



Policies and Procedures, Changes to Policies and Procedures, and Documentation #1660.080

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

POLICY STATEMENT

Florida International University’s (FIU) Director of Compliance and Privacy for Health Affairs (Director), with the Office of Compliance and Integrity, or designee, in consultation with the FIU Health Insurance Portability and Accountability Act (HIPAA) Hybrid Designated Components (hereinafter facilities and programs) Privacy Coordinators, will develop, implement, and modify HIPAA Privacy Rule Policies and Procedures with respect to Protected Health Information (PHI) that are designed to comply with the standards, implementation specifications, or other requirements of the federal rules and regulations and Florida state statutes, and will take into account the size and the type of activities that relate to PHI created, used, or disclosed by each facility and program.

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

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 of seven (7) years from the date of its creation, or the last effective date, whichever is later. Unless otherwise indicated in 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.

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 state law and regulation.

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 address and explain the administrative requirements to maintain compliance with the federal Health Insurance Portability and Accountability Act (HIPAA), federal law, and Florida state statutes with respect to the development and maintenance of HIPAA, federal law, and Florida state statute policies and procedures, and the creation and maintenance of required documentation.

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 Facility or 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 Florida state statutes and federal rules and regulations governing the confidentiality, integrity and availability of PHI and electronic PHI (ePHI), including, but not limited to participating in the development, and maintenance of FIU HIPAA Privacy Rule Policies, Procedures, and associated forms, and retaining all required facility or program HIPAA Privacy Rule Policy and Procedure documentation.

RELATED RESOURCES

References

- 45 CFR §164.310
- 45 CFR §164.501
- 45 CFR §164.502
- 45 CFR §164.504
- 45 CFR §164.530
- Florida Statute §456.057
- Florida Statute §95.11

Related Policies

- FIU Policy # 1610.005 (Designated Health Care Component of FIU Community)
- 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 #1640.015 (Notice of Privacy Practices)
- FIU Policy and Procedure #1660.075 (HIPAA Privacy and Security Rule Training)
- 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



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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.



Policies and Procedures, Changes to Policies and Procedures, and Documentation #1660.080a

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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PROCEDURE STATEMENT

I. Policies and Procedures

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 law, and Florida state statutes governing the confidentiality, integrity and availability of PHI and electronic PHI (ePHI), and assisting with the development and maintenance of FIU HIPAA Privacy Rule Policies and Procedures and the creation and maintenance of required documentation. Privacy Coordinators may delegate and share duties and responsibilities with Workforce members 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)

- A. Florida International University’s (FIU) Director of Compliance and Privacy for Health Affairs (Director of Compliance), Office of Compliance and Integrity, or designee, in consultation with the facility and program Privacy Coordinators will develop, implement, and modify FIU HIPAA Privacy Rule Policies and Procedures with respect to PHI and ePHI that are designed to comply with the standards, requirements, implementation specifications, and other requirements of federal rules and regulations and Florida state statutes, and will take into account the size and the type of activities that relate to PHI and ePHI created, accessed, used, or disclosed by the facility and program.
- B. The Director of Compliance, or designee, will ensure all FIU HIPAA Privacy Rule Policies and Procedures are created in the approved FIU policy and procedure format and the initial implementation date is clearly identified on each policy and procedure.
- C. The Director of Compliance, or designee will ensure that all proposed HIPAA Privacy Rule Policies and Procedures are reviewed and approved through the FIU approval process, are posted and readily available on the Office of Compliance and Integrity

policy website, and other FIU websites as approved by the FIU Chief Compliance and Privacy Officer, Office of Compliance and Integrity.

- D. FIU HIPAA Privacy Rule Policies and Procedures will be available to be printed in hardcopy directly from approved FIU websites, and in hardcopy upon request from the Office of Compliance and Integrity, and the Health Care facilities and programs.
- E. As an FIU-wide HIPAA Privacy Rule Policy and Procedure approved by the HIPAA Steering Committee, the Office of Compliance and Integrity, and the Office of General Counsel, and which has been reviewed and approved through the formal FIU approval process, this Policy and Procedure, and all other FIU HIPAA Privacy Rule Policies and Procedures, take precedence over any conflicting facility or program-specific privacy policies, procedures, and protocols, unless specifically approved by the Director of Compliance.
- F. Facility and program Privacy Coordinators are also expected to develop privacy policies, procedures, and/or protocols supplementing the FIU HIPAA Privacy Rule Policies and Procedures when facility or program-specific privacy policies, procedures, or protocols are needed. Facility or program-specific privacy policies, procedures, and protocols must be reviewed and approved by the Director of Compliance, and through the established FIU review and approval processes.
- G. Facility and program Privacy Coordinators will ensure that facility and program-specific privacy policies, procedures, and protocols are created in the approved FIU policy and procedure format and the initial implementation date is clearly identified on each policy and procedure.
- H. Facility and program Privacy Coordinators will ensure that all approved facility and program-specific privacy policies, procedures, and protocols are posted and readily available on the Office of Compliance and Integrity policy website, and any other FIU websites as approved by the FIU Chief Compliance and Privacy Officer and the appropriate facility and program Administrative Officer(s).
- I. Facility or program-specific privacy policies, procedures, and protocols will be available to be printed in hardcopy directly from approved FIU websites and in hardcopy upon request.

II. Changes to Established Policies and Procedures

- A. Whenever a change in federal rules and regulations, or Florida state statutes, including the standards, requirements, and implementation specifications necessitates a change(s) to an FIU HIPAA Privacy Rule Policy and/or Procedure, the Director of Compliance, or designee, in consultation with the Privacy Coordinators, will

promptly modify the required FIU HIPAA Privacy Rule Policy and Procedure to reflect the required change(s), and when necessary and appropriate, obtain approval through FIU established approval process.

- B. The Director of Compliance, or designee, in consultation with the Privacy Coordinators, may change an FIU HIPAA Privacy Rule Policy and/or Procedure that does not materially affect the content of the Notice of Privacy Practices as long as the revised policy and/or procedure comply with the HIPAA standards, requirements, and implementation specifications and prior to the effective date of the change(s), the revised policy and/or procedure is/are properly documented as required by the HIPAA Privacy Rule.
- C. The Director of Compliance, or designee, will ensure all updated FIU HIPAA Privacy Rule Policies and Procedures clearly identify the initial implementation date and any subsequent modification dates.
- D. The Director of Compliance, or designee, will implement the revised HIPAA Privacy Rule Policy and/or Procedure, and ensure they are posted on the Office of Compliance and Integrity website and all other approved websites where the HIPAA Privacy Rule Policies and Procedures are posted.
- E. The Director of Compliance, or designee and the Privacy Coordinators will ensure appropriate facility and program Workforce members receive the necessary and appropriate training regarding any material change to an FIU HIPAA Privacy Rule Policy and/or Procedure and will document the training, (FIU Policy and Procedure #1660.075) (HIPAA Privacy and Security Rule Training).
- F. If a change to the HIPAA Privacy Rule, federal rules and regulations, and/or Florida state statutes materially affects the content of the Notice of Privacy Practices (Notice), the Director of Compliance, or designee, will promptly make the appropriate modifications to the Notice and promptly distribute the updated Notice to the required FIU Health Care facilities and programs as identified in the HIPAA Hybrid Designation for patient distribution and posting. (FIU Policy and Procedure #1640.015) (Notice of Privacy Practices)
- G. When a facility and/or program changes a HIPAA Privacy Rule, or Florida state statute practice that is stated in the Notice, which requires a corresponding change to an FIU HIPAA Privacy Rule Policy and/or Procedure, or approved facility or program-specific privacy policy, procedure, or protocol, the facility or program may make the changes effective for PHI the facility and/or program created or received

prior to the effective date of the Notice revision, if previously included in the Notice is a statement reserving its right to make such a change in privacy practices.

III. Documentation

- A. The Chief Compliance and Privacy Officer, the Director of Compliance and Privacy for Health Affairs, or designee will maintain the FIU HIPAA Privacy Rule Policies and Procedures posted on the Office of Compliance and Integrity website where they may be accessed, and hardcopies may be printed. Facilities and programs may post the FIU HIPAA Privacy Rule Privacy Policies and Procedures on any approved facility and program websites and make hardcopies of the same available upon request.
- B. 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 record retention period. Unless otherwise indicated in FIU Privacy or Security Rule Policies and Procedures, the Facility and program Privacy Coordinators will be responsible for maintaining all HIPAA documentation relevant to his/her facility or program.

IV. Record/Documentation Retention

- A. If a communication, action, activity, or designation is required to be documented in writing, the document or record owner (i.e., the Office of Compliance and Integrity or 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.
- B. FIU, its facilities, programs, and Business Associates must keep all policies and procedures, records and compliance reports and submit them to the Secretary of the Department of Health and Human Services (HHS), in the time and manner prescribed by the Secretary, to enable the Secretary to determine if FIU, the facilities, programs, and/or Business Associates have complied with or are complying with the requirements of HIPAA.