



**Designation of HIPAA Privacy Officer and Component Privacy and Security Coordinators #1660.070**

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

**POLICY STATEMENT**

The Florida International University (FIU) Health Insurance Portability and Accountability Act (HIPAA) Hybrid Designated Components (hereinafter facilities and programs) must designate a HIPAA Privacy Coordinator responsible for overseeing and ensuring their facility’s or program’s implementation and compliance with the HIPAA Privacy Rule, federal laws, Florida state statutes, and FIU’s associated HIPAA Privacy Policies and Procedures governing the confidentiality, integrity and availability of PHI and electronic PHI (ePHI).

Each facility and program must designate a HIPAA Security Coordinator responsible for overseeing and ensuring the facility’s or program’s implementation and compliance with the HIPAA Security Rule, FIU’s associated HIPAA Security Policies and Procedures, and any associated or applicable state laws and/or regulations governing the administrative, physical, and technical safeguards of PHI and ePHI.

The Director of Compliance and Privacy for Health Affairs, Office of Compliance and Integrity, is the designated privacy official (HIPAA Privacy Officer) responsible for the development and implementation of the HIPAA Privacy Rule policies and procedures for Florida International University (FIU).

The facilities and programs must notify the Director of Compliance and Privacy for Health Affairs and the HIPAA Security Officer with the Division of Information Technology, of the names and titles of their designated HIPAA Privacy and Security Coordinators.

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 #1610.005) and its Workforce members as defined in this policy and policy # 1610.005.

#### REASON FOR POLICY

To ensure that FIU Workforce members understand the critical significance of complying with FIU's HIPAA Privacy and Security Rules Policies and Procedures and applicable federal laws and Florida state statutes.

#### 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):**

- The facility and program Administrative Officer 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 statutes governing the confidentiality, integrity and availability of PHI and electronic PHI (ePHI).

## 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 §164.520
- 45 CFR §164.522
- 45 CFR §164.524
- 45 CFR §164.526
- 45 CFR §164.528
- 45 CFR §164.530
- Florida Statute §456.057(11)
- Florida Statute §95.11

### Related Policies

- FIU Policy # 1610.005 (Designated Health Care Components of FIU Community)
- 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 #1660.120 (Minimum Necessary)
- FIU Policy and Procedure #1660.080 (Policies and Procedures, Changes to Policies and Procedures, and Documentation)
- FIU Policy and Procedure #1660.020 (Authorization for Use and Disclosures of Patient Protected Health Information)
- FIU Policy and Procedure #1640.015 (Notice of Privacy Practices)
- FIU Policy and Procedure #1660.030 (Uses and Disclosures of Patient Protected Health Information Requiring an Opportunity for the Patient to Agree or to Object)
  - Use and Disclosure for Facility Directory and to the Clergy.
  - Use and Disclosure to Individuals Involved in the Patients Case and for Notification Purposes.
- FIU Policy and Procedure #1660.025 (Uses and Disclosures of Patient Protected Health Information for Which an Authorization of Opportunity to Agree or to Object is NOT Required)
- FIU Policy and Procedure #1660.140 (De-identification and Reidentification of Protected Health Information, Use of Limited Data Sets, and Data Use Agreements.

- 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 #1660.060 (Accounting of Disclosures of Protected Health Information)
- FIU Policy and Procedure #1660.035 (Use and Disclosure of Patient Protected Health Information for Fundraising Purposes)
- FIU Policy and Procedure #1660.045 (Right of Patients to Request Restrictions Regarding the Use and Disclosure of Their Protected Health Information)
- FIU Policy and Procedure #1660.050 (Patient Access to Protected Health Information)
- FIU Policy and Procedure #1660.055 (Amendment of Protected Health Information)
- FIU Policy and Procedure #1660.060 (Accounting of Disclosure of Protected Health Information)
- FIU Policy and Procedure #1660.065 (Complaints Under the HIPAA Privacy Rule, Mitigation, Refraining from Intimidating or Retaliatory Acts, and Waiver)
- FIU Policy and Procedure #1660.095 (Reporting of HIPAA Incidents and Notification in Case of a Breach)
- FIU Policy and Procedure #1660.090 (HIPAA Component Privacy Review and Audit)

### 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:** 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 6, 2025



**Designation of HIPAA Privacy Officer and Component Privacy and Security Coordinators #1660.070a**

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

**PROCEDURE STATEMENT**

The Florida International University (FIU) Health Insurance Portability and Accountability Act (HIPAA) Hybrid Designated Components (hereinafter facilities and programs) must designate a HIPAA Privacy Coordinator responsible for overseeing and ensuring the facility’s or program’s implementation and compliance with the HIPAA Privacy Rule, federal law, Florida state statutes and FIU’s associated HIPAA Privacy Policies and Procedures governing the confidentiality, integrity and availability of PHI and electronic PHI (ePHI).

Each facility or program must designate a HIPAA Security Coordinator responsible for overseeing and ensuring the facilities and programs implementation and compliance with the HIPAA Security Rule, federal law, Florida state statutes, and FIU’s associated HIPAA Security Policies and Procedures governing the administrative, physical, and technical safeguards of PHI and ePHI.

Each HIPAA facility and program must notify the Director of Compliance and Privacy for Health Affairs, and the HIPAA Security Officer of the name and title of their designated HIPAA Privacy and Security Coordinators.

**I. Designation of HIPAA Privacy Officer**

**A. HIPAA Privacy Officer:** The Director of Compliance and Privacy for Health Affairs, Office of Compliance and Integrity, is the designated privacy official responsible for the development and implementation of the HIPAA Privacy Rule policies and procedures for Florida International University (FIU).

**II. Designation of Privacy and Security Coordinators**

**A. Privacy Coordinator:** Each FIU HIPAA Hybrid Designated facility and program must designate a Workforce member to be the facility or program Privacy Coordinator. The Privacy Coordinator’s responsibilities include, but are not limited to the following:

1. Ensuring that the facility or program has developed applicable facility or program specific privacy policies and procedures to ensure compliance with the HIPAA Privacy Rule, federal law, and Florida state statutes.
2. Serving as the first point of contact for Workforce members within the facility or program regarding issues related to FIU HIPAA Privacy Policies and Procedures, the HIPAA Privacy Rule, state law and regulatory compliance.
3. Serving as the initial point of contact for patient complaints that arise from activities within the facility or program. (FIU Policy and Procedure #1660.065) (Complaints Under the HIPAA Privacy Rule, Mitigations, Refraining From Intimidating or Retaliatory Acts, and Waiver).
4. Serving as the facility or program liaison with the Director of Compliance and Privacy for Health Affairs regarding issues related to privacy, the HIPAA Privacy Rule, federal law, and Florida state statute compliance.
5. Ensuring that each Workforce member within the facility or program has completed and passed the appropriate level of privacy and HIPAA Privacy Rule training by the applicable deadline. (FIU Policy and Procedure #160.075) (HIPAA Privacy and Security Rule Training)
6. Working with the Director of Compliance and Privacy for Health Affairs to ensure 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:
  - Treating a representative as the patient with respect to the HIPAA Privacy Rule and state law. (FIU Policy and Procedure #1660.001) (Representatives)
  - Ensuring that required Business Associate Agreements (BAAs) are obtained prior to allowing Business Associates to create, use, disclose, or access PHI and must ensure BAAs are maintained during the course of the contract or other written agreement. (FIU Policy and Procedure #1660.015) (Business Associate Agreements)
  - Obtaining a written authorization for uses and disclosures of patient PHI. (FIU Policy and Procedure #1660.020) (Authorization for Uses and Disclosures of Patient Protected Health Information)
  - The use and disclosure of patient PHI to individuals involved in the patient's care and for notification purposes. (FIU Policy and Procedure #1660.030) (Use and Disclosure 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 Involved in the Patients Case and for Notification Purposes)
- The permitted and required use and disclosure of patient PHI within their Designated Record Set. (FIU Policy and Procedure #1660.020) (Use and Disclosure of Patient Protected Health Information for Which an Authorization or Opportunity to Agree or Object is NOT Required)
- Receiving and processing requests for de-identified patient PHI. (FIU Policy and Procedure #1640.040) (De-identification and Re-identification of Protected Health Information and Use of Limited Data Sets and Data Use Agreements)
- Fundraising to patients. (FIU Policy and Procedure #1660.035) (Use and Disclosure of Patient Protected Health Information for Fundraising Purposes)
- Verifying the identity and authority of the person requesting access to and/or disclosure of PHI. (FIU Policy and Procedure #1660.040) (Verification)
- Receiving and processing requests by patients for restrictions on the use and disclosure of their PHI. (FIU Policy and Procedure #1660.045) (Right of a Patient to Request Restriction Regarding the Use and Disclosure of Their Protected Health Information)
- Receiving and processing requests by patients for confidential communications regarding the use and disclosure of their PHI. (FIU Policy and Procedure #1660.045) (Right of a Patients to Request Confidential Communications Regarding the Use and Disclosure of their Protected Health Information)
- Receiving and processing requests by patients for access to their PHI. (FIU Policy and Procedure #1660.050) (Patient Access to Protected Health Information)
- Receiving and processing requests by patients for an amendment of their PHI. (FIU Policy and Procedure #1660.055) (Amendment of Protected Health Information)
- Receiving and processing requests by patients for an accounting of disclosures of their PHI. (FIU Policy and Procedure #1660.060) (Accounting of Disclosures of Protected Health Information)
- Ensuring Workforce members and students complete all required Privacy and Security Rule training. (FIU Policy and Procedure #1660.075) (HIPAA Privacy and Security Rule Training)
- Ensuring that any administrative and/or disciplinary action taken against Workforce members found responsible for having committed a violation(s) and/or a breach(es) is properly administered, documented, and reported to the Director or Compliance and Privacy for Health

Affairs and the HIPAA Security Officer with the Information Technology Division. (FIU Policy and Procedure #1660.085) (Sanctions)

- Accepting and processing patient complaints, mitigating, to the extent practicable, any harmful effect that is known to the facility or program of a use or disclosure of PHI/ePHI in violation of the HIPAA Privacy Rule and FIU's associated HIPAA Privacy Rule Policies and Procedures, ensuring Workforce members and Business Associates refrain from intimidating and retaliatory acts against individuals for exercising any right established under the HIPAA Privacy Rule and FIU's associated HIPAA Privacy Rule Policies and Procedures, or for participation in any process provided by the HIPAA Privacy Rule and FIU's associated HIPAA Privacy Rule Policies and Procedures, including the filing of a complaint, and that individual are not required to waive their right to file a complaint with the Secretary of the federal Department of Health and Human Services (HHS) as a condition of the provision of treatment, payment or eligibility for benefits. (FIU Policy and Procedure #1660.065) (Complaints Under the HIPAA Privacy Rule, Mitigation, Refraining From Intimidating or Retaliatory Acts, and Waiver)
  - Assisting with the development and maintenance of FIU HIPAA Privacy Rule Policies and Procedures and the creation and maintenance of required documentation. (FIU Policy and Procedure #1660.080) (Policies and Procedures, Changes to Policies and Procedures, and Documentation)
  - Receiving and forwarding to the Director of Compliance and Privacy for Health Affairs with the Office of Compliance and Integrity, and/or the HIPAA Security Office with the Division of Information Technology (IT), suspected or known violations and/or breaches. (FIU Policy and Procedure #1660.095) (Reporting of HIPAA Incidents and Notification in the Case of a Breach)
  - Conducting quarterly HIPAA Privacy Rule compliance assessments and assisting with the annual HIPAA Privacy Rule Audit. (FIU Policy and Procedure #1660.090) (HIPAA Facility or program Privacy Review and Audit)
7. Performing other functions as designated in FIU policies and procedures implementing the HIPAA Privacy Rule, federal law, Florida state statutes, and
8. Making reports to the Director of Compliance and Privacy for Health Affairs, or the Office of Compliance and Integrity as requested, in items #1-7, above.

**B. Security Coordinator.** The FIU facilities and programs that create or maintain protected health information in electronic form (ePHI) must designate a

Workforce member or Workforce members to act as the facility or program Security Coordinator. The Security Coordinator's responsibilities include, but are not limited to the following:

1. Ensuring that the facility or program has developed security policies and procedures where FIU has been silent or does not have applicable HIPAA Hybrid Designated-wide policies and procedures to ensure compliance with the HIPAA Security Rule and state law and/or regulations.
2. Acting as the first point of contact for faculty, staff, and students within the facility or program regarding issues related to security, HIPAA Security Rule, federal law, and Florida state statutes.
3. Acting as the facility or program liaison with the FIU HIPAA Security Officer with the Division of Information Technology regarding issues related to security, the HIPAA Security Rule, federal law, and Florida state statutes.
4. Ensuring that each Workforce member within the facility or program have taken and completed the appropriate level of security and HIPAA Security Rule training by the applicable deadline, and
5. Making reports to the FIU HIPAA Security Officer, or Information Technology Division, as requested, in items #1-4, above.

**III. Notification of Designated Privacy and Security Coordinators**

1. The Administrative Officer of each facility or program shall designate the facility or program Privacy and Security Coordinator and shall notify the Director of Compliance and Privacy for Health Affairs, and the HIPAA Security Officer in writing of the designations and promptly upon any change(s).