, and Documentation)

SCOPE

The policy applies to the FIU HIPAA Health Care Components that are contained within FIU’s HIPAA Hybrid Designation (FIU Policy and Procedure #1610.005) its Workforce members and Business Associates defined in this policy and FIU Policy and Procedure #1660.015 regarding Business Associate Agreements.

REASON FOR POLICY

The intent of this policy is to address the specific and limited uses and disclosures of patient Protected Health Information (PHI) for fundraising purposes and activities and when patient written authorization for uses and disclosure is required.

DEFINITIONS

TERM	DEFINITIONS
Administrative Officer	Means the Component Workforce member responsible for financial management, human resources administration,

	management of facilities and equipment, and other administrative functions required to support the teaching and research missions of the FIU HIPAA Hybrid Designated Health Care Component. The Administrative Officer is the senior administrative staff position in the department, Division or Office and provides continuity as academic leadership changes.
Authorization	Means an individual’s written permission to allow a covered entity to use or disclose specified PHI for a particular purpose. Except as otherwise permitted by the HIPAA Privacy Rule, a covered entity may not use or disclose PHI for research purposes without a valid Authorization.
Availability	Means the property that data or information is accessible and useable upon demand by an authorized person.
Business Associate	<p>Generally an entity or person who performs a function involving the use or disclosure of Protected Health Information (PHI) on behalf of a covered entity (such as claims processing, case management, utilization review, quality assurance, billing) or provides services for a covered entity that require the disclosure of PHI (such as legal, actuarial, accounting, accreditation).</p> <p>NOTE: A business associate relationship exists when an individual or entity, acting on behalf of an FIU HIPAA Component(s), assists in the performance of a function or activity involving the creation, use, disclosure, or access of PHI. This includes, but not limited to, claims processing or administration, data analysis, utilization review, quality assurance, billing, benefit management or repricing.</p> <p>NOTE: A Business Associate may include any individual or entity that receives PHI from a HIPAA Component in the course of providing legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation, software support, or financial services. A Business Associates does not, however, include HIPAA Component workforce members.</p>
Code of Federal Regulations	Also known as CFR is the codification of the general and permanent regulations promulgated by the executive departments and agencies of the federal government of the United States.
Component	Means a component or combination of components of a hybrid entity designated by the hybrid entity (Florida International University). Those programs designated by FIU that must comply with the requirements of the Health Insurance Portability and

	Accountability Act of 1996, hereinafter referred to as "Components". Components of FIU are required to comply with the Administrative Simplification provisions of HIPAA because the Components perform a covered function.
Confidentiality	Means data or information is not made available or disclosed to unauthorized persons or processes.
Covered Entity	An entity that is subject to HIPAA. <ol style="list-style-type: none"> 1. a health plan; 2. a health care clearinghouse; and/or 3. a health care provider who transmits any health information in electronic form in connection with a transaction covered by this subchapter.
Demographic Information	Means a name, address and other contact information, age, gender, and date of birth. The term does not include any information about the illness or treatment.
Disclosure	Means the release, transfer, provision of access to, or divulging in any other manner of protected health information outside of the entity holding the information.
Electronic Protected Health Information (ePHI)	PHI in electronic form. See also: <u>PHI</u> .
Florida International University Foundation	The Institutionally Related Foundation that performs fundraising activities for Florida International University.
Florida Statutes	Also known as F.S. are the codified, statutory laws of Florida
Fundraising	Means a communication by or on behalf of a Covered Entity or a business associate on behalf of the Covered Entity for the purpose of raising funds for the Covered Entity, including donations, appeals, or sponsorship of events, but not royalties or remittances for sale of products. Fundraising communication is a solicitation for funds and can be in writing or oral. An acknowledgement or thank you letter for receipt of a donation or update of current development project without request for additional donation would NOT be a fundraising communication. An event invitation that includes a request for a donation to attend an event, would be a fundraising communication.
Health Care	Means the care, services, or supplies related to the health of a patient, including: <ol style="list-style-type: none"> 1. preventive, diagnostic, therapeutic, rehabilitative, maintenance, or palliative care, and counseling, service, assessment, or procedure with respect to the physical or mental condition, or functional status, of a patient or that affects the structure or function of the body; and

	2. sale or dispensing of a drug, device, equipment, or other item in accordance with a prescription.
Health Care Component	See “Component”
U.S. Department of Health and Human Services	Also known as HHS is a cabinet-level executive branch department of the U.S. federal government created to protect the health of the U.S. people and providing essential human services.
Health Information	Means any information, whether oral or recorded in any form or medium, that is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse; and relates to the past, present, or future physical or mental health or condition of an patient; the provision of health care to an patient; or the past, present, or future payment for the provision of health care to an patient.
HIPAA	Means the Health Insurance Portability and Accountability Act of 1996.
HITECH Act	Health Information Technology for Economic and Clinical Health Act.
Hybrid Covered Entity	Means a single legal entity that performs both covered and non-covered functions. The entity has a defined health care component that engages in HIPAA electronic transactions.
Integrity	Means the property that data or information have not been altered or destroyed in an unauthorized manner.
Institutionally Related Foundation	Means a foundation that qualifies as a nonprofit charitable foundation under section 501(c)(3) of the Internal Revenue Code and that has in its charter statement of charitable purposes an explicit linkage to the covered entity. The Florida International University Foundation is the institutionally related fundraising foundation for the Florida International University Health Care Components.
Minimum Necessary Standard	Means the limit use, disclosure, or request of PHI to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request.
Opt-out	Means to choose not to participate in a program or not to receive information about a particular product or service.
Patient	The person who is the subject of the PHI.
Privacy Coordinator	Means an FIU Workforce member, appointed by the director, manager, or supervisor of a HIPAA Designated Component to conduct and/or coordinate with necessary and appropriate Workforce members all HIPAA Privacy Rule activities and actions within the Component. (FIU Policy and Procedure #1660.070) (Designation of Component Privacy and Security Coordinators)

<p>Protected Health Information (PHI)</p>	<p>Means any individually identifiable health information collected or created in the course of the provision of health care services by a covered entity, in any form (written, verbal or electronic). PHI relates to the past, present, or future physical or mental health or condition of an individual or the past, present, or future payment for the provision of health care to an individual. Protected Health Information however specifically excludes:</p> <ol style="list-style-type: none"> 1. Education records covered by the Family Educational Rights and Privacy Act, as amended, 20 U.S.C. § 1232g (“FERPA”); 2. Records described at 20 U.S.C. § 1232g(a)(4)(B)(iv); and 3. Employment records held by a covered entity in its role as an employer.
<p>Privacy Rule</p>	<p>The regulations at 45 CFR 160 and 164, which detail the requirements for complying with the standards for privacy under the administrative simplification provisions of HIPAA.</p>
<p>Use</p>	<p>With respect to patient identifiable health information, the sharing, employment, application, utilization, examination, or analysis of such information within an entity that maintains such information.</p>
<p>Workforce</p>	<p>Means employees, volunteers, trainees, and other persons whose conduct, in the performance of work for a covered entity (FIU HIPAA Component) or business associate, is under the direct control of such covered entity or business associate, whether or not they are paid by the covered entity or business associate.</p>

ROLES AND RESPONSIBILITIES

1. **Compliance Oversight:** The Office of University Compliance and Integrity (University Compliance)
 - Evaluates all federal and state healthcare privacy laws, regulations, rules and ordinances (Rules) to ensure compliance with the Rules.
 - Creates and maintains all required University-wide health care Privacy Rule policies, procedures and associated forms.
 - Develops and maintains HIPAA health care Privacy Rule training modules and ensures appropriate Workforce members complete the required training.
 - Performs audits and assessments of the Components to ensure their compliance with the Privacy Rules and associated FIU Policies and Procedures.
 - Partners with the Division of Information Technology HIPAA Security Officer to ensure compliance with all federal and state healthcare privacy and security laws, regulations rules, and ordinances.

2. HIPAA Components:

- Each Component must designate a Privacy Coordinator responsible for overseeing and ensuring the Component's implementation and compliance with the HIPAA Privacy Rule, federal law, Florida state statutes, and FIU's associated HIPAA Privacy Policies and Procedures governing the confidentiality, integrity and availability of PHI and electronic PHI (ePHI), including, but not limited to the use and disclosure of patient PHI for fundraising purposes and activities.

3. FIU Foundation and/or Business Associates:

- Assist in coordination all fundraising activities involving the use and disclosure of patient PHI.
- Assist with obtaining patient Marketing and Fundraising Authorizations as required.
- Retain and safeguard the Marketing and Fundraising Authorizations as required under the HIPAA Privacy and Security Rules.
- Offer a toll-free number, an e-mail address, a web page, or similar opt-out mechanisms that are simple, quick and low or no cost to the patient.
- Assist with the use of patient PHI, including disease or condition information, without patient authorization, to develop mailing lists for purposes of identifying patients to whom a Marketing and Fundraising Authorization for use of PHI for fundraising should be sent.

RELATED RESOURCES

References

- 45 CFR §164.502
- 45 CFR §164.504
- 45 CFR §164.508
- 45 CFR §164.514
- 45 CFR §164.520
- 45 CFR §164.530
- Florida Statute §456.057
- Florida Statute §95.11

Related Policies and Procedures

- FIU Policy # 1610.005 (Designated Health Care Components of FIU Community)
- FIU Policy and Procedure #1660.070 (Designation of HIPAA Privacy Officer and Component Privacy and Security Coordinators)
- FIU Policy and Procedure #1660.075 (HIPAA Privacy and Security Rule Training)
- FIU Policy and Procedure #1660.015 (Business Associate Agreements)

- FIU Policy and Procedure #1660.080 (Policies and Procedures, Changes to Policies and Procedures, and Documentation)
- FIU Policy and Procedure #1660.020 (Authorization for Uses and Disclosures of Patient Protected Health Information)
- FIU Policy and Procedure #1640.015 (Notice of Privacy Practices)
- FIU Policy and Procedure #1660.085 (Sanctions)

CONTACTS

For further information concerning this policy, please contact the FIU Office of Compliance & Integrity at (305) 348-2216, compliance@fiu.edu, hipaaprivacy@fiu.edu, or the appropriate Component Privacy Coordinator.

HISTORY

Initial Effective Date: September 1, 2009

Review Dates (*review performed, no updates*): n/a

Revision Dates (*review performed, updates made to document*): December 13, 2017; October 13, 2020; November 7, 2023; March 4, 2024.



Use and Disclosure of Patient Protected Health Information for Fundraising Purposes #1660.035a

INITIAL EFFECTIVE DATE:	LAST REVISION DATE:	RESPONSIBLE UNIVERSITY DIVISION/DEPARTMENT
September 1, 2009	February 29, 2024	Office of Compliance and Integrity

PROCEDURE STATEMENT

I. Fundraising

Each Health Care Component (Component) must designate a Privacy Coordinator responsible for overseeing and ensuring the Component’s implementation and compliance with the HIPAA Privacy Rule, FIU’s associated HIPAA Privacy Policies and Procedures, and any applicable federal laws and Florida state statutes governing the confidentiality, integrity and availability of PHI and electronic PHI (ePHI), including, but not limited to fundraising communications to patients. Privacy Coordinators may delegate and share duties and responsibilities as necessary and appropriate but retain oversight responsibility. (FIU Policy and Procedure #1660.070) (Designation of HIPAA Privacy Officer and Component Privacy and Security Coordinators)

- A. All fundraising for FIU Health Care Components (Components) that involves the use and disclosure of patient PHI and requires patient authorization should be done in coordination with the FIU Foundation, an Institutionally Related Foundation.
- 1. B. Requirements of the HIPAA Privacy Rule, HITECH, federal law, and Florida state statutes for use and disclosure of PHI for Fundraising by FIU and the Health Care Components are as follows: **Fundraising That Requires Patient Written Authorization.**

If a Component desires to use or disclose any PHI of a patient other than as described below in Section I.B.2. for fundraising purposes, it may be done only after the patient has authorized the use and/or disclosure of their PHI by completing and submitting an Authorization for Use and Disclosure of Medical Information for Marketing/Promotion or Fundraising Activities form. (Marketing and Fundraising Authorization) (See Section III below). -

- a. The Privacy Coordinator must obtain the written authorization from the patient or the patient’s legally authorized representative (Representative) before using or disclosing PHI in a fundraising communication or other fundraising materials. This includes, but is not limited to the patient’s

diagnosis, nature of services provided, or treatment information. (See FIU Policy and Procedure #1660.001 (Representative))

For example, PHI that includes a patient’s photograph, story or testimonial that is sent in a letter, brochure, or other materials to potential donors.

b. Due to the sensitive nature of the following testing, diagnosis and/or treatment information, the Privacy Coordinator must evaluate and comply with the additional federal and Florida state written authorization requirements prior to using or disclosing the following PHI for fundraising communications.

- Mental health diagnosis and treatment.
- Psychotherapy Notes.
- Substance misuse testing and treatment.
- Communicable diseases testing and treatment.
- Sexually transmitted infections testing and treatment.
- HIV and AIDS testing and treatment.
- Genetic testing.

(See FIU Policy and Procedure #1660.150) (Super-Confidential Protected Health Information)

(NOTE: It is recommended that the Director of Compliance and Privacy for Health Affairs be consulted prior to obtaining a patient’s specific written authorization for this type of information) (“Super-Confidential” PHI).

- c. The Privacy Coordinator may use the minor’s guarantor’s contact information consistent with this policy and procedure.
- d. The Privacy Coordinator may use a patient Representative’s contact information consistent with this policy and procedure and FIU Policy and Procedure #1660.001. (Representatives)

NOTE: The patient’s spouse, other family members, or a friend(s) contact information may not be used for fundraising purposes.

IMPORTANT: The Division of External Relations, Strategic Communications and Marketing is not part of the FIU HIPAA Hybrid Designation. Therefore, Health Care Component/Unit Workforce members will not disclose the identity of patients and/or their Protected Health Information (PHI) to staff members within the Division of External Relations, Strategic Communications and Marketing, unless specifically authorized in writing by the patient or their Representative or as permitted or required by the HIPAA Privacy Rule, Florida state statute, and FIU Policy and Procedure.

- e. **NOTE:** A treating healthcare provider may not use PHI obtained during course of treatment to request donations from their patient.

2. **Fundraising That Does Not Require Patient Written Authorization.**

Fundraising that does not involve the use or disclosure of patient PHI or that involves the use or disclosure of limited patient information

a. **Fundraising That Does Not Involve the Use or Disclosure of Patient PHI by the Component.**

- i. If an individual (patient, family, or friend) approaches an FIU Workforce member and requests information about how to make a donation to FIU or a Component, this information may be provided and the donation accepted without written authorization from the patient or Representative. When individuals spontaneously donate, not in response to a Fundraising Communication, are not subject to the HIPAA Privacy Rule and Florida state statute patient privacy rules.

b. Fundraising Communications based solely on non-PHI sources of information.

- i. Fundraising Communications based solely on non-PHI sources of information, such as a purchased mailing list, alumnus or employee information, or direct contact initiated by a potential donor, are not Fundraising Communications subject to the HIPAA Privacy Rule and Florida state statute patient privacy rules.

c. **Fundraising that Involves the Use or Disclosure of Demographic Information and Other Limited Information (Permitted Fundraising PHI).**

- i. Without the patient's or Representative's written authorization, the Components may use internally or disclose for fundraising on its behalf:
 1. Demographic information which is limited to the patient's name, age, and gender.
 2. Dates of health care provided to the patient.
 3. The patient's address and contact information.
 4. General department of service (e.g., cardiology, pediatrics).
 5. The name of the treating health care provider(s).
 6. Dates of patient's health care services.
 7. Outcome information (including death or sub-optimal treatment), and
 8. Health insurance status (not defined in the Privacy Rule but interpreted to mean whether patient is insured and type of insurance).

C. The FIU HIPAA Component Notice of Privacy Practices.

The FIU HIPAA Component Notice of Privacy Practices contains a statement that the Component may contact the patient to raise funds for the Component and it describes the patient's right to opt-out of receiving communications. (FIU Policy and Procedure #1640.015 (Notice of Privacy Practices Distribution and Acknowledgement))

Therefore, the actual opportunity to opt-out is not required to be provided pre-solicitation.

- a. The Component Privacy Coordinator may contact the patient for fundraising purposes, the "Permitted Fundraising PHI" may be used for fundraising communications without obtaining the patient's or Representative's written authorization, and the patient has a right to opt-out of fundraising communications. Therefore, the Privacy Coordinator is not required to send a communication permitting the patient to opt-out of a fundraising communication *prior to the first fundraising communication*.

D. Opt-Out Notice

The Privacy Coordinator will ensure that each fundraising communication provides the patient with a clear and conspicuous opportunity to opt-out of receiving any further fundraising communications. The method for opt-out must not require the patient to incur an undue burden or more than a nominal cost.

- i. The Privacy Coordinator will ensure that the opt-out method is "simple, quick and inexpensive". The Privacy Coordinator should consider offering a toll-free number, an e-mail address, a web page, or similar opt-out mechanisms that are simple, quick, written in plain language, and are able to be completed at low or no cost to the patient.
- ii. The Privacy Coordinator will ensure that at a minimum the opt-out provision in the Fundraising Communication is the same size font as is used in the rest of the Fundraising Communication document.

NOTE: The best practice is to display a separate statement in the Fundraising Communication (e.g., footer, use larger, bold and/or in different color font).

- iii. **NOTE:** The Privacy Coordinator will not require patients to send a written letter opting out of fundraising communications because this would constitute an undue burden, although including a pre-printed,

pre-paid, business reply postcard or directing a patient to an opt-out on a web page would be permitted.

- iv. The Privacy Coordinator may permit general opt-out for all future communications, or to a particular fundraising campaign. Once implemented, however, the Privacy Coordinator must ensure that the Component does not send further fundraising communications.
- v. The Component will not condition treatment or payment on the patient's choice concerning the receipt of further communications related to fundraising.
- vi. The Component will not make fundraising communications to a patient who has opted-out of receiving such communications.
- vii. Patients who have opted-out of receiving fundraising communications may be given the opportunity to opt back in, but only through an affirmative step to opt back in (e.g., an opt out may not lapse after a period of time).
- viii. There is no-time limit or expiration of the opt-out decision made by the patient of the Fundraising Communication. However, if the patient makes an active decision to opt back in (e.g., notifies the Component - preferably in a written communication) the Component is permitted to include the patient back in its Fundraising Communications.

E. Opt-Out List

1. The Component Privacy Coordinator, or designees must create and maintain an Opt-Out List containing the names of individuals who have opted-out from receiving Fundraising Communications.

F. Individuals on Opt-Out List

1. Individuals on the Opt-Out List will not be sent Fundraising Communications, approached, or solicited for fundraising donations by any means.
2. All requests to opt-out of receiving Fundraising Communications will be shared with the Office of Compliance and Integrity upon demand.

G. Mailing Lists.

1. Component Privacy Coordinators may use PHI, including disease or condition information, without patient authorization, to develop mailing lists for purposes

of identifying patients to whom a Marketing and Fundraising Authorization should be sent.

2. Component Workforce members who work with specific physicians may be given a list of patients with higher disposable income to review with physicians as to appropriateness for fundraising purposes.
3. Component Workforce members may obtain a listing of patients, pair Permitted Fundraising PHI with a commercial dataset and work with Chair, Committee or treating physicians to identify patients to approach for fundraising.
4. **NOTE:** Component Health Care Providers may not provide additional PHI to the Workforce members, such as demographic identifiers that are not listed in the HIPAA Privacy Rule Permitted Fundraising PHI or diagnostic information. If a Health Care Provider inadvertently shares identifiers not listed in the HIPAA Privacy Rule Permitted Fundraising PHI, the Workforce members may not use it in any Fundraising Communication with the intended recipient.

H. Ongoing Communications with Donors, Approaching a Donor for a Subsequent Donation and Fundraising Gifts.

1. Once a donor has agreed to provide a gift, ongoing communication between the Component and the donor to work out the details of that fundraising gift does not require further opt-out notice in subsequent communications regarding the fundraising gift.
2. Approaching a donor for a subsequent donation, requires that the Component will not approach a donor for a subsequent donation, unless the Privacy Coordinator informs the donor of their right to opt-out of additional Fundraising Communications.

NOTE: A patient's choice to provide a fundraising gift or an additional gift is not a revocation of an earlier opt-out request.

I. Minimum Necessary.

1. When permitted, the FIU Health Care Component Privacy Coordinator, or designee must use or disclose only the minimum amount of PHI necessary (minimum necessary) for fundraising purposes, or as permitted by this policy and procedure. (FIU Policy and Procedure #1640.025) (Minimum Necessary)

J. Educational Events Co-Sponsored with a Third Party.

1. Components may offer educational or awareness campaigns co-sponsored by a third party (e.g., American Heart Association) or include speakers or information from such third-parties.
2. Components are prohibited from sharing patient PHI with the third-party or permitting the third-party to use any Component patient mailing lists or permitted Fundraising PHI to be sent in co-sponsored fundraising solicitations.
3. Components will not include third-party fundraising information within the event's communications. (e.g., invitation, brochure, or similar communication tools).
4. Components cannot use or disclose PHI with a non-affiliated, non-profit association for their fundraising purposes.
5. Components will not include third-party fundraising information within the event's communications. (e.g., invitation, brochure, or similar communication tools).
6. At the event, the third-party may invite patients to provide their contact information in writing, such as a sign up log, that clearly identifies the third-party request to contact the patients attending the event, including the possibility that they will be contacted for the third-party's own fundraising efforts.
7. No fundraising related to the third party will occur at the event.
8. If a patient opts-out of all Fundraising Communications, the Component Privacy Coordinator may continue to send notice of education or awareness events that do not include fundraising.

For example, communications about disease management, health promotion, wellness programs, or new services that are not funded by a third-party would be acceptable. However, Components Privacy Coordinators are required to comply with other applicable provisions of the HIPAA Privacy Rule, federal law, and Florida state statutes, such as marketing requirements which are reviewed in a separate Marketing training module.

9. When sending an educational event mailer, in which Fundraising Communications may occur at the educational event, the Component Privacy Coordinator should engage in best practice and list the name of the Component on the outside of the mailer with a specific diagnosis (e.g., cancer) within the inside of the mailer.

NOTE: The Component Privacy Coordinator should also consider identifying any co-sponsor whose name may suggest a diagnosis, such as Juvenile Diabetes Research Foundation, on the inside the mailer.

K. Non-Profit Associations

1. Component health care providers who specialize in the diagnosis and treatment of a specific disease or condition may use or disclose patient PHI with a non-profit association that fundraises for research, awareness, and treatment of diseases within that specialty.
2. Components cannot use or disclose PHI with a non-affiliated, non-profit association for their fundraising purposes.

II. Record/ Documentation Retention

- A. The FIU Health Care Component Privacy Coordinator, FIU Foundation, and Business Associates must retain all documentation for seven (7) years from the date of its creation or the date when it was last in effect, whichever is later. (FIU Policy and Procedure #1660.080) (Policies and Procedures, Changes to Policies and Procedures, and Documentation)

III. Form

- Authorization for Use and Disclosure of Medical Information for Marketing/Promotion or Fundraising Activities.