



Authorization for Uses and Disclosures of Patient Protected Health Information # 1660.020

INITIAL EFFECTIVE DATE:	LAST REVISION DATE:	RESPONSIBLE UNIVERSITY DIVISION/DEPARTMENT
September 1, 2009	August 6, 2025	Office of Compliance and Integrity

POLICY STATEMENT

Florida International University’s (FIU) Health Insurance Portability and Accountability Act (HIPAA) Hybrid Designated Components (hereinafter facilities and program) may not use or disclose patient protected health information (PHI) not otherwise permitted or required by the HIPAA Privacy Rule, federal law, and Florida state statutes without first obtaining a written authorization (Authorization) that is valid under this policy and procedure. When a facility or program obtains or receives a valid Authorization for its use or disclosure of PHI, such use or disclosure must be consistent with such Authorization.

As a University-wide policy and procedure, this policy and procedure takes precedence over any facility or program-specific policies, procedures, or protocols that conflict 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)

The facilities and programs 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 facility or program Privacy Coordinator will be responsible for maintaining all HIPAA documentation relevant to his/her facility or program (FIU Policy and Procedure #1660.080) (Policies and Procedures, Changes to Policies and Procedures, and Documentation)

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

Facility and program 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)

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 Components (facilities and programs) contained within FIU's HIPAA Hybrid Designation (FIU Policy and Procedure #1640.005), its Workforce members and Business Associates as 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 provide guidance regarding the circumstances when a written authorization (Authorization) for the use and disclosure of protected health information is required from the patient and what must be included in the authorization.

DEFINITIONS

Please refer to the following link for a complete list of definitions pertaining to all HIPAA policies.

[HIPAA Policies Definitions](#)

ROLES AND RESPONSIBILITIES

Compliance Oversight: The Director of Compliance and Privacy for Health Affairs:

- Evaluates all federal and state healthcare privacy laws, regulations, rules and ordinances (Rules) to ensure compliance with the Rules.
- Develops and maintains all required University-wide Privacy Rule policies and procedures.
- Develops and maintains HIPAA health care Privacy Rule training modules.
- Performs audits and assessments of the facilities and programs 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.

HIPAA Components (Facilities and Programs):

- Each FIU HIPAA Hybrid Designated facility and program must designate a Privacy Coordinator responsible for overseeing and ensuring the facility's and program's implementation and compliance with the HIPAA Privacy Rule, FIU's associated HIPAA Privacy Policies and Procedures, and any applicable Florida state statutes governing the confidentiality, integrity and availability of PHI and electronic PHI (ePHI), including, but not limited to Authorization for Uses and Disclosures of Patient PHI.

RELATED RESOURCES

References

- 45 CFR §164.501
- 45 CFR §164.502
- 45 CFR §164.504
- 45 CFR §164.506
- 45 CFR §164.512
- 45 CFR §164.514
- 45 CFR §164.522
- 45 CFR §164.530
- Florida Statute §456.057
- Florida Statute §95.11

Related Policies and Procedures

- FIU HIPAA 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 #1660.085 (Sanctions)
- 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 #1640.025 (Minimum Necessary)
- FIU Policy and Procedure #1660.080 (Policies and Procedures, Changes to Policies and Procedures, and Documentation)
- FIU Policy and Procedure #1640.015 (Notice of Privacy Practices)
- FIU Policy and Procedure #1660.045 (Right of Patients to Request Confidential Communications Regarding the Use and Disclosure of Their Protected Health Information)
- FIU Policy and Procedure #1660.040 (Verification)
- FIU Policy and Procedure #1660.075 (HIPAA Privacy and Security Rule Training)



- FIU Policy and Procedure #16660.035 (Use and Disclosure of Patient Protected Health Information for Which an Authorization or Opportunity to Agree or Object is NOT Required)
- FIU Policy and Procedure #1660.001 (Representative)
- FIU Policy and Procedure #1660.030 (Use and Disclosure of Patient Protected Health Information for Marketing Purposes and the Sale of Patient Protected Health Information)
- FIU Policy and Procedure 1660.150 and 1660.150(a) (Use and Disclosure of Super-Confidential Protected Health Information)
- FIU Policy and Procedure #2370.515 (HIPAA & Research: Obtaining Authorization or Waiver of Authorization to Conduct Research – ORED)

CONTACTS

For further information concerning this policy, please contact the Director of Compliance and Privacy for Health Affairs at (305) 348-0622 or hipaaprivacy@fiu.edu, or contact the appropriate Component Privacy Coordinator.

HISTORY

Initial Effective Date: September 01, 2009

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

Revision Dates (*review performed, updates made to document*): October 13, 2020; February 29, 2024; August 6, 2025.



Authorization for Uses and Disclosures of Patient Protected Health Information # 1660.020a

INITIAL EFFECTIVE DATE:	LAST REVISION DATE:	RESPONSIBLE UNIVERSITY DIVISION/DEPARTMENT
September 1, 2009	August 6, 2025	Office of Compliance and Integrity

PROCEDURE STATEMENT

I. Authorizations

The facility and program Privacy Coordinators are responsible for overseeing and ensuring the facility’s or program’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 Protected Health Information (PHI) and electronic PHI (ePHI), including, but not limited to obtaining a written authorization (Authorization) for uses and disclosures of patient PHI. 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)

I. Authorization (General)

- A. When a patient makes a request for the use or disclosure of his/her PHI for reasons other than treatment, payment, and healthcare operations, he/she is required to submit a written authorization (Authorization). Workforce members must accommodate requests by having the patient complete and sign an FIU Medical Information Request/Release Form: Authorization for Use and Disclosure of PHI form. (Authorization attached). However, Workforce members will accept any written request for uses and disclosures if the required information and signature are provided. (See (I)(D) below regarding the required information)

NOTE: Patients are not required to complete and submit an Authorization in order to access their PHI. (See FIU Policy and Procedure #1660.050) (Patient Access to Protected Health Information)

- B. Workforce members will assist the patient in completing the Authorization, if necessary.

- C. Workforce members will honor requests for alternate means of making this request if reasonable accommodations (such as disability or illiteracy) are needed.

- D. Workforce members must use the FIU approved Authorization which will be written in plain language and contains at least the following:
 - 1. A description of the information to be used or disclosed that identifies the information in a specific and meaningful fashion.
 - 2. The name or other specific identification of the person(s), or class of persons, authorized to make the requested use or disclosure.
 - 3. The name or other specific identification of the person(s), or class of persons, to whom the facility or program may make the requested use or disclosure.
 - 4. A description of each purpose of the requested use or disclosure. The statement “at the request of the individual” is a sufficient description of the purpose when a patient initiates the authorization and does not, or elects not to, provide a statement of the purpose.
 - 5. An expiration date or an expiration event that relates to the patient or the purpose of the use or disclosure. The statement “end of the research study,” “none,” or similar language is sufficient if the Authorization is for a use or disclosure of protected health information for research, including for the creation and maintenance of a research database or research repository.
 - 6. Signature of the patient and date. If the Authorization is signed by a personal representative of the patient, a description of such representative's authority to act for the patient must also be provided.
 - 7. The patient’s right to revoke the Authorization in writing, and either:
 - a. The exceptions to the right to revoke and a description of how the individual may revoke the Authorization; or
 - b. To the extent that the information in (I)(D)(7)(a) immediately above is included in the facility’s or program’s Notice of Privacy Practices, a reference to the facility’s or program’s Notice of Privacy Practices.
 - 8. The ability or inability to condition treatment, payment, enrollment, or eligibility for benefits on the authorization, by stating either:
 - a. The facility or program may not condition treatment enrollment or eligibility for benefits on whether the patient signs the Authorization when the prohibition on conditioning of Authorizations applies; or
 - b. The consequences to the patient if he/she refuses to sign an Authorization when, the facility or program can condition treatment or eligibility for benefits on failure to obtain such Authorization.
 - 9. A statement that the potential for information disclosed pursuant to the Authorization may be subject to redisclosure by the recipient and no longer be protected by the HIPAA Privacy Rule.

- E. Upon receipt of a complete or incomplete Authorization, the Workforce member must verify the identity of the individual making the request in accordance with FIU Policy and Procedure #1660.040 (Verification).

II. Authorization Required: (Psychotherapy Notes)

- A. Workforce members must obtain specific Authorization for and use of disclosure of psychotherapy notes, except:
 - 1. To carry out the following treatment, payment, or health care operations:
 - a. Use by the originator (Health Care Provider) of the psychotherapy notes for treatment;
 - b. Use or disclosure by the facility or program for its own training programs in which students, trainees, or practitioners in mental health learn under supervision to practice or improve their skills in group, joint, family, or individual counseling; or
 - c. Use or disclosure by the facility, program or health care provider to defend itself or himself/herself in a legal action or other proceeding brought by the patient; and
 - 2. When:
 - a. Required by the Secretary of the federal Department of Health and Human Services to investigate or determine the facility's or program's compliance with the HIPAA Privacy Rule,
 - b. Required by law,
 - c. Permitted for health oversight activities,
 - d. About decedents, or
 - e. To avert a serious threat to health or safety.
(See FIU Policy and Procedure #1660.025 (Uses and Disclosures for Which an Authorization or Opportunity to Agree or Object is Not Required); FIU Policy and Procedure #1660.040 (Verification), FIU Policy and Procedure #1640.025 (Minimum Necessary), and FIU Policy and Procedure 1660.160 (Use and Disclosure of Super-Confidential Protected Health Information).

III. Authorization Required: Marketing and Sale of PHI

- A. (See FIU Policy and Procedure #1660.010) (Use and Disclosure of Patient Protected Health Information for Marketing Purposes and the Sale of Patient Protected Health Information)

IV. Compound Authorizations

A. Workforce members must verify that any Authorization for use or disclosure of patient PHI is not be combined with any other document to create a compound Authorization, EXCEPT as follows:

1. Research: An authorization for the use or disclosure of patient PHI for a research study may be combined with any other type of written permission for the same or another research study.

NOTE: This exception includes combining an Authorization:

1. For the use or disclosure of patient PHI for a research study with another authorization for the same research study,
2. With an Authorization for the creation or maintenance of a research database or repository, or
3. With a consent to participate in research.

NOTE: Where an FIU health care provider has conditioned the provision of research-related treatment on the patient providing one of the Authorizations, as permitted under paragraph (V)(A)(1) immediately below, any compound authorization created under this paragraph must clearly differentiate between the conditioned and unconditioned research activities and provide the patient with an opportunity to opt in to the research activities described in the unconditioned Authorization.

B. Workforce members must ensure that an Authorization for a use or disclosure of psychotherapy notes is only combined with another Authorization for a use or disclosure of psychotherapy notes.

NOTE: An Authorization, other than an Authorization for a use or disclosure of psychotherapy notes, may be combined with any other Authorization, except when a HIPAA covered entity has conditioned treatment, payment, enrollment in the health plan, or eligibility for benefits under (IV)(A)(1) above on the provision of one of the Authorizations. The prohibition in combining Authorizations where one Authorization conditions treatment, payment, enrollment in a health plan, or eligibility for benefits under (IV)(A)(1) above does not apply to a Compound Authorization created in accordance with (IV)(A)(1) above.

V. **Prohibition on Conditioning of Authorizations**

A. Workforce members must ensure that the facility or program does not condition patient treatment, payment, enrollment in the health plan, or eligibility for benefits on the requirement that the patient sign an Authorization for use and disclosure of the patient's PHI, except:

1. The facility or program may condition the receipt of research-related treatment on the requirement that the patient signed an Authorization for the use or disclosure of their PHI for such research;
2. The Authorization is not for a use or disclosure of psychotherapy notes as described in paragraph (II)(A) above; and
3. The facility or program may condition the provision of health care that is solely for the purpose of creating PHI for disclosure to a third party on the requirement that the patient provide an Authorization for the disclosure of his or her PHI to the third party.

VI. Defective Authorizations

- A. Workforce members will not use or disclose patient PHI until he/she has verified that the Authorization is not defective. An Authorization is not valid if the Authorization has any of the following defects:
1. The expiration date has passed, or the expiration event is known by the facility or program Workforce member(s) to have occurred;
 2. The Authorization has not been filled out completely, with respect to an element described by paragraph (I)(D) above, if applicable;
 3. The Authorization is known by the facility or program Workforce member(s) to have been revoked;
 4. The Authorization violates sections (IV) and (V) above, if applicable;
 5. Any material information in the Authorization is known by the facility or program Workforce member(s) to be false.

VII. Incomplete Authorization

- A. If a patient submits an incomplete Authorization, Workforce members will not evaluate the Authorization until all required information and signature are provided. The Workforce member will:
1. Date stamp the incomplete Authorization on the day received,
 2. Document in the patient's medical records:
 - a. That the Authorization, or other written document, is incomplete and the reason(s) why,
 - b. The date the incomplete Authorization was received, and
 - c. The name and title of the Workforce member who received the incomplete Authorization.
 3. Make a photocopy of the patient's incomplete Authorization, and
 4. Properly secure the photocopy of the incomplete Authorization in the patient's medical records.

NOTE: It is preferable for the Workforce member to contact the patient in-person or via the telephone and advise him/her of that required information is missing and the Authorization cannot be honored until all of the required information is provided, versus mailing a written notice to the patient, as mailing a written notice may unreasonably delay the requested uses and disclosures of the patient's PHI.

- B. Prior to contacting the patient to advise him/her of the need for the missing information, the Workforce member must review the patient's medical records to identify:
1. If the patient previously identified a preferred method of communication, and/or
 2. If the patient previously requested, and the facility or program agreed to communicate with the patient via alternate means or location. (FIU Policy and Procedure #1660.005) (Right of Patients to Request Confidential Communications Regarding the Use and Disclosure of Their Protected Health Information) (hereinafter Confidential Communications).
- B. If the patient is not available in-person, or via the telephone, and had not previously requested and been approved for Confidential Communications via electronic means, the Workforce member may notify the patient of the need for the missing information by sending the original incomplete Authorization, or other written document, and a cover letter requesting complete or additional information (See Sample Cover Letter Requesting Complete or Additional Information attached) (hereinafter Cover Letter), without undue delay to the patient via the United States Postal Service First-Class Mail in an envelope that identifies the name of the facility or program.

NOTE: Electronic communications/means (e.g. email/facsimile/test message) are only available as an option if previously requested by the patient and approved by the facility or program in which event the procedures set forth for delivery and documentation of delivery shall apply as outlined in FIU Policy and Procedure #1660.005 (Confidential Communication)

- C. The Workforce member must:
1. Document in the patient's medical records :
 - a. The date, name, and title of the Workforce member who completed the delivery, and
 - b. The method of delivery.
 2. Properly secure a copy of the incomplete Authorization, or other written document, and Cover Letter in the patient's medical records and
 3. If the delivery is accomplished via previously approved electronic communication, the Workforce member must:

- a. Print a hardcopy of the electronic communication/ means (i.e., email/facsimile/text message) and properly secure it in the patient's medical records, or
- b. If the delivery was completed via facsimile, print a hardcopy of the facsimile transmittal report and properly secure it in the patient's medical records as outlined in FIU Policy and Procedure #1660.005 (Confidential Communication).

VIII. Properly Completed Authorization

- A. Upon receipt of a properly completed Authorization, the Workforce member must:
 1. Date stamp the completed Authorization, or other written document, on the day received,
 2. Promptly document in the patient's medical records:
 - a. Receipt of the Authorization, or other written document, and
 - b. The date, name, and title of the Workforce member who received the properly completed Authorization, or other written document, and
 3. Properly secure the completed Authorization, or other written document, in the patient's medical records.

NOTE: The Workforce member must provide the patient with a copy of the Authorization and document the delivery in the patient's medical records.

IX. Revocation of Authorization

NOTE: Patient's may revoke an Authorization provided under this section at any time, provided that the revocation is in writing, except to the extent that the facility or program previously used and/or disclosed PHI in reliance on the Authorization prior to the revocation.

- B. If a patient submits a written revocation, the Workforce member must:
 1. Date stamp receipt of the revocation on the day received,
 2. Verify the identity of the individual making the request (FIU Policy and Procedure #1660.040) (Verification),
 3. Notify appropriate Workforce members of the revocation,
 4. Document in the patient's medical records :
 - a. Receipt of the revocation,
 - b. The date, name, and title of the Workforce member who received the revocation, and
 - c. The date(s), names, and titles of the Workforce members notified of the revocation.

4. Properly secure the revocation in the patient's medical records .

NOTE: Super-Confidential Protected Health Information (PHI) May NOT be used or disclosed in response to a General Authorization. See FIU Policy and Procedure #1660.150 (Uses and Disclosure of Super-Confidential Protected Health Information) for information regarding what PHI is Super-Confidential, the specific written Authorization required to use and disclosure Super-Confidential PHI, and the limitations on its use and disclosure.

X. **Record/Documentation Retention**

- A. If a communication, action, activity, or designation is required to be documented in writing, the document or record owner (e.g., the facility or program) will maintain such writings, or an electronic copy, for seven (7) years from the date of its creation or the last effective date, whichever is later. (FIU Policy and Procedure #1660.080) (Policies and Procedures, Changes to Policies and Procedures, and Documentation)

XI. **Forms**

- FIU Medical Information Request/Release Form: Authorization for Use and Disclosure of PHI form. (Authorization)
- Sample Cover Letter Requesting Complete or Additional Information.