



**Uses and Disclosures of Patient Protected Health Information
Requiring an Opportunity for the Patient to Agree or Object.**

- **Use and Disclosure for Facility Directory and to the Clergy**
- **Use and Disclosure to Individuals Involvement in the Patient’s
Care and Notification Purposes #1660.030**

INITIAL EFFECTIVE DATE: October 13, 2020	LAST REVISION DATE: August 6, 2025	RESPONSIBLE UNIVERSITY DIVISION/DEPARTMENT Office of Compliance and Integrity
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POLICY STATEMENT

Florida International University’s (FIU) Health Insurance Portability and Accountability Act (HIPAA) Hybrid Designated Components (hereinafter facilities and programs) may use and disclose patient protected health information (PHI), provided that the patient is informed in advance of the use or disclosure and has the opportunity to agree to, prohibit, or restrict the use or disclosure for directory purposes, to members of the clergy, to other persons who may ask for the patient, to individual’s involved in the patient’s care and for notification purposes, to individuals present or otherwise prior to a use or disclosure, when the patient is not present, for disaster relief purposes, and when the patient is deceased.

NOTE: FIU health care facilities and programs do not use facility directories or engage with the clergy.

Facility and program Workforce members may orally inform the patient of and obtain the patient’s oral agreement or objection to a use or disclosure to other persons who may ask for the patient, to individual’s involved in the patient’s care and for notification purposes, to individuals present or otherwise prior to a use or disclosure, when the patient is not present, for disaster relief purposes, and when the patient is deceased.

As a University-wide policy and procedure, this policy and procedure takes precedence over any facility and 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)

Facility 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, the facility and program Privacy Coordinators are 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 Florida state statutes. (FIU Policy and Procedure #1660.080) (Policies and Procedures, Changes to Policies and Procedures, and Documentation)

SCOPE

This policy applies to FIU Components (facilities and programs) contained within FIU's HIPAA Hybrid Designation (FIU Policy and Procedure #1610.005), 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 address the specific and limited uses and disclosures of patient Protected Health Information (PHI) for facility directories, to the clergy, to individuals involved in the patient's care, and for notification purposes.

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 (Facility and Programs):

- Each FIU HIPAA Hybrid Designated Component (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 the permitted or required disclosures for directory purposes, to members of the clergy, to individual's involved in the patient's care, for notification purposes, to individuals present or otherwise prior to a use or disclosure, when the patient is not present, for disaster relief purposes, and when the patient is deceased.

RELATED RESOURCES

References

- 45 CFR §164.502
- 45 CFR §164.504
- 45 CFR §164.506
- 45 CFR §164.508
- 45 CFR §164.510
- 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

- FIU Policy # 1610.005 (Designated Health Care Components of FIU Community)
- FIU Policy and Procedure #1660.075 (HIPAA Privacy and Security Rule Training)

- FIU Policy and Procedure #1660.070 (Designation of HIPAA Privacy Officer and Component Privacy and Security Coordinators)
- FIU Policy and Procedure #1660.015 (Business Associate Agreements)
- FIU Policy and Procedure #1640.025 (Minimum Necessary)
- FIU Policy and Procedure #1660.025 (Use and Disclosures of Patient Protected Health Information for Which an Authorization or Opportunity to Agree or Object is NOT Required)
- FIU Policy and Procedure #1660.001 (Representatives)
- FIU Policy and Procedure #1660.040 (Verification)
- FIU Policy and Procedure #1660.080 (Policies and Procedures, Changes to Policies and Procedures, and Documentation)
- FIU Policy and Procedure #1660.085 (Sanctions)

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: October 13, 2020

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

Revision Dates (*review performed, updates made to document*): October 13, 2020; February 29, 2024; August 4, 2025.



Uses and Disclosures of Patient Protected Health Information Requiring an Opportunity for the Patient to Agree or Object.

- Use and Disclosure for Facility Directory and to the Clergy
- Use and Disclosure to Individuals Involvement in the Patients Care and for Notification Purposes #1660.030a

INITIAL EFFECTIVE DATE:	LAST REVISION DATE:	RESPONSIBLE UNIVERSITY DIVISION/DEPARTMENT
October 13, 2020	August 4, 2025	Office of Compliance and Integrity

PROCEDURE STATEMENT

I. Facility Directory and Clergy

The facility and program Privacy Coordinators are 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 federal laws and Florida state statutes governing the confidentiality, integrity and availability of PHI and electronic PHI (ePHI), including, but not limited to the use and disclosure of patient PHI to individuals involved in the patient’s care and for notification purposes. Privacy Coordinators may delegate and share duties and responsibilities with Workforce members as necessary and appropriate but retain oversight responsibility. (See FIU Policy and Procedure #1660.070) (Designation of HIPAA Privacy Officer and Component Privacy and Security Coordinators)

NOTE: FIU health care facilities and programs do not use a directory or engage with the clergy. If in the future, if a facility or program elects to begin using a directory and/or engage the clergy, the Privacy Coordinator will advise the Director of Compliance and Privacy for Health Affairs, Office of Compliance and Integrity of the change and this policy and procedure will be updated accordingly. (See FIU Policy and Procedure #1660.080) (Policies and Procedures, Changes to Policies and Procedures, and Documentation)

II. Uses and Disclosures of Patient PHI to Individuals Involved in the Patient’s Care or Health Care Payments When the Patient is Present

- A. Workforce members may disclose patient PHI to:
1. A family member.
 2. Other relative.
 3. Close personal friends of a patient, or

4. Any other person identified by the patient, the PHI directly relevant to such individual's involvement with the patient's health care or payment related to the patient's health care. (See Section II.C. below).
- B. Workforce members may also use or disclose patient PHI to notify, or assist in the notification of (including identifying or locating):
1. A family member.
 2. A personal Representative of the patient, or
 3. Another person responsible for the care of the patient and of the patient's:
 - a. Location.
 - b. General condition, or
 - c. Death.
- C. If the patient is present for, or otherwise available prior to, a use or disclosure permitted by Section II.A. above, and has the capacity to make healthcare decisions, Facility and program Workforce members may use or disclose the patient's PHI if:
1. The patient agrees.
 2. The patient is provided the opportunity to object to the disclosure, and the patient does not express an objection, or
 3. It is reasonably to infer from the circumstances, based on the exercise of professional judgment, that the patient does not object to the disclosure.
- D. The Workforce member(s) who made the disclosure must document in the patient's medical records:
1. The date, name, and title of the Workforce member who made the disclosure.
 2. The verbal exchange.
 3. The basis for the judgement in disclosing the patient's PHI to others, and
 4. The relationship of the individual(s) to whom the disclosure was made.

III. Limited Uses and Disclosures When the patient is not present, incapacitated, or an emergency circumstance

- A. Workforce members may, in the exercise of professional judgment, determine whether the disclosure of a patient's PHI is in the best interests of the patient, and if so, disclose only the PHI that is directly relevant to:
1. A family member's.
 2. Other relative's.
 3. Close personal friend of the patient, or
 4. Any other person identified by the patient as someone who is involved with the patient's care or payment related to the patient's health care or who is needed for notification purposes.

NOTE: Workforce members may use professional judgment and experience to make reasonable inferences of the patient's best interest in allowing a person to act on behalf of the patient to pick up filled prescriptions, medical supplies, X-rays, or other similar forms of PHI.

B. Workforce members who make a disclosure must document in the patient's medical records:

1. The date, name, and title of the Workforce member who made the disclosure.
2. The verbal exchange.
3. The PHI or items disclosed.
4. Whether the patient was present or incapacitated.
5. The basis for the judgement in using or disclosing the patient's PHI to others, and
6. The relationship of the individual(s) to whom the use or disclosure was made.

NOTE: In Emergency Situations, Workforce members must document in the patient's medical records:

1. Date, name, and title of the Workforce member who made the disclosure.
2. Patient's incapacity or emergency circumstance.
3. PHI disclosed.
4. Name(s) of the individual(s) to whom the PHI was disclosed, and
5. Nature of the relationship.

IV. Uses and Disclosures for Disaster Relief Purposes

A. Workforce members may use or disclose patient PHI to a public or private entity authorized by law or by its charter to assist in disaster relief efforts, for the purpose of coordinating with such entities the uses or disclosures of PHI to notify, or assist in the notification of (including identifying or locating):

1. A family member.
2. A personal representative of the patient, or
3. Another person responsible for the care of the patient.
4. Information about the of the patient's:
 - a. Location.
 - b. General condition, or
 - c. Death.

NOTE: Any such use or disclosure of PHI for such notification purposes must be in accordance with the requirements that apply depending on whether the patient is present, incapacitated or involved in an emergency situation as discussed above Sections II and III, or where the patient is deceased as discussed immediately below in Section V, unless the Workforce member, in the exercise of professional judgment,

determines the requirements interfere with the ability to respond to the emergency circumstances.

B. The Workforce members who made the disclosure must document in the patient's medical records:

1. The date, name, and title of the Workforce member(s) who made the disclosure.
2. The verbal exchange.
3. The PHI.
4. Whether the patient was present or incapacitated.
5. The basis for the judgement in using or disclosing the patient's PHI to others, and
6. The public or private entity authorized by law or by its charter to assist in disaster relief efforts to whom the PHI was disclosed.

V. Uses and disclosures when the individual is deceased

A. If the patient is deceased, Workforce members may disclose to the patient's:

1. Family members.
2. Other relatives.
3. Other individual(s) responsible for the care of the patient, or
4. Any other individual identified by the patient, who was involved in the patient's care or payment for health care prior to the patient's death, PHI of the patient that is relevant to such individual's involvement, unless doing so is inconsistent with any prior expressed preference of the patient that is known to the Facility and program where the patient received healthcare.

B. Workforce members must document in the patient's medical records the:

1. Date, name, and title of the Workforce member(s) who made the disclosure.
2. Verbal exchange.
3. PHI disclosed, and
4. Relationship of the individual(s) to whom the disclosed was made.

NOTE: Unless a use of disclosure is required by law, all uses and disclosures of patient PHI as identified above are permissible, but not required.

NOTE:

1. Unless otherwise authorized by the patient, Workforce members must only disclose the minimum necessary amount of information necessary to the individual(s) or entity as described above in Sections II-V. (FIU Policy and Procedure #1640.025) (Minimum Necessary)

2. When the patient is otherwise not available as described above Sections II-V, Workforce members must verify the identify and authority of an individual(s) or entity to whom PHI is disclosed. (FIU Policy and Procedure #1660.040) (Verification) and (FIU Policy and Procedure #1660.001) (Representatives)

VI. Record/Documentation Retention

- A. If a communication, action, activity, or designation is required to be documented in writing, the document or record owner (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)