



HIPAA Privacy and Security Rule Training # 1660.075

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

POLICY STATEMENT

In accordance with the requirements of the regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), federal law, and Florida state statutes, which restrict Florida International University’s (FIU) HIPAA Hybrid Designated Components (hereinafter facilities and programs) ability to use and disclose patient Protected Health Information (PHI), FIU will comply with the HIPAA, federal law, and Florida state statute requirements. To that end, all FIU facility and program Workforce members and students (hereinafter Workforce members) as defined in this policy and procedure shall receive mandatory HIPAA and federal law Privacy and Security Rule training, as well as Florida state statute training in support of FIU’s commitment to the proper use, disclosure, and safeguarding of PHI and electronic PHI (ePHI) from any intentional, unintentional or incidental use or disclosure to unauthorized individuals.

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)

Facilities and programs may maintain patient 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 documentation relevant to his/her facility or program. (FIU Policy and Procedure #1660.080) (Policies and Procedures, Changes to Policies and Procedures, and Documentation)

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)

SCOPE

This policy applies to FIU Components (hereinafter 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

To establish procedures necessary for the proper training of Workforce members involved in the access, creation, use and disclosure of patient PHI as described by HIPAA and Florida state statute.

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 Component (hereinafter 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 state laws and/or regulations governing the confidentiality, integrity and availability of PHI and electronic PHI (ePHI), including, but not limited to ensuring facility and program Workforce members have received required HIPAA Privacy Rule and Associated FIU Privacy Policy and Procedure training.

RELATED RESOURCES

References

- 45 CFR §160.130
- 45 CFR §164.308
- 45 CFR §164.502
- 45 CFR §164.504
- 45 CFR §164.524
- 45 CFR §164.526
- 45 CFR §164.528
- 45 CFR §164.530(b)
- Florida Statute §95.11

Related Policies

- FIU Policy # 1610.005 (Designated Health Care Components of FIU Community)
- FIU Policy and Procedure #1660.070 (Designation of HIPAA Privacy Officer and Facility or program Privacy and Security Coordinators)
- FIU Policy and Procedure #1660.085 (Sanctions)
- 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)

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



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Initial Effective Date: September 1, 2009

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

Revision Dates (*review performed, updates made to document*): December, 31, 2017; October 13, 2020; February 29, 2024; August 6, 2025.



HIPAA Privacy and Security Rule Training # 1660.075a

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PROCEDURE STATEMENT

I. HIPAA Privacy and Security Rule Training

The Component (hereinafter 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 ensuring Workforce members and students (hereinafter Workforce members) complete all required Privacy and Security Rule training prior to obtaining access to patient PHI and as required by this Policy and Procedure. 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 Facility or program Privacy and Security Coordinators)

A. HIPAA Privacy and Security Training of FIU HIPAA Hybrid Designated Component (Facility and Program) Workforce Members and Students (Workforce members)

1. All required HIPAA Privacy and Security Rule training MUST be completed prior to providing Workforce members access to patient PHI. The training is required by federal HIPAA regulations, Florida state statutes, and FIU Policy and Procedure.
2. Retraining shall occur biennially, or sooner whenever there are material changes in the HIPAA regulations, federal law, and/or Florida state statutes, and/or FIU HIPAA Privacy or Security Rule Policies and Procedures, or whenever the Office of Compliance and Integrity and/or the Division of Information Technology determine it is necessary to ensure compliance with HIPAA regulations, federal law and/or Florida state statutes.
3. HIPAA training must be provided in a format that is accessible to persons with disabilities and those who are not fluent in English.

4. Each facility and program Privacy and Security Coordinator shall submit to the FIU Director of Compliance and Privacy for Health Affairs, Office of Compliance and Integrity, and the HIPAA Security Officer, Division of Information Technology, on a quarterly calendar basis a report of training compliance. (FIU Policy and Procedure #1660.090) (HIPAA Component Privacy Rule Review and Audit).
5. Web-based training for clinical and research settings will be provided by FIU. Facility and program specific training for each clinical setting within the FIU HIPAA Hybrid Designation is the responsibility of the facility's or program's Privacy and Security Coordinators appointed by the facility or program Administrative Officer(s).
6. Any additional training as described above in Section I.A.5. that is developed by or for a facility or program must be developed in consultation with the FIU Director of Compliance and Privacy for Health Affairs and the HIPAA Security Officer to ensure FIU's compliance with HIPAA and Florida state laws and regulation and established FIU Policies and Procedures.
7. The facility and program Privacy and Security Coordinators must ensure students participating in a clinical health professional training program within the FIU HIPAA Hybrid Designated facilities and programs have completed the HIPAA training required for facility and program Workforce members, even if the student's academic department includes education regarding HIPAA in its academic curriculum.
8. The facility and program Privacy and Security Coordinators must ensure all training completed by students participating in a clinical health professional training program within the FIU HIPAA Hybrid Designated facilities and programs is properly documented as required for all Workforce members.
9. To the extent that the Workforce members and students will have access to patient electronic Protected Health Information (ePHI), the education and training will also include security awareness training which shall be provided by the HIPAA Security Officer and/or the facility or program HIPAA Security Coordinator, as necessary or appropriate. The information technology security awareness education and training shall include, without limitation:
 - a. Protection from malicious software use (including virus protection)
 - b. Periodic security updates
 - c. Log-in
 - d. Password management
 - e. Appropriate retention and destruction of electronic PHI (ePHI)

10. A record of each Workforce member's successful completion of training (and retraining) must be retained as identified below in Section II. (FIU Policy and Procedure #1660.080) (Policies and Procedures, Changes to Policies and Procedures, and Documentation).

B. HIPAA Privacy and Security Rule Training for Students Participating in a Clinical Health Professional Training Program at a non-FIU Health Care Facility

1. The training of students who have access to PHI at health care facilities outside FIU as part of their academic program is the responsibility of the outside health care facility/provider, unless there is a contractual agreement between the facility/provider and FIU requiring otherwise.

C. PHI and ePHI Access for Workforce Members and Students

1. Workforce members and students will not have access to PHI and ePHI until they have successfully completed all required FIU HIPAA Privacy and Security Rule training.
2. Access to PHI and ePHI shall be immediately terminated, or as required by FIU HIPAA Security Rule Policy and Procedure, whenever a Workforce member's or student's responsibilities no longer require such access. (e.g., termination of employment, reassignment of duties, or graduation).
3. Facility and program Privacy and Security Coordinators are responsible for implementing the Workforce member and student access policy.

II. Compliance

- A. Because FIU is required to ensure compliance with HIPAA regulations, federal law and Florida state statutes, periodic audits and assessments will be conducted to ensure compliance with the HIPAA Privacy and Security Rules. (FIU Policy and Procedure #1660.090) (HIPAA Component Privacy Review and Audit)
- B. Successful completion of initial, biennial, and all other trainings the Office of Compliance and Integrity, the Division of Information Technology, and the Workforce member's facility or program, determine to be necessary and appropriate, is a prerequisite for system access and a factor of job performance. Failure to successfully complete required training will result in denial of system access and to patient PHI.

III. Curriculum Content

- A. While this policy and procedure requires the FIU facilities and programs to train students who have access to patient PHI and ePHI in their facility or program, it is not the intent of this policy and procedure to dictate the inclusion of HIPAA, federal law and/or Florida state statutes requirements in the curriculum of academic departments. The extent of HIPAA, federal law, and Florida state statutes is solely an academic decision.

IV. Record/Documentation Retention

- A. Documentation of completion of the required HIPAA Privacy Rule, HIPAA Security Rule, and Security Awareness training shall be maintained by the FIU facility or program Privacy and Security Coordinators. Training logs shall be made available to the Director of Compliance and Privacy for Health Affairs, the HIPAA Security Officer, the Vice President of Human Resources or the facility or program Administrative Officer(s) upon request. (Also See FIU Policy and Procedure #1660.090) (HIPAA Component Privacy Review and Audit)
- B. 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)