



Accounting of Disclosures of Protected Health Information #1660.060

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 (FIU) Health Insurance Portability and Accountability Act (HIPAA) Hybrid Designated Components (hereinafter facilities and programs) must permit their patients and legally authorized representative (Representative) to request an accounting of disclosures of the Protected Health Information (PHI) made by the facility or program about the patient in the six (6) years prior to the date on which the accounting of disclosures is requested. An accounting of disclosures will also include disclosures made to or by Business Associates.

Facilities and programs must maintain a record of all disclosures of information contained in the patient’s medical records to a third party, including the date of the disclosure, the name of the person or entity who received the PHI, a brief description of the PHI disclosed, a brief statement of the purpose/reason of the disclosure request, and a copy of the written request for disclosure. The record of disclosure may be maintained in the patient’s medical records.

Facilities and programs are expected to develop procedures or protocols supplementing this policy and procedure when facility or program-specific procedures are needed. As a University-wide policy and procedure approved by the HIPAA Steering Committee, facility and program Privacy Coordinators, the Office of Compliance and Integrity, and the Office of General Counsel, this policy and procedure takes precedence over any facility and program-specific policies, procedures, or protocols that conflicts 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)

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 the FIU Privacy or Security Rule Policy and Procedure, each facility and 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 or 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 criminal and civil 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, Florida state statutes and regulations, and the Information Blocking Rules. (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 (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

To establish a patient’s right to request an accounting of disclosures of their PHI as described in the HIPAA Privacy Rule, Florida states statutes and regulations, the Information Blocking rules, and to provide direction to the facilities or programs regarding the requirements to track disclosures and provide an accounting of disclosures of PHI to patients.

NOTE: The FIU HIPAA Hybrid Designated Components (facilities and programs) may employ an automated system to provide the requested accounting of disclosures.

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 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 PHI and electronic PHI (ePHI), including, but not limited to receiving and processing requests by patients for an accounting of disclosures of their PHI.

RELATED RESOURCES

I. References

- 45 CFR §164.502
- 45 CFR §164.504
- 45 CFR §164.508
- 45 CFR §164.512
- 45 CFR §164.514
- 45 CFR §164.522
- 45 CFR §164.530
- Florida Statute §456.057
- Florida Statute §95.11

II. Related Policies

- FIU Policy # 1610.005 (Designated Health Care Components of the FIU Community)
- FIU Policy and Procedure #1610.015 (Sanctions)
- FIU Policy and Procedure #1610.020 (Business Associate Agreements)



- FIU Policy and Procedure #1640.010 (HIPAA Privacy and Security Rule Training)
- FIU Policy and Procedure #1660.001 (Representatives)
- FIU Policy and Procedure #1660.005 (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 #1660.070) (Designation of HIPAA Privacy Officer and Component Privacy and Security Coordinators)
- FIU Policy and Procedure #1660.085 (Policies and Procedures, Changes to Policies and Procedures, and Documentation)

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; July 27, 2021; February 29, 2024; August 6, 2025.



Accounting of Disclosures of Protected Health Information # 1660.060a

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

PROCEDURE STATEMENT

I. Request for Accounting

The Component (hereinafter 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 receiving and processing requests by patients, and/or their legally authorized representative, for an accounting of disclosures of their 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)

Each facility and program must track those disclosures subject to the HIPAA Privacy Rule and Florida Statute accounting of disclosure requirements. (Sample Disclosure Tracking Log form attached) (Tracking Form).

NOTE: The attached Sample Accounting of Disclosure Form (Accounting Form), Disclosure Tracking Log (Tracking Form), and Reports of Disclosures to Third Parties Form (Disclosures to Third Parties Form) will be referred to throughout this procedure when addressing the HIPAA Privacy Rule and FIU the Accounting of Disclosures requirements.

- A. When a patient requests an accounting of disclosures of their PHI, the Workforce member will request the patient make their request for an accounting in writing by completing and submitting the Accounting Form. However, the Workforce member will accept any written request for an accounting if the required information and signature are provided.
- B. The Workforce member will assist the patient with completing the Accounting Form, if necessary.
- C. The Workforce member will honor requests for alternate means of making a request for an accounting of disclosures if reasonable accommodations for such things as disability or illiteracy are needed.

- D. The Workforce member will advise the patient in advance that the first accounting of disclosures to a patient within a 12-month period will be provided without charge. If the facility or program elects to do so, it may impose a reasonable, cost-based fee for each subsequent request for an accounting of disclosures by the same patient within the 12-month period, but will advise the patient of the fees prior to taking any action on the request for an accounting of disclosures. The Workforce member will allow the patient the opportunity to modify or withdraw their request for an accounting of disclosures after the Workforce member explains the reasonable, cost-based fees associated with the request.
- E. The Workforce member will document in the patient's medical records and/or on the "Fees Section" of the Accounting Form:
 - 1. The date, name and title of the Workforce member who advised the patient of the cost-based fees, if any;
 - 2. Whether the patient agreed with the cost-based fees, and
 - 3. If the patient modified or withdrew their request for an accounting of disclosures and the modified cost-based fees, if any.
- F. Upon receipt of a complete or incomplete Accounting Form, or other written document, the Workforce member must verify and document the identity of the individual making the request in accordance with the requirements of FIU Policy and Procedure #1660.040 (Verification)

II. Incomplete Accounting Form

- A. If the patient submits an incomplete Accounting Form, or written document, the Workforce member will not evaluate the request for an accounting of disclosures until all required information and signature are provided. The Workforce member will:
 - 1. Date stamp the incomplete Accounting Form, or written document, on the date received;
 - 2. Document in the patient's medical records:
 - a. That the Accounting Form, or written document is incomplete;
 - b. The date the incomplete Accounting Form, or written document was received;
 - c. The name and title of the Workforce member who received the incomplete Accounting Form, or written document, and
 - d. The reason(s) why the Accounting Form, or other written document, is incomplete.
 - 3. Make a photocopy of the patient's incomplete Accounting Form or written document, and
 - 4. Properly secure the photocopy of the incomplete Accounting Form or written document 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 the required information is missing and that their request for an accounting cannot be evaluated until the required information is provided, versus mailing a written notice to the patient, as mailing a written notice may unreasonably delay the patient right to an accounting.

- 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 Accounting Form, or other written document, and the 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 #1660.045) (Right of Patients to Request Confidential Communications Regarding the Use and Disclosure of Their Protected Health Inform). (hereinafter Confidential Communications).

- C. 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 Accounting Form, or other written document, and a Cover Letter (See Sample Letter Requesting Complete or Additional Information) (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/text messages) are only available as an option if previously requested by the patient and approved by the Facility or program in which case the procedures set forth for delivery and documentation as outlined in FIU Policy and Procedure #1660.005 (Confidential Communications) shall apply.

- D. 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 Accounting Form, or other written document, and Cover Letter in the patient's medical records, and
 - 3. If the delivery is accomplished via previously requested and approved electronic communication/means, the Workforce member must:
 - a. Print a hardcopy of the electronic communication (i.e., email/facsimile/text message) and properly secure it in the patient's medical records, and
 - 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.

**III. Properly Completed Accounting Form
Timely Action by the Facility or Program**

- A. Upon receipt of a properly completed Accounting Form, or other written document, the Workforce member must:
 - 1. Date stamp the completed Accounting Form, or other written document, on the date received;
 - 2. Complete the “For FIU Entities USE ONLY” section of the Accounting Form,
 - 3. Promptly document in the patient’s medical records:
 - a. Receipt of the Accounting form, or other written document, and
 - b. The date, name, and title of the Workforce member who received the properly completed Accounting Form, or other written document, and
 - 4. Properly secure the Accounting Form, or other written document, in the patient’s medical records.

- B. The Workforce member will promptly review and evaluate the Accounting Form, or other written document, and determine whether to grant, delay, or deny the request for an Accounting of Disclosures as outlined below in Sections IV, V, VI, and VII. If necessary, the Workforce member will confer with the Director of Compliance and Privacy for Health Affairs, Office of Compliance and Integrity.

- C. The Workforce member must act on a request for an Accounting of Disclosure in a timely manner, but not greater than 60-days following receipt of a properly completed Accounting Form, or other written document.

- D. If the Workforce member is not able to take action of the request within 60-days following receipt of a properly completed Accounting Form, or other written document, the Workforce member may extend the time for such action by not greater than 30-days by providing the patient with a written statement of the reason(s) for the delay and the date by which the Workforce member will complete its action on the request. (See Sample Letter Notifying Patient of Need for 30-Day Extension in Responding to Request for an Accounting of Disclosures attached) (hereinafter 30-Day Extension Letter)

NOTE: The Workforce member must deliver the 30-Day Extension Letter to the patient prior to the expiration of the initial 60-days.

NOTE: The facility or program may have only one 30-day extension of time for action on a request for an Accounting of Disclosures.

- E. The preferred method of delivery of the 30-Day Extension Letter alerting the patient of the extension is in-person; however, deliver may also be made to the patient via the United States Postal Serviced First-Class Mail in an envelope that identifies the name of the facility or program.

- F. Prior to notifying the patient to advise him/her of the need for an extension of time, the Workforce member must review the patient's Accounting Form, or other written document, and the 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) (Confidential Communications)

NOTE: Electronic communications/ means are only available as an option if previously requested by the patient and approved by the Facility or program in which case the procedures set forth for delivery and documentation as outlined in FIU Policy and Procedure #1660.005 (Confidential Communications) shall apply.

- G. The Workforce member must:
1. Document in the patient's Medical records:
 - a. The date, name, and title of the Workforce member who completed delivery of the 30-Day Extension Letter,
 - b. The method of delivery, and -
 - c. Complete the "For FIU Entities USE ONLY" section of the Accounting Form regarding "Extension" requested.
 2. Properly secure a copy of the 30-Day Extension Letter in the patient's Medical records, and
 3. If the delivery is accomplished via previously requested and approved electronic communication/ means, the Workforce member must:
 - a. Print a hardcopy of the electronic communication (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.

IV. Approval of Accounting of Disclosures

- A. If the Workforce member approves and agrees to provide the Accounting of Disclosures, he/ she will provide the patient with a written accounting of such disclosures made during the six (6) year period preceding the date of the request, or a lesser time period if specified by the patient, unless there is reasonable cause to deny the request.

NOTE: See Suspension of a patient's Right to an Accounting of Disclosure made to a Health Oversight Agency in Section VII below prior to providing an Accounting of Disclosures.

NOTE: See **Law Enforcement** Delays in Section VIII immediately below prior to providing an Accounting of Disclosures.

- B. If a Health Oversight Agency has not requested a suspension of a patient's right to an Accounting of Disclosures and/or a Law Enforcement Officer has not requested a delay to providing a patient an Accounting of Disclosure, the Workforce member will ensure the Accounting of Disclosures includes disclosures made during the period specified by the patient on the Accounting Form, or other written document. The specified period may be up to six (6) years prior to the date of the request. The Workforce member will also include known disclosures made by other FIU facilities or programs and Business Associates performing functions on behalf of the facility or program involving the disclosure of patient PHI, if aware of any such disclosures that are required to be included in an accounting.
- C. The Workforce member will provide the patient with a list of other FIU facilities and programs within the FIU HIPAA Hybrid Designation where the patient may have also received health care services, and instructions regarding how to obtain an accounting from those facilities or programs.
- D. For each request for an Accounting of Disclosures, the Workforce member will utilize a Disclosure Tracking Log and ensures the Accounting of Disclosures includes:
 - 1. Date the request for disclosure was received;
 - 2. Name of person or entity (Requestor) requesting disclosure,
 - 3. The address of the Requestor, if known;
 - 4. The PHI that was disclosed;
 - 5. Date of the disclosure, and
 - 6. A brief statement of the purpose of the disclosure that reasonably informs the patient of the basis for the disclosure. (See Sample Disclosure Tracking Log attached)

NOTE: If multiple disclosures were made for **health oversight** or to **law enforcement officials** for a single purpose, the Workforce member may provide:

- 1. The first disclosure during the accounting period;
 - 2. The frequency or number of disclosures made during the accounting period; and
 - 3. The date of the last such disclosure during the accounting period.
- E. If, during the period covered by the accounting, the facility or program made disclosures of PHI for a particular research purpose for 50 or more individuals, the accounting may, with respect to such disclosures for which the PHI about the patient may have been included, provide:
 - 1. The name of the protocol or other research activity;
 - 2. A description, in plain language, of the research protocol or other research activity, including the purpose of the research and the criteria for selecting particular records;

3. A brief description of the type of PHI that was disclosed;
 4. The date or period-of-time during which such disclosures occurred, or may have occurred, including the date of the last such disclosure during the accounting period;
 5. The name, address, and telephone number of the entity that sponsored the research and of the researcher to whom the PHI was disclosed; and
 6. A statement that the PHI of the patient may or may not have been disclosed for a particular protocol or other research activity.
- F. If the facility or program provides an accounting for research disclosures, in accordance with Section IV.E. immediately above, and if it is reasonably likely that the PHI of the patient as disclosed for such research protocol or activity, the Workforce member shall, at the request of the patient, assist in contacting the individual or entity that sponsored the research and the researcher.
- G. If the patient makes a request for assistance in contacting the individual or entity that sponsored the research and the researcher, the Workforce member must document in the patient's medical records:
1. The date of the patient's request,
 2. The specific efforts made to contact the individual or entity that sponsored the research and the researcher, and
 3. The result of those efforts.
- H. The Workforce member will not release to the patient an Accounting of Disclosures until any agreed upon reasonable cost-based fees have been paid in-full.
- I. The Workforce member must document in the patient's medical records:
1. The date, title, and name of the Workforce member who received the payment;
 2. The method of payment, and
 3. The amount of payment received.

NOTE: It is preferable, but not required, to make a copy of the check or money-order and properly secure it in the patient's medical records.

- J. The preferred method of delivering the Disclosures Tracking Log is in-person; however, the deliver may also be made via the United States Postal Serviced First-Class Mail in an envelope that identifies the name of the facility or program.

NOTE: Electronic communications/ means (e.g., email/facsimile/text messages) are only available as an option if previously requested by the patient and approved by the Facility or program in which case the procedures set forth for delivery and documentation as outlined in FIU Policy and Procedure #1660.005 (Confidential Communications) shall apply.

- K. The Workforce member must:
 - 1. Document in the patient's medical records:
 - a. The date, name, and title of the Workforce member who completed delivery of the Accounting of Disclosures, and
 - b. The method of delivery.
 - 2. Properly secure a copy of the Accounting of Disclosures in the patient's medical records, and
 - 3. If the delivery is accomplished via previously requested and 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.

- L. The Workforce member may exclude those disclosures that qualify as an exception. (See below in Section VI below)

- M. The Workforce member must document in the patient's medical records and retain for seven (7) years from the date of creation or the last effective date, whichever is later:
 - 1. The information included in the accounting of disclosures, and
 - 2. A copy of the written accounting of disclosures provided to the patient. (Florida state statute §95.11(4)(b)) (See FIU Policy and Procedure #1660.080) (Policies and Procedures, Changes to Policies and Procedures, and Documentation)

V. Florida State Statute - Accounting of Disclosures

- A. Facilities and programs are responsible for maintaining a record of all disclosures of information contained in the medical record to a third party, including the purpose of the disclosure request. The record of disclosure may be maintained in the medical record. (Florida Statute §456.057(11)) The disclosures may include, but are not limited to:
 - 1. **Disclosures to Public Health Authorities**
 - a. For the purpose of preventing or controlling disease, injury or disability;
 - b. To conduct public health surveillance;
 - c. For public health investigations and interventions;
 - d. For reporting vital events such as births and deaths;
 - e. To a foreign government agency at the request of a public health authority;
 - f. To report child/elder abuse; and
 - g. If necessary, to prevent or lessen a serious and imminent threat to the health or safety of a patient or the public.

 - 2. **Disclosures to an Entity Subject to the Food and Drug Administration (FDA)**

- a. To report adverse events, product defects or biological product deviations;
 - b. To track products;
 - c. To enable product recalls, repairs or replacements; and
 - d. To conduct post marketing surveillance.
- 3. Disclosures to an Employer**
- a. Only PHI specific to a work-related illness or injury, and
 - b. Required for the employer to comply with its obligations under federal or state occupational safety and health laws.
- 4. Disclosures to Health Oversight Agencies**
- a. For government benefit program eligibility;
 - b. To determine compliance with civil rights laws; and
 - c. For civil, administrative or criminal investigations, proceedings or actions.
- 5. Disclosures in Judicial and Administrative Proceedings**
- a. In response to a court order or court ordered warrant; and
 - b. In response to a subpoena, only if approved by the Office of General Counsel.
- 6. Disclosures to Law Enforcement Officials**
- a. For the purpose of locating a suspect, fugitive, material witness or missing person;
 - b. About a patient who is or is suspected to be a victim of a crime;
 - c. Regarding crimes on the facility premises;
 - d. Regarding suspicious deaths;
 - e. In response to an administrative request, civil investigative demand or grand jury subpoena, after review by the Office of General Counsel; and
 - f. For the purpose of averting a serious threat to health or safety.
- 7. Disclosures About Victims of Abuse, Neglect or Domestic Violence**
- a. To a government authority authorized by law to receive reports of abuse, neglect or domestic violence.
- 8. Disclosure of Deceased Persons' PHI**
- a. To the Coroner, Medical Examiner or Funeral Directors; and
 - b. To organ procurement organizations.
- 9. Disclosures for Research**
- a. Only if disclosure was made without an authorization as permitted by the Privacy Rule. (See Section III.G. above) (Florida Statute 456.057(7)(a) is controlling) and (FIU Policy and Procedure #1640.040) (De-identification, Re-identification of Protected Health Information, Use of Limited Data Sets, and Data Use Agreements)
- 10. Disclosures for Specialized Government Functions**

- a. To Armed Forces personnel for military purposes;
- b. To authorized federal officials for the protection of the President and other Federal officials; and
- c. To other government agencies, if approved by the Office of General Counsel.

11. Disclosures for Worker’s Compensation

- a. As authorized by and to the extent necessary to comply with the law.

VI. Potential Areas where Accounting of Disclosures DOES NOT Apply:

- A. Disclosures made to the patient for whom the PHI was created or obtained.
- B. Disclosures pursuant to a signed authorization by the patient or their legally authorized representative.
- C. Disclosures to family members or others, such as close friends, involved in the patient’s care, or payment for healthcare services received, or other notification purposes.
- D. Disclosures that are incidental to a use or disclosure otherwise permitted or required, if the minimum necessary rule was followed and appropriate safeguards were in place.

VII. Suspension of a Patient’s Right to an Accounting of Disclosures made to a Health Oversight Agency

- A. The facility and program Workforce members must temporarily suspend a patient’s right to receive an accounting of disclosures made to a health oversight agency for oversight activities authorized by law, including audits; civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities necessary for appropriate oversight of:
 - 1. The health care system;
 - 2. Government benefit programs for which health information is relevant to beneficiary eligibility;
 - 3. Entities subject to government regulatory programs for which health information is necessary for determining compliance with program standards; or
 - 4. Entities subject to civil rights laws for which health information is necessary for determining compliance.

NOTE: A health oversight activity **DOES NOT** include an investigation or other activity in which the individual is the subject of the investigation or activity, and such investigation or other activity does not arise out of and is not directly related to:

1. The receipt of health care;
 2. Claim for public benefits related to health; or qualification for, or receipt of, public benefits or services when a patient's health is integral to the claim for public benefits or services.
- B. The facility and program Workforce members must suspend the patient's right to an accounting of disclosures for the time specified by such agency, if:
1. Such agency or official provides the facility or program with a written statement that such an accounting to the patient would be reasonably likely to impede the agency's activities; and
 2. Specifying the time for which such a suspension is required.
- C. If the health oversight agency official provides a written statement, the Workforce member must:
1. Verify the identify and authority of the agency official (FIU Policy and Procedure #1660.040) (Verification);
 2. Document in the patient's medical records, the period of the temporary suspension of the patient's right to an Accounting of Disclosures subject to the written statement;
 3. Properly secure the written statement in the patient's medical records;
 4. Notify necessary and appropriate Workforce members of the temporary suspension;
 5. Document the notification in the patient's medical records:
 - a. The date, names, and titles of the Workforce member(s) who were notified of the temporary suspension, and
 - b. The manner in which they were notified (i.e. in-person, Memorandum, etc.)
 6. Properly secure in the patient's medical records:
 - a. Any original hardcopy or email notification sent to the Workforce members regarding the suspension (or copy when appropriate).
- D. If the Health Oversight Agency official's request is made orally, the Workforce member must:
1. Verify the identify and authority of the agency official (FIU Policy and Procedure #1660.040) (Verification);
 2. Document in the patient's medical records the oral statement;
 3. Document in the patient's medical records, the period of the temporary suspension of the patient's right to an accounting of disclosures subject to the statement;
 4. Limit the temporary suspension to no longer than 30 days from the date of the oral statement; unless a written statement is submitted during that time;
 5. Notify necessary and appropriate Workforce members of the temporary suspension,
 6. Document the notification in the patient's medical records:

- a. The date, names, and titles of the Workforce member(s) who were notified of the temporary suspension, and
- b. The manner in which they were notified (i.e., in-person, Memorandum, etc.)
7. Properly secure in the patient's medical records:
 - a. Any original hardcopy or electronic notification sent to the appropriate and necessary Workforce members regarding the suspension, (or copy when appropriate).

VIII. Suspension of a Patient's Right to an Accounting of Disclosures Made to a Law Enforcement Delay

- A. The facility or program Workforce members must temporarily suspend a patient's right to receive an Accounting of Disclosures made to a law enforcement official for the time specified by such official, if:
 1. Such official provides the facility or program with a written statement that such an accounting to the individual would be reasonably likely to impede the agency's activities, and
 2. Specifying the time for which such a suspension is required.
- B. If the Law Enforcement official provides a written statement, the Workforce member must:
 1. Verify the identify and authority of the Law Enforcement Official (FIU Policy and Procedure #1660.040) (Verification);
 2. Document in the patient's Medical records, the period of the temporary suspension of the patient's right to an Accounting of Disclosures subject to the written statement;
 3. Properly secure the written statement in the patient's medical records;
 4. Notify necessary and appropriate Workforce members of the temporary suspension;
 5. Document the notification in the patient's medical records:
 - a. The date, names, and titles of the Workforce member(s) who were notified of the temporary suspension, and
 - b. The manner in which they were notified (i.e. in-person, Memorandum, etc.)
 8. Properly secure in the patient's Medical records:
 - a. Any original hardcopy or electronic notification sent to the appropriate and necessary Workforce members regarding the suspension, (or copy when appropriate).
- C. If the Law Enforcement official's statement is made orally, the Workforce member must:
 1. Verify the identify and authority of the Law Enforcement official (FIU Policy and Procedure #1660.040) (Verification);
 2. Document in the patient's medical records the oral statement;

3. Document in the patient's medical records, the period of the temporary suspension of the patient's right to an Accounting of Disclosures subject to the statement;
4. Limit the temporary suspension to no longer than 30-days from the date of the oral statement, unless a written statement is submitted during that time;
5. Notify necessary and appropriate Workforce members of the temporary suspension;
6. Document in the patient's Medical records:
 - a. The date, names, and titles of the Workforce member(s) who were notified of the temporary suspension, and
 - b. The manner in which they were notified (i.e. in-person, Memorandum, etc.)
9. Properly secure in the patient's medical records:
 - a. Any original hardcopy of electronic notification sent to the Workforce members regarding the suspension, (or copy when appropriate).

NOTE: This exception applies only during the period of law enforcement delay.

NOTE: The Workforce member must use the HIPAA Privacy Action Recording Form to track privacy actions and disclosures of PHI subject to tracking under the HIPAA Privacy Rule.

IX. Record/Documentation Retention

- i. 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)

X. Forms

- Sample Request for Accounting of Disclosure Form (Accounting Form)
- Sample Cover Letter Requesting Complete or Additional Information Form
- Sample Disclosure Tracking Log (Tracking Form)
- Sample Reports of Disclosures to Third Parties (Disclosures to Third Parties Form)
- Sample 30-Day Extension Letter
- Sample Request for an Accounting of Disclosures of Protected Health Information "Know Your Rights" Document

XI. Answers to Frequently Asked Questions

- Attachment A