



Use and Disclosure of Protected Health Information for Treatment, Payment, and Health Care Operation Purposes #1660.205

INITIAL EFFECTIVE DATE:	LAST REVISION DATE:	RESPONSIBLE UNIVERSITY DIVISION/DEPARTMENT
September 1, 2009	August 11, 2025	Office of Compliance and Integrity

POLICY STATEMENT

In accordance with the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), federal law, and Florida state statutes, Florida International University (FIU) HIPAA Hybrid Designated Health Care Components (hereinafter facilities and programs) may use or disclose protected health information as set forth herein.

Each Florida International University (FIU) Health Insurance Portability and Accountability Act (HIPAA) Hybrid Designated Health Care facilities 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), including the use and disclosure of protected health information (PHI) for treatment, payment and health care operation purposes. (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 takes precedence over any facility and 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, 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 state law and regulation. (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 provides that Covered Entities (e.g., FIU and the facility and program health care providers) may not use or disclose protected health information except as permitted or required by the Rule. The purpose of this policy is to describe how the FIU Health Care facilities and programs will protect the privacy of its patients' protected health information (PHI) while allowing Workforce members to use and disclose PHI for purposes of treatment, payment, or health care operations.

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 (hereinafter facilities and programs):

- Each facility and program must designate a Privacy Coordinator responsible for overseeing and ensuring the facility's or program's implementation and compliance with the HIPAA Privacy Rule, FIU's associated HIPAA Privacy Policies and Procedures, and any applicable Florida state statutes 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
- Florida Statute §456.057

Related Policies

- FIU Policy and Procedure # 1610.005 (Designated Health Care Components of FIU Community)
- FIU Policy and Procedure #1660.001 (Representatives)
- 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 #1660.150 (Use and Disclosure of Super-Confidential Protected Health Information)



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*): n/a

Revision Dates (*review performed, updates made to document*): December 31, 2017, September 19, 2024; August 11, 2025.



Use and Disclosure of Protected Health Information for Treatment, Payment, and Health Care Operation Purposes #1660.205a

INITIAL EFFECTIVE DATE:	LAST REVISION DATE:	RESPONSIBLE UNIVERSITY DIVISION/DEPARTMENT
September 1, 2009	August 11, 2025	Office of Compliance and Integrity

PROCEDURE STATEMENT

Each Florida International University (FIU) Health Insurance Portability and Accountability Act (HIPAA) Hybrid Designated Health Care Components (hereinafter facility or 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), including the use and disclosure of protected health information (PHI) for treatment, payment and health care operation purposes. (FIU Policy and Procedure #1660.070) (Designation of HIPAA Privacy Officer and Component Privacy and Security Coordinators).

Each Facility and program must provide 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 Coordinator.

I. Use and Disclosure of Patient Protected Health Information (PHI) for Treatment, Payment, and Health Care Operations.

A. Treatment

1. FIU Health Care facilities and programs may use and disclose PHI to provide, coordinate or manage health care and related services to carry out treatment functions.
2. FIU Health Care facilities and programs may disclose PHI to another health care provider for treatment activities of the other health care provider.
3. FIU Health Care facilities and programs must comply with the minimum necessary requirement when using and disclosing PHI. (See FIU Policy and Procedure #1660.120) (Minimum Necessary)

B. Payment (Florida State Statute)

1. FIU Health Care facilities and programs may NOT use or disclose a patient's PHI to bill and collect for the treatment provided to the patient, unless the patient consents to the use and disclosure via a written authorization. (See FIU Policy and Procedure #1660.020) (Authorization for Uses and Disclosures of Patient Protected Health Information) and (FIU Policy and Procedure #1660.150) (Use and Disclosure of Super-Confidential Protected Health Information)
2. FIU Health Care facilities and programs may NOT disclose a patient's PHI to the patient's health plan to obtain prior approval for treatment and/or to determine whether the patient's plan will cover the treatment unless the patient consents to the disclosure via written authorization. (See FIU Policy and Procedure #1660.020) (Authorization for Uses and Disclosures of Patient Protected Health Information) and (FIU Policy and Procedure #1660.150) (Use and Disclosure of Super-Confidential Protected Health Information)
3. FIU Health Care facilities and programs may NOT disclose a patient's PHI to other health care providers to facilitate the other health care providers' billing and collection efforts, unless the patient consents to the disclosure via written authorization, or as permitted or required by law. (See FIU Policy and Procedure #1660.020) (Authorization for Uses and Disclosures of Patient Protected Health Information) and (FIU Policy and Procedure #1660.150) (Use and Disclosure of Super-Confidential Protected Health Information)
4. When authorized and/or permitted or required by law, FIU Health Care facilities and programs must comply with the minimum necessary requirement when using and disclosing PHI. (See FIU Policy and Procedure #1660.120) (Minimum Necessary)

C. Health Care Operations

1. The FIU Health Care facilities and programs may use and disclose PHI in order to conduct its normal business operations.
2. The FIU Health Care facilities and programs may combine PHI about many patients to decide what additional services should be offered, what services are not needed, and whether certain new treatments are effective.
3. The FIU Health Care facilities and programs may combine the PHI in its possession with PHI from other health care providers in order to compare its

performance with other like providers and to make improvements in the care and services offered.

4. The FIU Health Care facilities and programs may disclose a patient's PHI to its physicians, other health care professionals, and other Florida International University personnel for educational purposes.
5. The FIU Health Care facilities and programs may disclose a patient's PHI to other health care organizations as permitted or required by law.
6. FIU Health Care facilities and programs must comply with the minimum necessary requirement when using and disclosing PHI. (See FIU Policy and Procedure #1660.120) (Minimum Necessary)

D. 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)