



Use and Disclosure of Super-Confidential Protected Health Information #1660.150

INITIAL EFFECTIVE DATE: November 7, 2023	LAST REVISION DATE: August 11, 2025	RESPONSIBLE UNIVERSITY DIVISION/DEPARTMENT Office of University Compliance and Integrity
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POLICY STATEMENT

Florida International University (“FIU”) is committed to protecting the privacy of Protected Health Information in compliance with all applicable federal and Florida state laws, regulations and rules. For purposes of compliance with the Health Insurance Portability and Accountability Act (HIPAA), FIU has determined that it is a “Hybrid Covered Entity” and has designated the facilities and programs that constitute HIPAA Hybrid Components.

Florida International University’s (FIU) Health Insurance Portability and Accountability Act (HIPAA) Hybrid Designated Healthcare facilities and programs may not use or disclose patient protected health information (PHI) not otherwise permitted or required by the HIPAA Privacy Rule, other federal regulations, and Florida state statutes without first obtaining patient authorization that is valid under this policy and procedure. When a Component/Unit receives a valid authorization for its use and/or disclosure of PHI, such use or disclosure must be done consistent with such authorization.

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 University Compliance and Integrity. (FIU Policy and Procedure #1660.080) (Policies and Procedures, Changes to Policies and Procedures, and Documentation)

Florida International University (FIU) follows all federal regulations and Florida state statutes and regulations regarding Super-Confidential Protected Health Information (PHI) created, received, maintained, used, disclosed, or transmitted by FIU in any format.

The disclosure of Super-Confidential Medical Records/PHI:

- Requires specific written authorization from the patient or the patient’s legally authorized representative (Representative) identifying the specific Super-Confidential Medical Records/PHI to be used or disclosed,
- Will not be made pursuant to a General Authorization,

- Requires that Super-Confidential Medical Records/PHI disclosed for statistical and research purposes must be abstracted in such a way as to protect the identity of the individual, unless a specific written authorization is obtained from the patient or the patient’s Representative.
- Must be made to appropriate state or federal agencies as required by law, or
- Must be made in response to a Court Order requiring disclosure as required by federal and Florida state statutes.

All facility and program Workforce members shall receive mandatory HIPAA Privacy and Security Rule training, as well as relevant federal and Florida state statute training in support of FIU’s commitment to the proper use, disclosure, and safeguarding of PHI, including Super-Confidential PHI, from any intentional, unintentional, or incidental use or disclosure to unauthorized individuals.

Workforce members who fail to adhere to this policy and procedure may be subject to criminal and civil penalties as provided by law, and administrative and disciplinary action, including, but not limited to termination of employment or expulsion. Violations will be handled through FIU disciplinary policies applicable to employees and students. FIU may also refer suspected violations of applicable law to appropriate licensing and law enforcement agencies.

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, HITECH, the Omnibus Rule, FIU’s associated HIPAA Privacy Policies and Procedures, and any applicable federal regulations and Florida state statutes and regulations. (FIU Policy and Procedure #1660.080) (Policies and Procedures, Changes to Policies and Procedures, and Documentation)

SCOPE

This policy applies to the Healthcare Components (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 procedure and FIU Policy and Procedure #1660.015 regarding Business Associate Agreements.

REASON FOR POLICY

The reason for this policy is to provide guidance and direction on the use and disclosure of Super-Confidential PHI and addresses the specific and limited uses and disclosures of patient Super-Confidential Protected Health Information (PHI) for purposes not related to treatment,



payment, and healthcare operations, as required by law and when specific patient written authorization is required for the use and disclosure of Super-Confidential PHI.

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 HIPAA Hybrid Designated 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 laws and regulations governing the confidentiality, integrity and availability of PHI and ePHI.
- Responsible for adhering to this policy and procedure and engaging the FIU Foundation with all fundraising activities.

RELATED RESOURCES

[References](#)

- 45 CFR §164.501 (Definitions)
- 45 CFR §164.502 (Uses and Disclosures of Protected Health Information)
- 45 CFR §164.504 (Uses and Disclosures: Organizational Requirements)
- 45 CFR §164.506 (Uses and Disclosures to Carry Out TPO)
- 45 CFR §164.508 (Authorization Required)
- 45 CFR §164.512 (When an Opportunity to Agree or Object is Not Required)
- 45 CFR §164.514 (Other Requirements)
- 45 CFR §164.522 (Right to Request Privacy Protection)
- 45 CFR §164.530 (Administrative Requirements)
- Florida Statute §456.057 (Record Retention/Documentation)
- Florida Statute §348.29 and §348.30 (Sexually Transmissible Disease Records (STDs))
- Florida Statute §381.004(3)(e) (HIV/AIDS Testing Records or Results)
- Florida Statute §392.65 (Tuberculosis)
- Florida Statute §394.4615, Florida Statute §490.0147, Florida Statute §90.503 (Psychiatric and Mental Health Records, Psychiatrist/psychotherapist-Patient Privilege)
- Florida Statute §397.501 (Substance Use Disorder Records)
- Florida Statute §760.40 (Genetic Testing and Results)
- 42 U.S.C. §290dd-2 (Substance Use Disorder Records)
- 42 USC 2000ff (Genetic Information Non-discrimination Act of 2008)

Related Policies

- FIU Policy and Procedure #1610.005 (Designated Health Care Components of FIU Community)
- FIU Policy and Procedure #1640.015 (Notice of Privacy Practices)
- FIU Policy and Procedure #1660.001 (Representatives)
- FIU Policy and Procedure #1660.015 (Business Associate Agreements)
- FIU Policy and Procedure #1660.025 (Minimum Necessary)
- FIU Policy and Procedure #16660.035 (Use and Disclosure of Patient Protected Health Information for Which an Authorization or Opportunity to Agree or Object is NOT Required)
- FIU Policy and Procedure #1660.040 (Verification)
- FIU Policy and Procedure #1660.045 (Right of Patients to Request Confidential Communications Regarding the Use and Disclosure of Their 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)

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: November 7, 2023

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

Revision Dates (*updates made to document*): November 7, 2023; August 11, 2025.



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#1660.150a**

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PROCEDURE STATEMENT

Super-Confidential Protected Health Information

FIU Health Insurance and Portability and Accountability Act (HIPAA) Hybrid Designated Healthcare 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, HITECH, the Omnibus Rules, FIU’s associated HIPAA Privacy Policies and Procedures, and any applicable federal and Florida state statutes and regulations governing the confidentiality, integrity and availability of Protected Health Information (PHI) and electronic PHI (ePHI), including, but not limited to obtaining specific written Authorization from the patient or the patient’s Representative to use and/or disclose the patient’s “Super-Confidential” PHI for purposes other than treatment, payment and health care operations, or as otherwise required and permitted by law. 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)

When maintaining a patient’s medical records, Privacy Coordinators, designees, and Workforce members must clearly indicate the presence of Super-Confidential medical records/PHI to avoid impermissible uses and disclosures.

I. Authorization (Super-Confidential Protected Health Information)

- A. When a third-party intended recipient makes a request for the use and/or disclosure of a patient’s Super-Confidential PHI, the intended recipient is required to submit a specific and valid written authorization (Authorization) signed by the patient or the patient’s legally authorized representative (Representative). The Medical Records Manager, or designee must adhere to the procedures identified in FIU Policy and Procedure #1660.020 (Authorization for Uses and Disclosures of Patient Protected Health Information) regarding Authorizations (General), Verification, Compound Authorizations, Prohibition on Conditioning of Authorizations, Defective Authorizations, Incomplete Authorizations, Properly Completed Authorizations, Revocation of Authorization, and Documentation when using and/or disclosing Super-Confidential PHI. The

patient must identify via the Authorization the specific Super-Confidential PHI to be used and/or disclosed to a third-party.

Generally, a “Super-Confidential Authorization” is a General Authorization containing the required **NINE** elements of a General Authorization and which also identifies the specific “Super-Confidential” PHI that may be used and/or disclosed.

- B. **NOTE:** A General Authorization is not sufficient to disclose Super-Confidential Medical Records/PHI.
- C. If a Medical Records Manager, or designee receives a General Authorization for the use and/or disclosure of a patient’s Medical Records/PHI, he/she **will not** disclose any Super-Confidential Medical Records/PHI, unless the Authorization identifies the specific Super-Confidential Medical Records/PHI that may be disclosed.

NOTE: A General Authorization and Super-Confidential Authorization **cannot** be used to disclose Psychotherapy Notes. (See below in Section D.4)

NOTE: Psychotherapy Notes **must** be kept separate and apart from the patient’s Medical Records.

1. **Substance Misuse Disorder Patient Medical Records/PHI**

- a. The Medical Records Manager, or designee **will not** disclose Substance Misuse Disorder Patient Medical Records/PHI except upon receipt of a specific and properly completed written Authorization signed by the patient or the patient’s Representative identifying the specific Substance Misuse Disorder Medical Records/PHI that may be disclosed. (See FIU Policy and Procedure #1660.001) (Representative).
- b. **IMPORTANT:** Whenever a disclosure is made concerning Substance Misuse Disorder Medical Records/PHI, the Medical Records Manager, or designee **must** ensure that the following written statement is provided to the recipient of the Medical Records/PHI at the time of disclosure:

This information has been disclosed to you from records protected by Federal and State confidentiality rules (42 CFR Part 2). The Federal and State Rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2 and State law. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal and State rules restrict any use of the information to criminally investigate or prosecute with regard to a crime any patient with a substance use disorder, except as provided at §§ 2.12(c)(5) and 2.65.

c. **Medical Emergencies and Other Healthcare Providers**

- i. The Medical Records Manager, or designee **may** disclose Substance Misuse Disorder Medical Records/PHI to medical personnel in a medical emergency and to other healthcare provider personnel necessary to provide emergency medical/treatment services to the patient.

d. **Disclosure to Obtain Payment for Services Rendered**

- i. The Medical Records Manager, or designee **will not** disclose Substance Misuse Disorder Patient Medical Records/PHI to receive payment for treatment services rendered except upon receipt of a specific and properly completed written Authorization from the patient or the patient's Representative identifying the specific Substance Misuse Disorder Medical Records/PHI that may be disclosed.

2. **Sexually Transmitted Disease (STD) Medical Records/PHI (Including HIV/AIDS)**

- a. The Medical Records Manager, or designee **will not** disclose Sexually Transmitted Disease (STD) Medical Records/PHI except upon receipt of a specific and properly completed written Authorization from the patient or the patient's Representative identifying the specific STD Medical Records/PHI and related information that may be disclosed. (See FIU Policy and Procedure #1660.001 (Representatives))
- b. **IMPORTANT:** Whenever a disclosure is made concerning STD Medical Records/PHI, the Medical Records Manager, or designee **must ensure** that the following written statement is provided to the recipient of the Medical Records/PHI at the time of disclosure:

Please be advised that the following information is being disclosed to you, but Florida law and/or Federal law prohibits you from making any further disclosure of such information without the specific written consent of the person to whom such information pertains, or as otherwise permitted by state and/or federal law. A General Authorization for the release/disclosure of medical or other information is NOT sufficient for this purpose.

- c. If an oral disclosure is made, Florida state statute requires that the oral disclosure must be followed by sending the written notice identified above in 2(b) to the recipient of the STD Super-Confidential PHI **within 10-days** of the disclosure.
- d. **Workers' Compensation/Workplace Injuries**
 - i. STD Medical Records/PHI **may not** to be disclosed in response to an alleged work injury **unless** the patient clearly identified that the STD is work related (Non-HIV/AIDS).

- ii. The Medical Records/PHI and reports relevant to the particular injury or illness specifically identified by the patient as work-related for which compensation is sought **must** be disclosed to the employer, the employer's workers' compensation insurance carrier, or the employer's attorney **without** the patient's written Authorization.
- iii. The disclosure **must** be limited to Medical Records/PHI of services provided in the treatment of a specifically identified workplace injury or illness.
(See FIU Policy and Procedure #1660.025) (Minimum Necessary)

e. **Medical Emergencies**

- i. Florida state statute **does not** authorize disclosure of STD Medical Records/PHI **without** the consent of the individual in a medical emergency.

Human Immunodeficiency Virus (HIV) / Acquired immunodeficiency Syndrome (AIDS)

- a. The Medical Records Manager, or designee **will not** disclose HIV/AIDS Super-Confidential Medical Records/PHI except upon receipt of a specific and properly completed written Authorization from the patient or the patient's Representative identifying the specific HIV/AIDS Medical Records/PHI and related information that may be disclosed.

NOTE: While all patient Medical Records/PHI are confidential under federal law and Florida's Omnibus AIDS Act, HIV/AIDS test and results are classified as "Super-Confidential".
(Florida Statute §381.004(2)(b)).

- b. **IMPORTANT:** Whenever a disclosure is made concerning any HIV test/treatment of a patient, the Medical Records Manager, or designee **must** ensure that the following written statement is provided to the recipient of the records at the time of disclosure:

This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure of such information without the specific written consent of the person to whom such information pertains, or as otherwise permitted by state law. A general authorization for the release of medical or other information is NOT sufficient for this purpose.
(Florida Statute §381.004(2)(f))

- c. If an oral disclosure is made, Florida state statute requires that the oral disclosure must be followed by sending the written notice identified immediately above in (b) to the recipient of the Super-Confidential PHI **within 10 days** of the disclosure.
- d. Florida state statute applies **only** to HIV test results which means the "laboratory report" as entered into a medical record. The protection applies only to the fact that an HIV test was

performed on an identifiable individual and any “HIV test result” (negative as well as positive). It **does not** include test results reported to a health care provider by a patient.

- e. The identity of the patient and the HIV test results may be disclosed to:
 - i. The individual tested and his/her Representative.
 - ii. Any person or entity designated in a legally effective written Authorization.
 - iii. Healthcare providers consulting between themselves or with healthcare facilities to determine diagnosis and treatment.
- f. **Workers’ Compensation/Workplace Injuries**
 - i. **IMPORTANT:** An administrative law judge of compensation claims of the Division of Workers’ Compensation **may** authorize disclosure of HIV test results.
 - ii. The disclosure **must** be limited to Medical Records/PHI of services provided in the treatment of a specifically identified workplace injury or illness.
(See FIU Policy and Procedure #1660.025) (Minimum Necessary)

3. **Psychiatric and Psychological Medical Records/PHI**

- a. Upon a patient’s or Representative’s specific Written Authorization, psychiatric and psychological Medical Records/PHI of a mental health provider licensed under Chapter 490 or 491 of the Florida Statutes **must** be disclosed.
- b. **IMPORTANT:** Whenever a disclosure is made concerning psychiatric and psychological Medical Records/PHI, the Medical Records Manager, or designee **must** ensure that the following written statement is provided to the recipient of the Medical Records/PHI at the time of disclosure:

Please be advised that the following information is being disclosed to you, but Florida law and/or Federal law prohibits you from making any further disclosure of such information without the specific written consent of the person to whom such information pertains, or as otherwise permitted by state and/or federal law. A General Authorization for the release/disclosure of medical or other information is NOT sufficient for this purpose.

- c. **NOTE:** If a specific Written Authorization for complete copies of the Medical Record/PHI is made for the use of a subsequent licensed psychiatrist, then complete Medical Records/PHI **must** be provided (disclosed).

4. **Psychotherapeutic Notes**

- a. Upon a patient's or Representative's specific Written Authorization, Psychotherapy Notes of a mental health provider licensed under Chapter 490 or 491 of the Florida Statutes **may** be disclosed but are **not** required to be disclosed.
- b. A Written Authorization for the use or disclosure of Psychotherapy Notes **may only** be combined with another Authorization for a use or disclosure of Psychotherapy Notes. The Written Authorization cannot be combined with an Authorization for the use or disclosure of any other Medical Records/PHI, including other Super-Confidential Medical Records/PHI. (See Authorization for Psychotherapy Notes attached)
- c. Unlike other Protected Health Information (PHI), including Super-Confidential PHI, the Medical Records Manager or designee may deny a patient and their Representative access to Psychotherapy Notes. Psychotherapy Notes were specifically excluded from the Right of Access. (See FIU Policy and Procedure #16660.050) (Patient Access to Protected Health Information)
- d. **IMPORTANT:** Whenever a disclosure is made concerning psychiatric and psychological Medical Records/PHI or Psychotherapy Notes, the Medical Records Manager, or designee **must** ensure that the following written statement is provided to the recipient of the Medical Records/PHI at the time of disclosure:

Please be advised that the following information is being disclosed to you, but Florida law and/or Federal law prohibits you from making any further disclosure of such information without the specific written consent of the person to whom such information pertains, or as otherwise permitted by state and/or federal law. A General Authorization for the release/disclosure of medical or other information is NOT sufficient for this purpose.

5. **Genetic Information**

- a. The results of DNA analysis are confidential and **require** the specific Written Authorization of the person in order to disclosure the information.
- b. **NOTE:** The results of DNA analysis are the "*exclusive property*" of the person tested.
- c. **IMPORTANT:** Whenever a disclosure is made concerning genetic information, the Medical Records Manager, or designee **must** ensure that the following written statement is provided to the recipient of the Medical Records/PHI at the time of disclosure:

Please be advised that the following information is being disclosed to you, but Florida law and Federal law prohibits you from making any further disclosure of such information without the specific written consent of the person to whom such information pertains, or as otherwise permitted by state and/or federal law. A

General Authorization for the release/disclosure of medical or other information is NOT sufficient for this purpose.

6. Tuberculosis

- a. Generally, such Medical Records/PHI **may not** be released without the specific and properly completed written Authorization of the patient or Representative, absent one of the legal or health oversight exemptions.
- b. **IMPORTANT:** Whenever a disclosure is made concerning Tuberculosis Medical Records/PHI, the Medical Records Manager, or designee **must** ensure that the following written statement is provided to the recipient of the Medical Records/PHI at the time of disclosure:

Please be advised that the following information is being disclosed to you, but Florida law and/or Federal law prohibits you from making any further disclosure of such information without the specific written consent of the person to whom such information pertains, or as otherwise permitted by state and/or federal law. A General Authorization for the release/disclosure of medical or other information is NOT sufficient for this purpose.

- c. **NOTE:** Such Medical Records/PHI **may not** be disclosed without patient consent in a medical emergency.

II. Timeliness of response to request:

1. Florida

- 1. The requested Medical Records/PHI **must** be disclosed in a “**timely manner.**”
- 2. Medical Malpractice requests must be disclosed in not greater than **10 days** following receipt of a proper request.

NOTE: If the request identifies a potential medical malpractice claim against an FIU facility member, a healthcare provider, or one or more Workforce members, the Medical Records **must** be provided to the requestor within not greater than **10 days** following receipt of a proper request. All such requests **MUST** be forwarded to the FIU Office of General Counsel for handling and response prior to the disclosure.

2. The HIPAA Privacy Rule

- 1. Healthcare facilities and programs must act on a request for disclosure within not greater than **30 days** from receipt of the written Authorization. If needed, a one-time extension of not greater

than **30 days** is permitted following written notice of the extension to the patient or the Representative.

3. **The 21st Century Cures Act - Information Blocking Rules**

1. The Information Blocking Rules require contemporaneous uploading of the requested Super-Confidential PHI/ePHI within the Electronic Medical Records Portal following receipt of a proper completed request for access and/or disclosure by an authorized Actor as defined by the Rules, if the Actor makes a request for the disclosure through the Portal.

III. **Subpoenas, Court Orders, Search Warrants and Compelled Testimony**

A. **Subpoena**

1. A subpoena signed by an attorney **is not** effective to disclose Super-Confidential Medical Records.
2. **IMPORTANT:** With limited exception, subpoenas **are not** sufficient under Florida law for the release of HIV test results.
3. If an FIU Healthcare facility or program receives a subpoena from the Florida Agency for Health Care Administration or the Florida Department of Health for the purpose of investigating an FIU facility, program, or one or more of the FIU healthcare providers or Workforce members, the Medical Records Manager, or designee **must** forward the subpoena to the Office of General Counsel for review and to direct and oversee the disclosure of the Super-Confidential Medical Records/PHI in accordance with applicable laws and regulations.

B. **Court Orders**

1. The Medical Records Manager, or designee **may** disclose Super-Confidential Medical Records/PHI in response to a Court Order.
2. **NOTE:** The Medical Records Manager, or designee **may not** disclose psychiatric and psychological records in response to a federal Court Order, including most records created by social workers.
3. **NOTE:** The Medical Records Manager, or designee must receive a properly executed Court Order prior to releasing HIV test results for Workers' Compensation claims.
(Florida Statutes §381.004(2)(e) and §456.057(7), and 45 C.F.R. §164.512(e)(1)(ii)(A))

C. **Compelled Testimony**

1. Workforce members **may** disclose Super-Confidential Medical Records/PHI when a court of proper jurisdiction compels testimony at trial.

D. Search Warrants

1. The Medical Records Manager, or designee **must** provide patient Medical Records/PHI **without** patient written Authorization if requested via a properly executed Search Warrant.
2. **IMPORTANT:** All Search Warrants **must** be directed to the Office of General Counsel who will determine how to respond to such requests in accordance with applicable laws and regulations.

IV. Re-Disclosure

- A. Florida Statute prohibits the re-disclosure of Medical Records/PHI **without** the “expressed written consent” (written Authorization) of the patient or the patient’s Representative.
(Florida Statute §456.057(12))

V. Disclosures

- A. The Medical Records Manager, or designee **must** document all disclosures consistent with the procedures identified in FIU Policy and Procedure #1660.020 (Authorization for Uses and Disclosures of Patient Protected Health Information)

VI. Record Retention

- A. The Medical Records Manager, or designee **must** maintain all documentation and patient Written Authorizations for seven (7) years from the date of its receipt or the date when it was last in effect, whichever is later.
(FIU Policy and Procedure #1660.080 (Policies and Procedures, Changes to Policies and Procedures, and Documentation))

VII. Forms

1. Authorization for Use/Disclosure of Medical Information
2. Authorization for Use/Disclosure of Psych Notes