

Topic: Fundraising Activities	Department: Entire Agency
Original effective date: 4/1/03	Last revision date: 3/18/24
Owner: VP for Quality and Compliance	Frequency of reviews: Annual
Internal/Regulatory Reference(s) (all that apply): 164.514(f)	
Related documents/Links:	

Policy: It is the policy of The Arc of Monroe to ensure that people have opportunities for privacy and that business, administrative and support functions promote personal and organizational outcomes.

Additional Information: For the purposes of this policy, “fundraising” means doing things to raise money for The Arc of Monroe or The Arc Foundation of Monroe (“Foundation”). This policy only applies to fundraising that involves the use of PHI.

“Protected health information or PHI” is defined as information about people we support that relates to their past, present or future mental or physical health and also identifies them in some way. In addition to more obvious things such as treatment plans, service documentation, clinical assessment, etc., the following are also considered PHI:

- Initials of someone we support. If you share initials, you are sharing PHI. Reducing a name to initials does not protect it under HIPAA law.
- Pictures of someone we support. This includes any photograph that will identify the person in some way. This may be the case even if their face isn’t visible, but something distinctive about them is. It could also apply to pictures of the back of their head, side shots, other parts of their bodies that are distinctive, etc.
- Anything that describes someone in a way that makes it clear who you are talking about (such as a full physical description; or a combination of characteristics that are so unique as to effectively name the person). EXAMPLE: A short middle-aged woman with blazing red hair and right-side hemiparesis who goes to Henrietta Day Services.

This definition applies whether the information is written, spoken, signed, or in an electronic format – regardless of the language (e.g., English or any other language). You should presume that any information about people we support that you work with in your job is PHI and should be treated as such.

For the purposes of this procedure, “staff” includes employees, contractors, consultants, interns, students and volunteers.

Procedure	
Task:	Responsible party:
General Guidelines	
1. Staff should not use or disclosure PHI about people we support for fundraising activities without first talking with their manager, someone from Marketing and Communications, or the VP for Quality and Compliance.	Staff
2. Permission for the use of PHI by staff for fundraising should come from Marketing and Communications or the VP for Quality and Compliance.	Marketing and Communications Staff, VP for

	Quality and Compliance
<p>3. The Arc can disclose the following limited information only to the Arc Foundation of Monroe in order for them to reach out to the people we support for the purposes of fundraising without the need for a signed authorization:</p> <ul style="list-style-type: none"> *The person's name *Their address *Their age *Their gender *Their insurance status; AND *Dates we provided services to them. 	Leadership
<p>4. If we send people information about fundraising, we have to give them the opportunity to "opt out" of such communications. A person we support's decision to "opt out" will in no way affect or condition their receipt of services or supports from The Arc.</p> <p>These "opt out" forms are kept by Marketing and Communications so that they can keep accurate lists of whom to reach out to for fundraising.</p>	Marketing and Communications staff
<p>5. The Arc may also disclose this same set of information to a business associate for their fundraising. This should never happen without permission from the VPQC or a member of the agency's Executive Management Team.</p>	VPQC/EMT
Manager responsibilities:	
<p>1. Managers have a responsibility to ensure that among their teams, no one is using PHI for fundraising purposes without appropriate permission.</p>	Managers
VP for Quality and Compliance:	
<p>1. Acts as the agency's Privacy Officer</p>	VP for Quality and Compliance
<p>2. Responsible for administering the agency's HIPAA privacy policies and procedures.</p>	VP for Quality and Compliance
<p>3. Acts as a resource for staff in regards to proper implementation of the HIPAA privacy rule.</p>	VP for Quality and Compliance

Document revision record:

Revision Date	Release Date	Reason for change	Approver
9/15/08	9/15/08	Reasons for change not documented	P Dancer
8/5/15	8/5/15	Reasons for change no documented	P Dancer
12/27/18	12/27/18	Reasons for change no documented	P Dancer
1/28/21	1/28/21	Transitioned to new procedural format and fleshed out procedure	P Dancer
2/24/22	3/4/22	Clarified the disclosure of PHI to Arc Foundation and Bas	ICC
3/18/24	3/18/24	Updated to reflect Marketing and Communication vs. Foundation	ICC