



Providing Notice of Privacy Practices #1660.200

INITIAL EFFECTIVE DATE:	LAST REVISION DATE:	RESPONSIBLE UNIVERSITY DIVISION/DEPARTMENT
September 1, 2009	August 11, 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) must provide to its patients the appropriate Notice of Privacy Practices (“NOPP”) that describes the privacy practices of the specific facility or program and the rights of the patients.

Each Florida International University (FIU) Health Insurance Portability and Accountability Act (HIPAA) Hybrid Designated Health Care facility and program must designate a HIPAA 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), and the development, posting and availability of the NOPP. (FIU Policy and Procedure #1660.070) (Designation of HIPAA Privacy Officer and Component Privacy and Security Coordinators)

As a University-wide policy and procedure, this policy and procedure take precedence over any of the facility and program-specific policies, procedures, or protocols that conflict with this policy and procedure, unless prior approval is obtained from the Office of Compliance and Integrity. (FIU Policy and Procedure #1660.080) (Policies and Procedures, Changes to Policies and Procedures, and Documentation)

Facilities and programs may maintain 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, each facility and program Privacy Coordinator will be 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 and Florida state statutes. (FIU Policy and Procedure #1660.080) (Policies and Procedures, Changes to Policies and Procedures, and Documentation)

SCOPE

The policy applies to FIU's 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 Associates Agreements.

REASON FOR POLICY

The HIPAA Privacy Rule requires that FIU develop and distribute a formal document known as the "Notice of Privacy Practices" (NOPP).

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 and programs:

- Each Facility and program must designate a Privacy Coordinator responsible for overseeing and ensuring the Facility and 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 ePHI, including, but not limited to the Notice of Privacy Practices.

RELATED RESOURCES

References

- 45 CFR §164.502
- 45 CFR §164.506
- 45 CFR §164.508
- 45 CFR §164.512
- 45 CFR §164.514
- 45 CFR §164.520
- 45 CFR §164.524
- 45 CFR §164.530

Related Policies

- FIU Policy and Procedure # 1610.005 (Designated Health Care Facility and programs of FIU Community)
- FIU Policy and Procedure #1660.001 (Representatives)
- FIU Policy and Procedure #1660.045 (Right of Patients to Request Restrictions Regarding the Use and Disclosure of Their Protected Health Information)
- FIU Policy and Procedure #1660.050 (Patient Access to Protected Health Information)
- FIU Policy and Procedure #1660.055 (Amendment of Protected Health Information)
- FIU Policy and Procedure #1660.070 (Designation of HIPAA Privacy Officer and Facility and program 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

Review Dates (*review performed, no updates*):

Revision Dates (*review performed, updates made to document*): December 31, 2017, August 30, 2024 (Formally known as 1640.015); August 11, 2025.



Providing Notice of Privacy Practice #1660.200a

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PROCEDURE STATEMENT

Each Florida International University (FIU) Health Insurance Portability and Accountability Act (HIPAA) Hybrid Designated Health Care Components (hereinafter facilities and programs must designate a HIPAA 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), and the development, posting and availability of the Notice of Privacy Practices (NOPP). 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)

Each HIPAA Facility and program must notify the Director of Compliance and Privacy for Health Affairs, Office of Compliance and Integrity (Designated HIPAA Privacy Officer), and the HIPAA Security Officer, Division of Information Technology, the name and title of their designated HIPAA Privacy and Security Coordinators.

I. The Director of Compliance and Privacy for Health Affairs Will Ensure That the Notice of Privacy Practices Meets the Requirements of HIPAA Privacy Rule.

A. **Required Notice (NOPP) Elements:** The NOPP will be written in plain language and contain the following required elements:

1. **Header:** The notice must contain the following statement as a header or otherwise prominently displayed: “THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.”
2. A description, including examples, of the types of uses and disclosures that the Health Care Facility and program is permitted to make for the purposes of treatment, payment, and health care operations. A description of each of the other purposes for which the Health Care facility or program is permitted or required to use or disclose PHI without the individual’s written authorization. Each of these

descriptions must include sufficient detail to place the individual on notice of the uses and disclosures that are permitted or required by the Privacy Rule and other applicable law.

3. A statement indicating that most uses and disclosures of psychotherapy notes (where appropriate), uses and disclosures of PHI for marketing purposes, and disclosures that constitute a sale of PHI require authorization.
4. A statement regarding fundraising communications and an individual's right to opt out of receiving such communications.
5. A statement that other uses and disclosures not described in the NOPP will be made only with the individual's written authorization and that the individual may revoke such authorization.
6. A statement that individuals may complain to the Health Care facility or program and to the Secretary of Health and Human Services if they believe their privacy rights have been violated, a brief description of how the individual may file a complaint with the Health Care facility or program, and a statement that the individual will not be retaliated against for filing a complaint.
7. A statement that the Health Care facility or program is required by law to maintain the privacy of PHI, to provide individuals with notice of its legal duties and privacy practices with respect to PHI, and to notify affected individuals following a breach of unsecured PHI; that the Health Care facility or program is required to abide by the terms of the notice currently in effect; and that the Health Care facility or program reserves the right to change the terms of its NOPP and to make the new NOPP provisions effective for all PHI that it maintains. The statement must also describe how it will provide individuals with a revised NOPP.
8. The NOPP must contain the name, or title, and telephone number of a person or office to contact for further information (e.g., the University Office of Compliance and Integrity), and the date on which the NOPP is first in effect, which may not be earlier than the date on which the NOPP is printed or otherwise published.
9. The NOPP must include a statement informing individuals of their right to restrict certain disclosures of PHI to a health plan where the individual pays out of pocket in full for the health care item or service.
10. Revisions to the Notice: The Director of Compliance and Privacy for Health Affairs and the Health Care facility or program Privacy Coordinator must promptly revise and distribute its NOPP whenever there is a material change to the uses or disclosures, the individual's rights, the Health Care facility's or program's legal duties, or other privacy practices stated in the NOPP.

II. Persons to Whom the Notice is Provided

- A. The Health Care facility or program Privacy Coordinator, or designee will ensure that the NOPP is:

1. made available to any person upon request.
2. provided to the individual (e.g., patient) or the individual's legally authorized representative (Representative). (FIU Policy and Procedure #1660.001) (Representatives)
3. provided to all individuals with whom the FIU health care providers has a direct treatment relationship; except in those instances in which the health care provider is providing treatment in his or her capacity as a member of an organized health care arrangement (for example, when the physician-faculty member provides treatment at a health care facility such as a hospital that has created an organized health care arrangement with the members of its medical staff. This allows the FIU physician-faculty member and the hospital to use a joint NOPP.)

NOTE: It is preferable to hand-deliver the NOPP to the patient or individual who is entitled to a copy of the NOPP or makes a request for a copy of the NOPP.

III. When Must the NOPP be Provided to Individuals

A. In-Person Health Care Services

1. The Health Care facility or program Privacy Coordinator, or designee must ensure that the NOPP is provided to every individual (e.g., patient) at the first service delivery when the Health Care facility or program has a direct treatment relationship with the individual.
The Privacy Coordinator, or designee must make a good-faith effort to obtain the individual's written Acknowledgement of receipt of NOPP. (See Section V below regarding the Acknowledgement form)
2. The Health Care facility or program Privacy Coordinator, or designee is not required to provide the NOPP at the first delivery service when providing the NOPP at that time is not practicable under the circumstances. (e.g., the patient is unable to respond or delay in providing treatment would be detrimental to the health and welfare of the patient). In such situations, the facility or program Privacy Coordinator, or designee should provide the NOPP as soon as is reasonably practicable thereafter.

B. Remote/Electronic Health Care Services (e.g., via Telehealth)

1. When the first service delivery is via electronic means, the facility or program Privacy Coordinator, or designee must ensure the NOPP is provided

automatically and contemporaneously in response to the request for service. The Privacy Coordinator, or designee must make a good-faith effort to obtain the individual's written Acknowledgement of receipt of NOPP. (See Section V below regarding the Acknowledgement form)

(NOTE: All electronic communications of Protected health information (PHI/ePHI) with patients must be completed in a manner approved by the HIPAA Security Officer and as required by FIU Security Policy and Procedure). Patient requests for unsecured electronic communication such as email must be accompanied by an appropriate disclaimer giving the patient notice of the security risks associated with unsecured electronic communications)

C. Telephonic Health Care Services

1. When the first service delivery is via telephone, the facility or program Privacy Coordinator, or designee must ensure that the NOPP and Acknowledgement form are sent promptly. The NOPP and Acknowledgement form must be sent by U.S. Postal Service, unless the patient requested and was approved to obtain to the NOPP and Acknowledgement in electronic format. (See Section V below regarding the Acknowledgement form)

IV. Acceptable Formats for the NOPP

- A. The NPP may be provided in paper format or electronic format.
- B. The NPP may be provided in electronic format only if the individual's approval is first obtained.

NOTE: If the facility or program Privacy Coordinator, or designee, knows that an electronic transmission of the NOPP and Acknowledgement failed, the NOPP and Acknowledgement must be provided in paper format.

NOTE: If the NOPP is initially provided via electronic mail format, a paper copy must be provided upon request by the individual.

V. Posting of the NOPP and Availability of the NOPP and at the Health Care Facility and Mobile Units

- A. The facility and program Privacy Coordinators, or designees must ensure that:
 1. the Health Care facility and Mobile Units conspicuously post their NOPP in all physical FIU owned or operated facilities and Mobile Units where health care services are provided.

2. the NOPP is posted in a clear and prominent location within the Health Care facility and Mobile Units where it is reasonable to expect patients and other individuals to gather, and at all points of entry of the Health Care facility and Mobile Units where it is reasonable to expect individuals seeking health care services will be able to read the NOPP.
3. the Health Care facility and Mobile Units who have a direct treatment relationship with individuals must make paper copies of the NOPP available at any physical facility and Mobile Unit at which health care services are provided for individuals to take with them upon request.
4. the Health Care facilities and programs who maintain a Web site providing information about its customer services or benefits must make available and prominently post the NOPP in electronic format on that Web site.

VI. Acknowledgment Requirement for Direct Treatment Providers

- A. When the NOPP is given to an individual at the time of the first service delivery at a Health Care facility or program or via electronic means, the facility or program Privacy Coordinator, or designee will ensure that facility or program Workforce members make a good faith effort to obtain the individual's written Acknowledgement of receipt of the NOPP.
- B. If the facility or program Privacy Coordinator, or designee is not able to obtain the individual's written Acknowledgement, the Privacy Coordinator, or designee must document in the patient's medical records the good faith effort made and the reason the written Acknowledgement was not obtained.
- C. In emergency situations, facility and program Privacy Coordinators, or designees must make a good faith effort to obtain the written Acknowledgement and if it is not possible, the Workforce members must document in the patient's medical records the good faith efforts made and the reason the written Acknowledgement was not obtained.
- D. When the NOPP and Acknowledgement are sent via mail or e-mail communication, the good faith effort to obtain written Acknowledgement is satisfied by requesting that the individual complete and return the Acknowledgement form.
- E. The facility and program Privacy Coordinator, or designee must document in the patient's medical records the good faith efforts made to obtain the written Acknowledgement of receipt of the NOPP.

- F. **Delivery via U.S. Mail:** If the facility or program Privacy Coordinator, or designee sends the NOPP and Acknowledgement via the United States (US) Postal Service Mail, the Workforce member must:
1. verify and document the patient's mailing address in the patient's medical records,
 2. mail the NOPP and Acknowledgement via First Class U.S. Mail to the patient's mailing address of record, and
 3. document the date, time, and name of the Privacy Coordinator, or designee who mailed the NOPP and Acknowledgement to the patient.

- G. **Delivery via Electronic Means:** If the facility or program Privacy Coordinator, or designee sends the NOPP and Acknowledgement via electronic means (e.g., email, facsimile, etc.), the Privacy Coordinator, or designee must verify the email address, facsimile number, etc. prior to sending the NOPP and Acknowledgement.

NOTE: The email communication and/or facsimile confirmation report are an "Acknowledgement" of receipt of the NOPP.

- H. The Workforce member must document in the patient's medical records:
1. the name of the Privacy Coordinator, or designee who completed the delivery,
 2. the method and date of delivery, and
 3. if the delivery is accomplished via electronic communication, the Workforce member must print a hardcopy of the email communication or the facsimile transmittal report and place it in the patient's medical records and document the action taken.

NOTE: The Privacy Coordinator, or designee must provide patients and Representatives a copy of the signed Acknowledgement and place the original in the patient's medical records.

VII. **Changes to the NOPP**

- A. The Director of Compliance and Privacy for Health Affairs and the facility and program Privacy Coordinators, or designees must promptly revise and distribute the NOPP whenever there is a material change to the uses or disclosures of patient protected health information (PHI/ePHI) covered by the NOPP, the individual's rights, the Health Care Facility and programs' legal duties, or other privacy practices stated in the NOPP.
- B. The Director of Compliance and Privacy for Health Affairs and the facility and program Privacy Coordinators, or designees ensure that a material change to any term



of the NOPP is not implemented prior to the effective date of the NOPP in which the material change is reflected, except when required by law.

- C. The facility and program Privacy Coordinators, or designees must make the revised NOPP available to individuals upon request, and ensure that all postings, including Web site postings and copies of the NOPP provided to individuals, reflect changes to the NOPP.

VIII. Record 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)