

USC HIPAA AUTHORIZATION TO USE HEALTH INFORMATION FOR FUNDRAISING ACTIVITIES

1. Purpose of this Form:

A federal law known as the Health Insurance Portability and Accountability Act (HIPAA) protects how your health information is used. HIPAA does not allow your health information to be used or released for certain purposes without your written permission. State laws also protect how your health information may be used.

USC is dedicated to providing teaching, research and high quality patient care. As a nonprofit organization, USC relies on the generosity of donations from patients and others to continue to fulfill its research, clinical care and educational missions. USC periodically contacts patients and others to inform them of new programs, growth opportunities and initiatives that are supported by our fundraising efforts.

By signing this form, you are allowing your health care providers (for example, physicians, dentists, hospitals, clinics) to release your health information for the fundraising efforts described in this form.

You will be given a signed copy of this authorization.

2. How Your Health Information Will Be Used:

This authorization permits USC clinical staff and fundraising personnel to use your contact and other demographic information and the name(s) of your USC treating physicians and information about your health care, to identify programs and initiatives that are likely to interest you, such as programs relating to your care and treatment, and to contact you about them for fundraising purposes. USC will not provide this information to unrelated parties for their own marketing and fundraising.

Specially protected information, such as HIV status, will not be used for fundraising purposes without obtaining separate permission from you.

3. How long will this authorization be in effect?

This authorization will remain in effect for ten (10) years from the date of signature. Once your authorization expires, we may need your signature again.

4. What if I don't want to sign, or later change my mind?

Signing this form is entirely voluntary. If you don't sign, this will not affect USC's clinical treatment of you, or your eligibility for benefits. If you change your mind at any time, you can revoke (cancel) this authorization by providing a written notice of revocation to the USC Office of Compliance at 3500 Figueroa Avenue, Suite 105, Los Angeles, CA 90089-8007, stating that you are revoking your authorization regarding fundraising. It will be effective upon receipt.

5. Are the individuals who receive my health information pursuant to this authorization permitted to use or disclose it for other purposes?

No. USC policies and California law prohibit anyone who receives your health information pursuant to this authorization from using or releasing it for other purposes except with your written authorization or as specifically required or permitted by law. Federal privacy protections are narrower and may not apply to everyone who receives your health information, but California law would still apply.

6. Questions? You may contact the Office of Compliance at 213-740-8258 or by email at complian@usc.edu.

I have read and understand the terms of this authorization and I have had an opportunity to ask questions about USC's use of my health information described in this form. I hereby knowingly and voluntarily authorize USC to use such information for the purposes described above.

Signature of Individual

Date

If Individual is unable to sign this Authorization, please complete below:

Name of Legal Guardian/
Personal Representative

Legal Relationship

Date