



**THE GEORGE
WASHINGTON
UNIVERSITY**
WASHINGTON, DC

Responsible University Official: Associate Dean and Associate Vice President, Development and Alumni Relations

Responsible Office: School of Medicine and Health Sciences, Development and Alumni Relations

Last Revised Date: June 18, 2014

HEALTH INFORMATION PRIVACY PROCEDURES FOR SCHOOL OF MEDICINE AND HEALTH SCIENCES DEVELOPMENT AND ALUMNI RELATIONS ACTIVITIES

Policy Statement

The George Washington University is committed to implementing the best practices associated with privacy and security of health information to protect students, faculty and staff across the university.

Reason for Policy

The HIPAA Privacy Rule provides protections for certain individually identifiable health information that qualifies as Protected Health Information (PHI). Although GW and specifically the School of Medicine and Health Sciences (SMHS), and its Development and Alumni Relations office are not HIPAA covered entities, they are committed to following best practices and protecting patient privacy and confidentiality in all Development activities.

Who is Governed by this Policy

Faculty and staff

Table of Contents

Policy Statement	1
Reason for Policy	1
Who is Governed by this Policy	1

Table of Contents	1
Policy	2
Definitions	3
Related Information	4
Contacts	4
Document History	4
Who Approved This Policy	4

Policy

Overall Impacts of HIPAA

Fundamentally, the HIPAA Privacy Rule creates standards that:

- A. Give people greater control over their health information
- B. Establish safeguards to protect the privacy of health information
- C. Set rules for the use and release of health information and records
- D. Create civil and criminal penalties for violations of privacy standards

GW is committed to implementing the best practices associated with privacy and security of health information to ensure the protection of its students, faculty, and staff across the university.

Although not a covered entity, the SMHS’s Development staff members will follow best practices to protect patient privacy and confidentiality. Appropriate considerations include circumstances under which the Development staff personnel acquire information about covered individuals and entities (e.g., from patient directly, from Development’s database of donor and prospect data, physicians, and Medical Faculty Associates (MFA) data).

To comply with HIPAA, SMHS’s Development office staff will:

- A. Successfully complete employee education regarding HIPAA and patient privacy
- B. Keep protected patient information private and confidential and store or discard such information appropriately
- C. Help educate GW faculty, students, MFA and Hospital physicians and other staff potentially involved with fundraising activities on what information can and cannot be known or used

- D. Development will include HIPAA-compliant opt-out language on fund raising mailings and will maintain an opt-out list for exclusion from further fund raising mailings.

Utilization of Limited PHI

The SMHS Development office will have access to limited patient data as defined by HIPAA regulations. Development will have access to the following MFA patient information. Psychiatric service patient information is provided on an individualized basis upon coordination with psychiatry faculty and staff.

Demographic Data for Contact:

- A. Patient's full name
- B. Patient's home address and home phone
- C. Patient's birth date
- D. Patient's gender
- E. Date medical service was provided
- F. Deceased date
- G. Department of service
- H. Treating physician
- I. Limited outcome information

For Verification and Internal Analysis:

- A. Spouse full name
- B. Patient's employer
- C. Patient's employer city & state
- D. Patient's occupation

Donor/Prospect Demographic Information

Donor/prospect information will be managed, tracked, and stored in a HIPAA compliant manner.

Definitions

Development: School of Medicine and Health Science's Development and Alumni Relations Office

HIPAA: Health Insurance Portability and Accountability Act

Hospital: The George Washington University Hospital (Universal Health Services / District Health Partners (DHP))

MFA: The George Washington University Medical Faculty Associates, Inc.

PHI: Protected Health Information

Related Information

[GW University Policies](#)

Contacts

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Document History

- **Last Reviewed Date:** March 29, 2018
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Who Approved This Policy

Louis Katz, Executive Vice President and Treasurer

Michael J. Morsberger, Vice President for Development and Alumni Relations

Beth Nolan, Senior Vice President and General Counsel

Jeffrey Akman, Vice President for Health Affairs and Dean, School of Medicine and Health Sciences

This policy, as well as all [university policies](#), are located on the [Office of Compliance and Privacy's](#) home page.