



Minimum Necessary # 1660.120

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

The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, federal law, and Florida state statutes requires application of the “minimum necessary” standard for the access, use, disclosure or request for PHI, except as specifically stated in the HIPAA Privacy Rule, federal law, and Florida state statutes. It is the policy of Florida International University (FIU) HIPAA Hybrid Designated Health Care Components (hereinafter facilities and programs) to make a reasonable effort to use or disclose, or to request from another health care provider, the minimum amount of PHI as is necessary to accomplish the intended use or disclosure. This is known as the “minimum necessary” standard.

Facility 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 or 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 FIU Privacy or Security Rule Policy and Procedure, the facility and program Privacy Coordinators are 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 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 harmonized consistent with the requirements of HIPAA federal law, and Florida state statutes. (FIU Policy and Procedure #1660.080) (Policies and Procedures, Changes to Policies and Procedures, and Documentation)

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 ensure the uses and disclosures of Protected Health Information (PHI) are limited to the minimum necessary to accomplish the intended purpose as required by HIPAA 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):

- Each FIU HIPAA Hybrid Designated Components (hereinafter facilities and programs) 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), including, but not limited to the use, disclosure, or request from another health care provider, the minimum amount of PHI as is necessary to accomplish the intended purpose.

RELATED RESOURCES

References

- 45 CFR §164.501
- 45 CFR §164.502
- 45 CFR §164.506
- 45 CFR §164.510
- 45 CFR §164.512
- 45 CFR §164.514
- 45 CFR §164.522
- 45 CFR §164.524
- Florida Statute §39.201(1)
- Florida Statute §95.11
- Florida Statute §316.193
- Florida Statute §381.0031
- Florida Statute §382
- Florida Statute §384.25
- Florida Statute §385.202
- Florida Statute §392.53
- Florida Statute §406.12
- Florida Statute §408.061
- Florida Statute §415.1034
- Florida Statute §456.057
- Florida Statute §456.061

- Florida Statute §456.063
- Florida Statute §459.026
- Florida Statute §491.0147
- Florida Statute §790.24
- Florida Statute §877.155
- Florida Statute §916.017(8)
- Florida Statute §916.107
- Florida Rule 1.360

Related Policies and Procedures

- FIU Policy # 1610.005 (Designated Health Care Components of FIU Community)
- FIU Policy and Procedure #1660.010 (Uses and Disclosures of Protected Health Information for Marketing and the Sale of PHI)
- FIU Policy and Procedure #1660.015 (Business Associate Agreements)
- FIU Policy and Procedure #1660.020 (Uses and Disclosures of Protected Health Information That Require Patient Authorization)
- FIU Policy and Procedure #1660.025 (Uses and Disclosures for Which an Authorization or Opportunity to Agree or Object is NOT Required)
- FIU Policy and Procedure #1660.030 (Uses and Disclosures Requiring an Opportunity for the Patient to Agree or to Object)
- FIU Policy and Procedure #1660.035 (Uses and Disclosures of Protected Health Information for Fundraising)
- FIU Policy and Procedure #1660.040 (Verification)
- FIU Policy and Procedure #1660.050 (Patient Access to Protected Health Information)
- FIU Policy and Procedure #1660.060 (Accounting of Disclosures)
- FIU Policy and Procedure #1660.070 (Designation of HIPAA Privacy Officer and Component Privacy and Security Coordinators)
- FIU Policy and Procedure #1660.075 (HIPAA Privacy and Security Rule Training)
- FIU Policy and Procedure #1660.080 (Policies and Procedures, Changes to Policies and Procedures, and Documentation)
- 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: September 1, 2009



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

Revision Dates (*review performed, updates made to document*): December 31, 2007; August 31, 2021 (Policy no. updated from 1640.025 to 1660.120); February 29, 2024; August 6, 2025.



Minimum Necessary # 1660.120a

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

PROCEDURE STATEMENT

I. Minimum Necessary Disclosures of Patient Protected Health Information (PHI)

Each 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 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 for patient PHI and requesting and disclosing the minimum necessary amount of PHI to accomplish the intended purpose. Privacy Coordinators may delegate and share duties and responsibilities as necessary and appropriate but retain oversight responsibility. (See FIU Policy and Procedure #1660.070) (Designation of HIPAA Privacy Officer and Component Privacy and Security Coordinators)

A. Implementation of Minimum Necessary Standard - Workforce Members:

Facilities and programs that create, use, maintain, disclose or transmit PHI must:

- a. Identify the class of jobs and/or job titles, as appropriate, who need access to PHI to carry out their duties; and
- b. For each class of jobs and/or job titles, the category or categories of PHI to which access is needed under any conditions appropriate to such access. (See FIU Policy and Procedure #1660.105) (Class of Jobs and/or Job Titles of Workforce Members Who Require Access to Protected Health Information)

B. Requests for PHI Made by FIU and Requests for PHI Received from External Entities or Individuals on a Routine and Non-Routine Basis

NOTE: The following provides guidance on what constitutes the Minimum Necessary and any restrictions regarding use and disclosure.

- 1. **Requests for Disclosure Made by FIU to an External Entity or Individual or Requests Made by an External Entity or Individual on a “Routine Basis”**

- A. For any type of request for disclosure of PHI made on a routine basis to an external entity or individual, the facility and program will take reasonable steps to ensure that the request is limited to the amount of PHI reasonably necessary to accomplish the purpose for which the request is made.
- B. For any type of request for disclosure of PHI received on a routine basis by an external entity or individual, the facility and program will limit the disclosure of PHI to that which is reasonably necessary to achieve the purpose of the disclosure or request.

NOTE: A “routine” disclosure is one made on a routine or recurring basis and is relatively straightforward and appropriate to release per federal and state law. Disclosures in response to routine requests must be evaluated and released according to the following limiting measures:

- 1. By what is specifically authorized,
- 2. By what is specifically requested, and
- 3. Documents (e.g., procedure notes, test results etc.) related to specific dates.

2. **Requests for Disclosure Made by FIU to an External Entity or Individual or Requests Made by an External Entity or Individual on a “Non-Routine Basis”**

NOTE: Disclosures that are NOT made on a routine and recurring basis, or processing requests received from an external entity or individual, often require legal assistance (non-routine disclosures). These requests MUST be reviewed by the facility or program Medical Records Manager or Privacy Coordinator and if necessary, in consultation with the Office of Office of Compliance and Integrity for compliance with the minimum necessary standards. When responding to requests for non-routine disclosures, the disclosures must be limited to the amount reasonably necessary to achieve the purpose based on the criteria established below:

- a. Is the purpose for the request stated with specificity?
- b. Is the amount of PHI to be disclosed limited to the intended purpose?
- c. Have the requirements for supporting documentation, statements, or representations been satisfied?
- d. Have all applicable requirements of the HIPAA Privacy Rule been satisfied with respect to the request?
- e. What is the impact on patients?
- f. What is the impact on the FIU facility or program?
- g. What is the extent to which disclosures would increase number of individuals or organizations with access to PHI?
- h. Likelihood of re-disclosure?
- i. Is there an ability to achieve the same purpose with de-identified PHI? (See FIU Policy and Procedure #1660.140) (De-identification and Re-identification of Protected Health Information and Limited Data Sets)

- j. Is technology available to limit the disclosures of the PHI?
- k. What is the cost of limiting the disclosure of PHI?
- l. Are there any other facts?

Examples of Non-Routine Disclosures:

- Court order.
- Request from federal or state governmental agency.
- To a county/investigating agency, protective services.
- To foster care, group home, childcare institutions, or correctional facility for minor.
- To the military for purposes other than recruitment.
- Insurance carrier audit.

NOTE: The disclosure of a patient’s entire medical record may ONLY occur when such disclosure is specifically justified as the amount that is reasonably necessary to accomplish the intended purpose or one of the exceptions noted below in the **NOTE: “Reasonable Reliance”**.

NOTE: Any request for the entire medical record that is NOT made by a health care provider for treatment purposes MUST have in the request justification for requesting the entire medical record.

NOTE: Reasonable Reliance

Facility and programs may rely on a requested disclosure as minimum necessary for the stated purpose(s) when:

1. Making disclosures to public officials, if the official represents that the information is the minimum necessary for the stated purpose(s).
2. The information is requested by another covered entity (health care provider, health plan or clearinghouse). (See Section I(C)(12) and (13) below)
3. The information is requested by a professional who is a member of the facility’s or program’s workforce or is a Business Associate of the facility or program for the purpose of providing professional services to the facility or program, if the Workforce member or Business Associate represents that the information requested is the minimum necessary for the stated purpose(s). (See FIU Policy and Procedure #1660.015) (Business Associate Agreements)
4. The information is requested for research purposes and the person/entity requesting the information has provided the facility or program with the required patient written permission (Authorization) that meets the requirements of the HIPAA Privacy Rule and Florida Statute §456.057. (See FIU Policy and Procedure #1660.140) (De-identification and Re-identification of Protected Health Information and Limited Data Sets)

C. Applying the Minimum Standard to Permitted Uses and Disclosures

1. Disclosure of De-identified PHI

- A. Regardless of the method by which de-identification is achieved, the Privacy Rule does not restrict the use or disclosure of de-identified health information, as it is no longer considered PHI. (See FIU Policy and Procedure #1660.140) (De-identification and Re-identification of Protected Health Information and Limited Data Sets)

2. Disclosing to Patients (Access)

- A. In most cases, the facility or program will accommodate a patient's right to see or copy his or her medical records. For the purposes of Minimum Necessary, patients generally have the right to all of their PHI. However, there are circumstances where providing some or all of the information is not appropriate, particularly when the patient's legally authorized representative (Representative) is making the request. (See FIU Policy and Procedure #1660.050) (Patient Access to Protected Health Information) and (FIU Policy and Procedure #1660.001) (Representatives)

3. When the Patient is Present and Able

- A. (See FIU Policy and Procedure #1660.030) (Uses and Disclosure of Patient Protected Health Information Requiring an Opportunity for the Patient to Agree or Object)

4. When the Patient is Not Present or Able

- A. (See FIU Policy and Procedure #1660.030) (Uses and Disclosure of Patient Protected Health Information Requiring an Opportunity for the Patient to Agree or Object)

5. Disclosing PHI to Family Members or Friends Involved in the Patient's Care

- A. The disclosure(s) MUST be limited to the information relevant to this person's involvement in the patient's care and consistent with the wishes of the patient. (See FIU Policy and Procedure #1660.030) (Uses and Disclosure of Patient Protected Health Information Requiring an Opportunity for the Patient to Agree or Object)

6. Finding and Notifying Family Members

- A. (See FIU Policy and Procedure #1660.030) (Uses and Disclosure of Patient Protected Health Information Requiring an Opportunity for the Patient to Agree or Object)

7. **Business Associate Use and Disclosure**

- A. The amount of PHI created, used and accepted is limited to the amount described in the contract and Business Associate Agreement (BAA).
(See Policy and Procedure #1660.015) (Business Associate Agreements)

8. **Disclosure to Other Health Care Providers**

- A. A facility or program MAY release PHI for medical purposes/treatment and is generally excluded from the Minimum Necessary rule, and there is no limit to the type of information that may be released. Health care providers who may be provided PHI subject to the remaining requirements of this procedure, include:
- Current primary care physicians and referring and consulting physicians.
 - Any health care provider associated with the specific episode of care for which information is requested.
 - Any health care provider with a properly completed Authorization signed by the patient or the patient's legal representative. (See FIU Policy and Procedure #1660.020) (Authorization for Uses and Disclosures of Protected Health Information) and (FIU Policy and Procedure #1660.001) (Representatives)
 - Any healthcare facility, such as acute care, hospice, home health, extended care.

NOTE: Disclose psychotherapy notes ONLY after obtaining an Authorization signed by the patient or the patient's Representative.

NOTE: Disclose documentation regarding HIV testing, findings, and treatment ONLY after obtaining an HIV Authorization (Super-Confidential) signed by the patient or the patient's Representative.

9. **Covered Entities that are Government Programs Providing Public Benefits**

- A. A facilities or program MAY disclose PHI relating to another Covered Entity that is a government agency administering a program providing public benefits if the program serves the same or similar populations and the disclosure of PHI is necessary to coordinate the covered functions of such program or to improve administration and management relating to the covered functions of such programs.

10. For Payment

- A. If an external Covered Entity or health care provider is seeking PHI from the FIU facility or program in order to receive payment for services rendered to the patient, the FIU facility or program shall provide the minimal amount of PHI necessary for the payment activities of the external Covered Entity or health care provider, but **ONLY** after obtaining written permission (Authorization) from the patient or the patient's legal representative.

11. Disclosure to Payers

- A. A facility or program **MUST** provide the minimum amount of PHI necessary for the Payer (i.e., health plans) to make payment for the specific service/treatment provided. If a payer demands more information than seems necessary, or if the request is in some way non-routine (i.e., when the payer is not known, or the payment has already been made) do not disclose additional PHI and contact facility or program Privacy Coordinator and if necessary, the Office of Compliance and Integrity for guidance.

12. For Operations, Fraud and Abuse Detection, and Compliance

- A. If another Covered Entity or health care provider seeks patient PHI for reasons related to operations, fraud and abuse detection, or compliance issues, the minimum amount of PHI associated with the operations, alleged fraud, abuse detection, or compliance issues **MAY** only be disclosed if the FIU facility or program is able to confirm that:
1. The other health care provider has or had a treatment relationship with the patient;
 2. The other healthcare provider is a Covered Entity and the requested PHI pertains to such treatment relationship, and
 3. The purpose of the disclosure is related to quality assessment and improvement activities (including outcomes evaluation and development of clinical guidelines, provided that the obtaining of generalizable knowledge is not the primary purpose), population-based activities relating to improving health or reducing health care costs, protocol development, case management and care coordination, contacting health care providers and patients with information about treatment alternatives, related functions that do not include treatment, reviewing the competence or qualifications of health care professionals, evaluating health care provider or health plan performance, conducting training programs for practitioners or professionals, accreditation, certification, licensing or credentialing activities, or health care fraud and abuse detection or compliance.

13. Disclosures to Public Health Authorities

- A. (See FIU Policy and Procedure #1660.025) (Uses and Disclosures for Which and Authorization or Opportunity to Agree or Object is NOT Required)

14. Individuals Who May Have Been Exposed to Communicable Diseases

- A. (See FIU Policy and Procedure #1660.025) (Uses and Disclosures for Which and Authorization or Opportunity to Agree or Object is NOT Required) (Florida Statute §456.061)

15. Disclosures to Health Oversight Agencies

- A. (See FIU Policy and Procedure #1660.025) (Uses and Disclosures for Which and Authorization or Opportunity to Agree or Object is NOT Required)

16. Disclosures to an Entity Subject to the Food and Drug Administration (FDA)

- A. (See FIU Policy and Procedure #1660.025) (Uses and Disclosures for Which and Authorization or Opportunity to Agree or Object is NOT Required)

17. Workforce Member is the Victim of a Crime

- A. (See FIU Policy and Procedure #1660.025) (Uses and Disclosures for Which and Authorization or Opportunity to Agree or Object is NOT Required)

18. Reporting Violent Criminals

- A. (See FIU Policy and Procedure #1660.025) (Uses and Disclosures for Which and Authorization or Opportunity to Agree or Object is NOT Required)

19. Victims of Crime

- A. (See FIU Policy and Procedure #1660.025) (Uses and Disclosures for Which and Authorization or Opportunity to Agree or Object is NOT Required)

20. Crime on the facility or Program Premises

- A. (See FIU Policy and Procedure #1660.025) (Uses and Disclosures for Which and Authorization or Opportunity to Agree or Object is NOT Required)

21. Reporting Crime in Emergencies

- A. (See FIU Policy and Procedure #1660.025) (Uses and Disclosures for Which and Authorization or Opportunity to Agree or Object is NOT Required)

22. When Responding to an Off-Site Medical Emergency

- A. (See FIU Policy and Procedure #1660.025) (Uses and Disclosures for Which and Authorization or Opportunity to Agree or Object is NOT Required)

23. Disclosure about Victims of Abuse, Neglect, and Domestic Violence Against Children

- A. Facility and program Workforce members who know, or has reasonable cause to suspect that a child:
1. Is abused, abandoned, or neglected by a parent, legal custodian, caregiver, or other person responsible for the child's welfare,
 2. Is in need of supervision and care and has no parent, legal custodian, or responsible adult relative immediately known and available to provide supervision and care,
 3. Is abused by an adult other than a parent, legal custodian, caregiver, or other person responsible for the child's welfare,
 4. Is the victim of childhood sexual abuse, or
 5. Is the victim of a known or suspected juvenile sexual offender,

MUST report such knowledge or suspicion to the Florida Department of Children and Families Central Abuse Hotline. The disclosure of patient PHI MUST be limited to the facts involving the known or suspected abuse, abandonment, neglect and/or lack of supervision or the disclosure of PHI MUST be made according to the requirements of the law. (See FIU Policy and Procedure #1660.025) (Uses and Disclosures for Which and Authorization or Opportunity to Agree or Object is NOT Required)

NOTE: The Florida Department of Children and Families, its agent, or its contracted entity, MAY request and obtain patient information for the purpose of investigations of or services for cases of abuse, neglect, or exploitation of children or vulnerable adults.

24. Disclosure about Victims of Abuse, Neglect, and Domestic Violence Against Adults

- A. Facility and program Workforce members who know, or has reasonable cause to suspect, that a vulnerable adult has been or is being abused, neglected, or exploited MUST immediately report such knowledge or suspicion to the Department of Children and Families Central Abuse Hotline. The disclosure of patient PHI MUST be limited to the facts involving the known or suspected abuse, neglect and/or exploitation or the disclosure of PHI MUST be made according to the requirements of the law. (See FIU Policy and Procedure #1660.025) (Uses and

Disclosures for Which and Authorization or Opportunity to Agree or Object is NOT Required)

B. Also See #23 and Note immediately above.

25. Disclosure to Report a Health Care Practitioner Who Engaged or Attempt to Engage a Patient, or an Immediate Family Member of the Patient, or Patient Representative in, or Induced or Attempt to Induce Such Person to Engage in, Verbal or Physical Sexual Activity Outside the Scope of the Professional Practice

A. Licensed health care practitioners MUST report to the Florida Department of Health allegations in which a health care practitioner uses such relationship to engage or attempt to engage the patient, or an immediate family member, guardian, or Representative of the patient in, or to induce or attempt to induce such person to engage in, verbal or physical sexual activity outside the scope of the professional practice of such health care profession of sexual misconduct to the department, regardless of the practice setting in which the alleged sexual misconduct occurred. The disclosure of patient information MUST be limited to facts involving the alleged sexual misconduct, or the disclosure of PHI MUST be made according to the requirements of the law. (See **NOTE** immediately below) (Uses and Disclosures for Which and Authorization or Opportunity to Agree or Object is NOT Required)

26. Uses and Disclosures to Avert a Serious Threat to Health or Safety

A. Communications between **psychiatrists** and patients are confidential; however, such communications MAY be disclosed to the extent necessary to warn any potential victims or to communicate the threat to a law enforcement agency for the purpose of averting a serious threat when:

1. The patient is engaged in a treatment relationship with a psychiatrist,
2. The patient has made an actual threat to physically harm an identifiable victim or victims,
3. The psychiatrist makes a clinical judgement that the patient has the apparent capability to commit such an act, and
4. it is more likely than not that in the near future the patient will carry out that threat. (See FIU Policy and Procedure #1660.025) (Uses and Disclosures for Which and Authorization or Opportunity to Agree or Object is NOT Required)

B. Communications between **psychologists** and patients are confidential; however, such communication MAY be disclosed when:

1. a clear and immediate probability of physical harm exists to:
 - a. the patient,
 - b. to other individuals, or
 - c. to society, and
 - d. the psychologist communicates the information ONLY to the potential victim, appropriate family member, or law enforcement or other appropriate authorities. (Florida Statute §491.0147) (See FIU Policy and Procedure #1660.025) (Uses and Disclosures for Which and Authorization or Opportunity to Agree or Object is NOT Required)

NOTE: Facility and program Workforce members MAY NOT use or disclose patient PHI if the information is learned by the Workforce member:

2. In the course of treatment to affect the propensity to commit the criminal conduct that is the basis for the disclosure under this section, or counseling or therapy; or
2. Through a request by the individual to initiate or to be referred for the treatment, counseling, or therapy described in this section.

27. Disclosures to Law Enforcement Officials

- A. (See FIU Policy and Procedure #1660.025) (Uses and Disclosures for Which and Authorization or Opportunity to Agree or Object is NOT Required)

28. Identifying or Locating a Person

- A. (See FIU Policy and Procedure #1660.025) (Uses and Disclosures for Which and Authorization or Opportunity to Agree or Object is NOT Required)

29. Correctional Institutions and Other Law Enforcement Custodial Situations.

- A. (See FIU Policy and Procedure #1660.025) (Uses and Disclosures for Which and Authorization or Opportunity to Agree or Object is NOT Required)

30. Legal Orders

- A. (See FIU Policy and Procedure #1660.025) (Uses and Disclosures for Which and Authorization or Opportunity to Agree or Object is NOT Required)

31. Pursuant to Process and as Otherwise Required by Law.

- A. (See FIU Policy and Procedure #1660.025) (Uses and Disclosures for Which and Authorization or Opportunity to Agree or Object is NOT Required)

32. Disclosures in Judicial and Administrative Proceedings or Administrative Tribunal Orders

- A. (See FIU Policy and Procedure #1660.025) (Uses and Disclosures for Which and Authorization or Opportunity to Agree or Object is NOT Required)
- 33. **Subpoena, Discovery Request, Other Lawful Process Without an Order**
 - A. (See FIU Policy and Procedure #1660.025) (Uses and Disclosures for Which and Authorization or Opportunity to Agree or Object is NOT Required)
- 34. **Disclosure of Deceased Persons' PHI**
 - A. (See FIU Policy and Procedure #1660.025) (Uses and Disclosures for Which and Authorization or Opportunity to Agree or Object is NOT Required) and (FIU Policy and Procedure #1660.030) (Uses and Disclosure of Patient Protected Health Information Requiring an Opportunity for the Patient to Agree or Object)
- 35. **Medical Examiners** (Florida Statute §39.201)
 - A. (See FIU Policy and Procedure #1660.025) (Uses and Disclosures for Which and Authorization or Opportunity to Agree or Object is NOT Required)
- 36. **Funeral Directors**
 - A. (See FIU Policy and Procedure #1660.025) (Uses and Disclosures for Which and Authorization or Opportunity to Agree or Object is NOT Required)
- 37. **Cadaveric, Organ, Eye and/or Tissue Donation**
 - A. (See FIU Policy and Procedure #1660.025) (Uses and Disclosures for Which and Authorization or Opportunity to Agree or Object is NOT Required)
- 38. **Disclosures for Research** (Florida Statute §456.057)
 - A. (See FIU Policy and Procedure #1660.140) (De-identification and Re-identification of Protected Health Information and Limited Data Sets)
- 39. **Disclosures for Worker's Compensation/Employer.**
 - A. (See FIU Policy and Procedure #1660.025) (Uses and Disclosures for Which and Authorization or Opportunity to Agree or Object is NOT Required)

40. Whistleblowers

- A. (See FIU Policy and Procedure #1660.025) (Uses and Disclosures for Which and Authorization or Opportunity to Agree or Object is NOT Required)

II. Exceptions to Disclosure Restrictions for Facility and program Workforce Members and Business Associates

- A. A facility or program may disclose PHI without concern for the Minimum Necessary standard as follows:
1. In response to a request by a health care provider for treatment purposes to the patient.
 2. To the individual who is the subject of the PHI or his/her (Representative). (See FIU Policy and Procedure #1660.050) (Patient Access to Protected Health Information) and (FIU Policy and Procedure #1660.001) (Representatives)
 3. Pursuant to an Authorization signed by the patient or his/her Representative. (See FIU Policy and Procedure #1660.020) (Authorization for Uses and Disclosures of Patient Protected Health Information) and (See FIU Policy and Procedure #1660.001) (Representatives)
 4. To the Secretary of the U.S. Department of Health and Human Services (federal government) in response to an investigation of compliance with HIPAA). (See FIU Policy and Procedure #1660.025) (Uses and Disclosures of Patient Protected Health Information for Which an Opportunity to Agree or Object is NOT Required)
 5. As required by law (such as for Department of Health in response to state surveys, federal surveys, public health reportable events, FDA as related to product quality, safety, effectiveness or recalls etc.). (See FIU Policy and Procedure #1660.025) (Uses and Disclosures of Patient Protected Health Information for Which an Opportunity to Agree or Object is NOT Required)
 6. As required for compliance with the HIPAA Privacy Rule and Florida law. (See FIU Policy and Procedure #1660.025) (Uses and Disclosures of Patient Protected Health Information for Which an Opportunity to Agree or Object is NOT Required)

III. Record/Documentation Retention

- A. If a communication, action, activity, or designation is required to be documented in writing, the document or record owner 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)