



**Required Disclosures of Protected Health Information # 1660.125**

<b>INITIAL EFFECTIVE DATE:</b>	<b>LAST REVISION DATE:</b>	<b>RESPONSIBLE UNIVERSITY DIVISION/DEPARTMENT</b>
August 31, 2021	August 6, 2025	Office of Compliance and Integrity

**POLICY STATEMENT**

Florida International University (FIU) Health Insurance Portability and Accountability Act (HIPAA) Hybrid Designated Health Care Components (hereinafter facilities and programs) and Business Associates will disclose protected health information (PHI) when required by HIPAA, federal law, and Florida state statutes.

As a University-wide policy and procedure, 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)

Facility 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, or designee 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 and state law and regulation. (FIU Policy and Procedure #1660.080) (Policies and Procedures, Changes to Policies and Procedures, and Documentation)



### SCOPE

This policy applies to FIU's HIPAA Health Care 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 explain situations when the disclosure of PHI is required as described in the HIPAA Privacy Rule, federal law 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 Component (facility and program must designate a Privacy and a Security Coordinator responsible for overseeing and ensuring the facility's and program's implementation and compliance with the HIPAA Privacy Rule and Security Rule, FIU's associated HIPAA Privacy and Security 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 and disclosure of PHI.

## RELATED RESOURCES

### References

- 45 CFR §164.502
- 45 CFR §164.504
- 45 CFR §164.512
- 45 CFR §164.514
- 45 CFR §164.530
- Florida Statute §39.201
- Florida Statute §95.11
- Florida Statute §381.0031
- Florida Statute §382
- Florida Statute §384.25
- Florida Statute §385.202
- Florida Statute §392.53
- Florida Statute §395.1027
- Florida Statute §406.12
- Florida Statute §408.061
- Florida Statute §415.1034
- Florida Statute §440.13
- Florida Statute §456.057
- Florida Statute §456.063
- Florida Statute §459.026
- Florida Statute §790.24
- Florida Statute §794.027
- Florida Statute §877.155
- Florida Rule 1.360

### Related Policies

- FIU Policy # 1610.005 (Designated Health Care Components of FIU Community)
- FIU Policy and Procedure #1660.015 (Business Associate Agreements)
- FIU Policy and Procedure #1660.025 (Uses and Disclosures for Which and Authorization or Opportunity to Agree or Object is NOT Required)
- FIU Policy and Procedure #1660.060 (Accounting of Disclosures of Protected Health Information)
- 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)
- FIU Policy and Procedure #1660.120 (Minimum Necessary)
- FIU Policy and procedure #1660.140 (Designated Record Sets)

### 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:** August 31, 2021

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

**Revision Dates** (*review performed, updates made to document*): August 31, 2021; February 29, 2024; August 6, 2025.



**Required Disclosures of Protected Health Information # 1660.125a**

<b>INITIAL EFFECTIVE DATE:</b>	<b>LAST REVISION DATE:</b>	<b>RESPONSIBLE UNIVERSITY DIVISION/DEPARTMENT</b>
August 31, 2021	August 6, 2025.	Office of Compliance and Integrity

**PROCEDURE STATEMENT**

**I. Required Disclosures**

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 federal law and Florida state statutes governing the confidentiality, integrity and availability of PHI and electronic PHI (ePHI), including, but not limited to required disclosures of 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)

**A. To the Patient**

1. Facility and program Workforce members are required to disclose PHI when a patient or the patient’s legally authorized Representative makes a request for access to PHI contained within their medical records and/or makes a request for an accounting of disclosures. The Workforce members will adhere to the procedures set forth in FIU Policy and Procedure #1660.050 (Patient Access to Protected Health Information), FIU Policy and Procedure #1660.001 (Representatives), FIU Policy and Procedure #1660.040 (Verification), and FIU Policy and Procedure #1660.060 (Accounting of Disclosures of Protected Health Information)

**B. To the Secretary of the Department of Health and Human Services, the Federal Office of National Coordinator, and the Florida Attorney General**

1. Facility and program Workforce members are required to disclose PHI when the Secretary of the United States Department of Health and Human Services makes a request for PHI to investigate and determine FIU’s compliance with HIPAA, when the federal Office of the National Coordinator makes a request for PHI to investigate and determine FIU’s compliance with the Information Blocking Rules, and when the Florida Attorney General makes a request for PHI to investigate and

determine FIU's compliance with Florida state statutes. (Also see FIU Policy and Procedure #1660.040 (Verification), FIU Policy and Procedure #1660.060 (Accounting of Disclosures of Protected Health Information), FIU Policy and Procedure #1660.095 (Reporting HIPAA Incidents and Notification in the Case of a Breach), and FIU Policy and Procedure #1660.095 (Complaints Under the HIPAA Privacy Rule, Mitigation, Refraining from Intimidating or Retaliatory Acts, and Waiver)

## **II. Disclosures Required by Florida Law**

**NOTE:** It is important to understand that the following are "permitted", but not "required" disclosures under the HIPAA Privacy Rule.

### **A. Gunshot Wounds, Life Threatening Injuries, and Burns**

1. Health care practitioners/providers treating or receiving a request for treatment are required to immediately report to local law enforcement officials any gunshot wound or life-threatening injury indicating an act of violence. (Florida Statute §790.24) (Also see FIU Policy and Procedure #1660.025 (Uses and Disclosures for Which and Authorization or Opportunity to Agree or Object is NOT Required), FIU Policy and Procedure #1660.120 (Minimum Necessary), and FIU Policy and Procedure #1660.060 (Accounting of Disclosures of Protected Health Information))
2. Healthcare practitioners/providers treating second and third-degree burns are required to report the injury to the County Sheriff if they are believed to be caused by violence or unlawful activity. (Florida Statute §877.155) (Also see FIU Policy and Procedure #1660.025 (Uses and Disclosures for Which and Authorization or Opportunity to Agree or Object is NOT Required), FIU Policy and Procedure #1660.120 (Minimum Necessary), and FIU Policy and Procedure #1660.060 (Accounting of Disclosures of Protected Health Information))

### **B. Suspected Child Abuse**

1. Facility and program Workforce members who know or who have reasonable cause to suspect child abuse, abandonment or neglect by a parent, legal custodian, caregiver, or other person responsible for the child's welfare, are required to immediately report such knowledge or suspicion to the Department of Children and Families (DCF) Central Hotline (Florida Statute §39.201) (Also see FIU Policy and Procedure #1660.025 (Uses and Disclosures for Which and Authorization or Opportunity to Agree or Object is NOT Required), FIU Policy and Procedure #1660.120 (Minimum Necessary), and FIU Policy and Procedure #1660.060 (Accounting of Disclosures of Protected Health Information), FIU Policy and

Procedure #140.130 Mandatory Reporting of Child Abuse, Abandonment and Neglect)

**C. Suspected Vulnerable Adult Abuse**

1. Facility and program Workforce members who know or have reasonable cause to suspect abuse, neglect or exploitation of vulnerable adults are required to immediately report such knowledge to the DCF Abuse Hotline (Florida Statute §415.1034) (Also see FIU Policy and Procedure #1660.025 (Uses and Disclosures for Which and Authorization or Opportunity to Agree or Object is NOT Required), FIU Policy and Procedure #1660.120 (Minimum Necessary), and FIU Policy and Procedure #1660.060 (Accounting of Disclosures of Protected Health Information))

**NOTE:** Vulnerable adults with the capacity to consent may object to the release of records to the protective investigator. However, the investigator may obtain a court order requiring the release (disclosure) of the records. (Florida Statute §415.1045(4)(a)(5))

**D. Crime of Sexual Battery**

1. Facility and program Workforce members who observe the commission of a crime of sexual battery are required to immediately report such offense to a law enforcement official (Florida Statute §794.027) (Also see FIU Policy and Procedure #1660.025 (Uses and Disclosures for Which and Authorization or Opportunity to Agree or Object is NOT Required), FIU Policy and Procedure #1660.120 (Minimum Necessary), and FIU Policy and Procedure #1660.060 (Accounting of Disclosures of Protected Health Information))

**NOTE:** Workforce members who observe the commission of the crime of sexual battery and have the ability, are required to notify law enforcement of the crime. Failure to make the required notification is a misdemeanor crime (Florida Statute §794.027)

2. Facility and program Workforce members who know, or have reasonable cause to suspect, that a child is the victim of childhood sexual abuse or the victim of a known or suspected juvenile sexual offender, are required to report such knowledge or suspicion to the Florida Department of Children and Families Central Abuse Hotline. (Florida Statute §39.201(1)(a-c)). (Also see FIU Policy and Procedure #1660.025 (Uses and Disclosures for Which and Authorization or Opportunity to Agree or Object is NOT Required), FIU Policy and Procedure

#1660.120 (Minimum Necessary), and FIU Policy and Procedure #1660.060 (Accounting of Disclosures of Protected Health Information))

**E. Health Care Practitioner/Providers Engaged or Attempted to Engage in a Verbal or Physical Sexual Relationship with a Patient, Immediate Family Member, Guardian, or Representative of the Patient**

1. Facility and program Workforce members are required to report to the Florida Department of Health allegations of sexual misconduct in which a health care practitioner/provider engages or attempts to engage a 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, regardless of the practice setting in which the alleged sexual misconduct occurred. (Florida Statute §456.063) (Also see FIU Policy and Procedure #1660.025 (Uses and Disclosures for Which and Authorization or Opportunity to Agree or Object is NOT Required), FIU Policy and Procedure #1660.120 (Minimum Necessary), and FIU Policy and Procedure #1660.060 (Accounting of Disclosures of Protected Health Information))

**F. Death**

1. **Children:** Facility and program Workforce members who have reasonable cause to suspect that a child died as a result of child abuse, abandonment, or neglect are required to immediately report his/her suspicion to the appropriate medical examiner (Florida Statute §39.201) (Also see FIU Policy and Procedure #1660.025 (Uses and Disclosures for Which and Authorization or Opportunity to Agree or Object is NOT Required), FIU Policy and Procedure #1660.120 (Minimum Necessary), and FIU Policy and Procedure #1660.060 (Accounting of Disclosures of Protected Health Information))
2. **Any Person:** Facility and program Workforce members who become aware of the death of any person in the State occurring under the following circumstances are required to report such death and circumstances to the district medical examiner. (Florida Statute §406.12):
  - a. As a result of criminal violence
  - b. By accident
  - c. By suicide
  - d. Suddenly, when in apparent good health
  - e. Unattended by a practicing physician or other recognized practitioner
  - f. In any prison or penal institution

- g. In police custody
- h. In any suspicious or unusual circumstances
- i. By criminal abortion
- j. By poison
- k. By disease constituting a threat to public health (Florida Statute §381.0031)
- l. By disease, injury of toxic agent resulting from employment.  
(Also see FIU Policy and Procedure #1660.025 (Uses and Disclosures for Which and Authorization or Opportunity to Agree or Object is NOT Required), FIU Policy and Procedure #1660.120 (Minimum Necessary), and FIU Policy and Procedure #1660.060 (Accounting of Disclosures of Protected Health Information))

3. **As a Result of Criminal Conduct:** Facility and program Workforce members must disclose relevant patient PHI to law enforcement officials about a patient who died for the purpose of alerting law enforcement of the death of the patient if the Workforce member suspect that the death may have resulted from criminal conduct. (Florida Statute §415.1034(2) and §406.12). (Also see FIU Policy and Procedure #1660.025 (Uses and Disclosures for Which and Authorization or Opportunity to Agree or Object is NOT Required), FIU Policy and Procedure #1660.120 (Minimum Necessary), and FIU Policy and Procedure #1660.060 (Accounting of Disclosures of Protected Health Information))

#### **G. Public Health Surveillance**

- 1. Facility and program health care practitioners/providers are required to report the following diseases and injuries to the Florida Department of Health:
  - a. Sexually Transmitted Diseases (Florida Statute §392.53 and §384.25)
  - b. Tuberculosis (Florida Statute §392.53 and §384.25)
  - c. Cancer (Florida Statute §385.202)
  - d. Adverse incidents involving medical treatment (Florida Statute §459.026)
  - e. For purposes of treating a poison episode under evaluation, case management of poison cases, or compliance with data collection and reporting requirements of Florida Statute §395.1027 and the professional organization that certifies poison control centers in accordance with federal law. (Florida Statute §456.057)
  - f. Vital events such as births and deaths. (Florida Statute §382)
  - g. Imminent threats to public health or safety related to bioterrorism. (45 C.F.R. §164.512(b) and (j))
  - h. existence of a disease of public health significance. (Florida Statute §381.0031)

2. (Also see FIU Policy and Procedure #1660.025 (Uses and Disclosures for Which and Authorization or Opportunity to Agree or Object is NOT Required), FIU Policy and Procedure #1660.120 (Minimum Necessary), and FIU Policy and Procedure #1660.060 (Accounting of Disclosures of Protected Health Information)) Facility and program Workforce members are required to submit the PHI necessary for the Florida Agency for Health Care Administration to carry out its duties. (Florida Statute §408.061). (Also see FIU Policy and Procedure #1660.025 (Uses and Disclosures for Which and Authorization or Opportunity to Agree or Object is NOT Required), FIU Policy and Procedure #1660.120 (Minimum Necessary), and FIU Policy and Procedure #1660.060 (Accounting of Disclosures of Protected Health Information))

**NOTE:** Facility and program Workforce members are required to submit data necessary to the Florida Agency for Health Care Administration to carry out its duties. (Florida Statute 408.061)

#### **H. Worker's Compensation**

1. Facility and program Workforce members are required upon the request of the employer, the carrier, an authorized, qualified rehabilitation provider, or an attorney for the employer or carrier, disclose the medical records of an injured employee to those persons and the medical condition of that injured employee may be discussed with those persons, if the records and discussions are restricted to conditions related to the workplace injury. (Florida Statutes §440.13 and §456.057) (Also see FIU Policy and Procedure #1660.025 (Uses and Disclosures for Which and Authorization or Opportunity to Agree or Object is NOT Required), FIU Policy and Procedure #1660.120 (Minimum Necessary), and FIU Policy and Procedure #1660.060 (Accounting of Disclosures of Protected Health Information))

#### **I. Legal Orders or Administrative Tribunal Orders**

1. The Privacy Coordinator, or designee is required to disclose patient PHI in response to a court order or court ordered warrant. (Florida Statute §456.057) (Also see Section III(A) below, FIU Policy and Procedure #1660.025 (Uses and Disclosures for Which and Authorization or Opportunity to Agree or Object is NOT Required), FIU Policy and Procedure #1660.120 (Minimum Necessary), and FIU Policy and Procedure #1660.060 (Accounting of Disclosures of Protected Health Information))
2. The Privacy Coordinator, or designee is required to disclose patient clinical records (Mental Health) in response to a Court Order (Florida Statute §456.057)

(See Section III(A) below, FIU Policy and Procedure #1660.025 (Uses and Disclosures for Which and Authorization or Opportunity to Agree or Object is NOT Required), FIU Policy and Procedure #1660.120 (Minimum Necessary) and FIU Policy and Procedure #1660.060 (Accounting of Disclosures of Protected Health Information))

**J. Compulsory Examination Made Pursuant to Florida Rule 1.360**

1. When compulsory physical examination is made pursuant to Rule 1.360, Florida Rules of Civil Procedure, Workforce members are required to disclose the requested patient PHI to the defendant and the plaintiff. (See Section III(A) below, FIU Policy and Procedure #1660.025 (Uses and Disclosures for Which and Authorization or Opportunity to Agree or Object is NOT Required), FIU Policy and Procedure #1660.120 (Minimum Necessary) and FIU Policy and Procedure #1660.060 (Accounting of Disclosures of Protected Health Information))

**K. Correctional Institutions and other Law Enforcement Custodial Situations**

1. Facility and program Workforce members are required to disclose a patient's medical records when the patient is committed to, or is to be returned to, the Department of Corrections from an FIU Healthcare Facility and program and the Department of Corrections requests the medical records. (Florida Statute §394.4615(2) and Florida Administrative Code 65E-5.250) (Also see FIU Policy and Procedure #1660.025 (Uses and Disclosures for Which and Authorization or Opportunity to Agree or Object is NOT Required), FIU Policy and Procedure #1660.120 (Minimum Necessary), and FIU Policy and Procedure #1660.060 (Accounting of Disclosures of Protected Health Information))

**L. Oversight Agency**

1. Facility and program Workforce members are required upon request from a Health Oversight Agency to disclose relevant PHI so that the Agency can perform:
  - a. Audits
  - b. Inspections
  - c. Licensure or disciplinary actions
  - d. Civil investigations, proceedings, or actions
  - e. Administrative investigations, proceedings, or actions

f. Criminal investigations, proceedings, or actions.

**III. Processing of ALL Legal Requests**

- A. The Privacy Coordinator, or designee must forward all legal requests for access to or the disclosure of PHI (including, but not limited to Court Orders, Court Ordered Warrants, and Subpoenas) to the Office of General Counsel for response and processing and must document in the patient's Medical Record all activities and actions taken.

**IV. 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)