



**Workforce Member Access to Their Own Electronic Protected Health Information (ePHI) or PHI # 1660.051**

<b>INITIAL EFFECTIVE DATE:</b>  November 6, 2023	<b>LAST REVISION DATE:</b>  August 6, 2025	<b>RESPONSIBLE UNIVERSITY DIVISION/DEPARTMENT</b>  Office of University Compliance and Integrity
--	--	--

**POLICY STATEMENT**

Florida International University (“FIU”) is committed to protecting the privacy of Protected Health Information (PHI) in compliance with all applicable federal and state laws, regulations, and rules.

The minimum necessary requirements of the HIPAA Privacy Rule provides that Workforce members must only access the minimum necessary PHI to perform their assigned clinical or business tasks to fulfill their specific job duties and assignments. (See FIU Policy and Procedure #1660.120 (Minimum Necessary).

Workforce Members’ job duties do not include accessing their own medical records for any reason on FIU’s time. Additionally, spending time in one’s own medical records may be considered a disciplinary offense.

At no time and for no reason is a Workforce member permitted to access, alter, edit, write orders within, sign documents, or change the information in their medical records. This activity may constitute prohibited alteration of a legal record and prohibited practice of medicine.

At no time and for no reason is a Workforce member permitted to use his/her user identification, unique user credentials, and password to access his/her PHI contained within the Electronic Medical Records Application (EMR). Workforce members who want to access their PHI must do so in accordance with FIU Policy and Procedure #1660.050 (Patient Access to Protected Health Information).

When impermissible access is confirmed, Workforce members are subject to sanctions consistent with FIU Policy and Procedure #1660.086 (Sanctions for Impermissible Access to Self or Family Members’ Medical Records).



### SCOPE

This policy applies to all Workforce members (e.g., employees, faculty, medical staff, volunteers, students, and other individuals) and Business Associates performing work for or on behalf of an FIU HIPAA Hybrid Designed Healthcare Component (hereinafter facility or program).

### REASON FOR POLICY

The purpose of this policy is to establish requirements for the appropriate access of protected health information (PHI) that is stored, managed, and/or maintained in an Electronic Medical Record Application (EMR). FIU recognizes that individuals, including Workforce members, have a right to request access to and obtain copies of their protected health information.

FIU has established a policy and procedures for patients (including Workforce members) to access and obtain copies of their PHI. Workforce members must adhere to the patient access policy and procedure when seeking to access or obtain their medical records.

### 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 Healthcare facility and program must designate a Privacy Coordinator 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 Florida state laws and regulations governing the confidentiality, integrity and availability of PHI and electronic PHI (ePHI).

#### RELATED RESOURCES

##### References

- 45 CFR § 164.502(a)
- 45 CFR § 164.502(b)

##### Related Policies

- FIU Policy and Procedure #1610.005 (Designated HIPAA Health Care Components of FIU Community)
- FIU Policy and Procedure #1660.015 (Business Associate Agreements)
- FIU Policy and Procedure #1660.050 (Patient Access to Protected Health Information)
- 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 #1660.105 (Class of Workforce Members who Require Access to PHI)
- FIU Policy and Procedure #1660.120 (Minimum Necessary)

#### 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](mailto:hipaaprivacy@fiu.edu), or contact the appropriate Component Privacy Coordinator.

#### HISTORY

**Initial Effective Date:** November 6, 2023

**Review Dates** (*review performed, no updates*): N/A

**Revision Dates** (*updates made to document*): November 6, 2023; August 6, 2025



**Workforce Member Access to Their Own Electronic Protected Health Information (ePHI) or PHI # 1660.051a**

<b>INITIAL EFFECTIVE DATE:</b>	<b>LAST REVISION DATE:</b>	<b>RESPONSIBLE UNIVERSITY DIVISION/DEPARTMENT</b>
November 6, 2023	August 6, 2025	Office of Compliance and Integrity

**PROCEDURE STATEMENT**

**I. Workforce Member Access to Their Own Electronic Protected Health Information**

- A. Workforce members must make their request with the Medical Records Manager, or designee (hereinafter Medical Records Manager) to access and/or obtain a copy of their PHI contained within their medical records.
- B. The Medical Records Manager will request the Workforce member make their request in writing by completing and submitting the Patient Access Request form (Access Form).
- C. Although the Medical Records Manager will request the Workforce member complete and submit the Access Form, the Medical Records Manager will accept all verbal request for access and will not require the Workforce member to make their access request by submitting a completed Access Form.
- D. If a Workforce member makes a verbal request to access to his/her PHI, the Medical Records Manager will complete the Access Form, including the "For FIU Healthcare Component USE ONLY" section of the Access Form and properly secure it within the Workforce member's medical records. In the alternative, the Medical Records Manager may document in the Workforce member's medical records the Workforce member's verbal request and all action taken by the Medical Records Manager on the request.
- E. The Medical Records Manager will not ask the Workforce member the reason(s) for making the request for access and/or to obtain copy their PHI.
- F. If the Workforce member makes a request for a copy of a document(s) contained within the medical records, the Medical Records Manager will make the requested copy, provide it to the Workforce member, and document the action taken within the Workforce member's medical records. (See I(A-D) immediately above)

G. In the alternative, the Workforce member may make his/her request for access to his/her PHI via the Electronic Medical Records Application (EMR) portal. In response to such a request, the Medical Records Manager must provide the requested access via the portal if consistent with internal policies and procedures regarding portal access.

II. The Medical Records Manager Adherence to the Patient Access to Protected Health Information Policy and Procedure.

A. The Medical Records Manager must use his/her identification, unique user credentials, and password to log into the Electronic Medical Records Application (EMR) and provide the Workforce member access to his/her requested PHI.

B. The Medical Records Manager must remain with the Workforce member during the entire time the Workforce member is accessing his/her medical records and engaging in a visual inspection of the PHI.

C. The Medical Records Manager will only permit the Workforce member to view the medical records. If the Workforce member makes a request for a copy of the medical records or specific PHI, the Medical Records Manager will produce a copy of the requested documents in the form, format and manner requested.

D. In the alternative, the Workforce member may make his/her request for access to the PHI via the Electronic Medical Records Application (EMR) Portal. In response to such a request, the Medical Records Manager must provide the requested access via the Portal if consistent with internal policies and procedures regarding Portal access.

E. The Medical Records Manager will charge the Workforce member access fees in the same manner that all patients and Representatives are charged a reasonable cost-based fee.

F. The Medical Records Manager will ensure that any request to edit, modify, add or delete information contained within the medical records is addressed and completed in a manner consistent with the requirements of FIU Policy #1660.055 (Amendment of Protected Health Information).

G. The Medical Records Manager will ensure that all documents requiring a signature (e.g., laboratory reports) are signed by the ordering health care provider.

**NOTE:** The ordering health care provider must not be the patient of the Medical Records/PHI, unless previously approved by the Healthcare facility or program Administrative Officer or Medical Director and the Administrative Officer or Medical Director documented the approval in the health care provider's/patient's medical records at the time of the approval.

III. Confidentiality Agreement

- A. All Workforce members within the healthcare facilities and programs must read, sign and date the “Confidentiality Agreement - User Activity in Systems Containing Protected Health Information (PHI)” form as part of the new employee healthcare facility or program onboarding process and thereafter as required by the facility or program policy and procedure.

IV. 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)