SUBJECT (R*)
HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT COMPLIANCE

EFFECTIVE DATE (R*)
December 31, 2017

POLICY NUMBER (O*)
1610.005

POLICY STATEMENT (R*)
Florida International University (“FIU”) is committed to protecting the privacy of Protected Health Information in compliance with all applicable federal and state laws, regulations and rules. FIU will comply with the requirements of the Health Insurance Portability and Accountability Act of 1996 as amended by the Health Information Technology for Economic and Clinical Health Act (“HITECH Act”) enacted as part of the American Recovery and Reinvestment Act of 2009 and implementing regulations (hereinafter “HIPAA” or “HIPAA regulations”) to the extent that these are applicable to FIU’s activities. For purposes of HIPAA compliance, FIU has determined that it is a “Hybrid Covered Entity.”

REASON FOR POLICY (O*)
In order to comply with applicable federal and state laws, regulations and rules that apply to Protected Health Information, FIU must have policies and procedures that govern the use and disclosure of this information. This policy addresses the administrative requirements set forth under the HIPAA Administrative Simplification Standards and provides the framework for FIU’s compliance with the HIPAA regulations.

DEFINITIONS (R*)
“Covered entity” means a health plan, health care clearinghouse, or health care provider who transmits health information in electronic form in connection with a health care transaction.

“Health care component” means a component or combination of components of a hybrid entity that has been specifically designated by the covered entity because it either performs covered functions; or activities that would make such component a business associate of a component that performs covered functions if the two components were separate legal entities.

“Protected health information” or “PHI” means individually identifiable health information that is:
- Transmitted by electronic media;
- Maintained in electronic media;
- Transmitted or maintained in any other form or medium.

Protected health information specifically excludes:
2. Records described at 20 U.S.C. § 1232g(a)(4)(B)(iv); and
3. Employment records held by a covered entity in its role as an employer.

PROCEDURES (O*)
A. Designation as a Hybrid Entity:
FIU engages in certain functions that are covered under HIPAA. FIU has designated the following units as Covered Health Care Components:
- Herbert Wertheim College of Medicine (“HWCOM”) and its component units;
- Student Health Services (“SHS”) in its provision of services to non-students
- Center for Children and Families
- Department of Athletics
The FIU Compliance and Privacy Officer may amend FIU’s designation of health care components from time to time, as necessary or appropriate. Prior to engaging in secured health care Transactions, Covered Health Care Components must contact the Compliance and Privacy Officer for evaluation of whether the Covered Health Care Component should be designated as a Covered Health Care Component.

Other units that perform health care functions at FIU but that are not health care components may voluntarily choose to comply with or participate in some or all of the HIPAA requirements, policies or procedures. Such voluntary compliance or participation shall not affect a unit’s status as a non-Covered Health Care Component.

**B. Creation of HIPAA Compliance Plan by Covered Health Care Components:**

FIU is required to create and annually update its HIPAA Compliance Plan. At a minimum, the Compliance Plans shall include the creation of an oversight committee, which formulates policies for adoption by the component part as required under the Privacy Rule, Security Rule, Transactions and Code Sets Rule, and the Provider Identifier and includes:

- Education of Workforce Members;
- Monitoring for compliance;
- Managing risk;
- Mitigating damages;
- Providing for Breach response, including reporting to governmental entities;
- Reporting of activities to the Senior Vice President with oversight responsibility of the Covered Health Care Component;

The oversight committee may appoint additional committees and workgroups as deemed necessary.

**C. Prompt Reporting of Privacy or Security Incidents:**

Members of the FIU community have the responsibility to promptly report incidents related to Patient Privacy or Information Security to the University Privacy and Security Officials for Covered Health Care Component for further investigation and resolution in accordance with established standards.

**D. HIPAA Privacy and Security Officer Reporting:**

- It is the responsibility of the Covered Health Care Component to work together with the Compliance and Privacy Officer to ensure that operational compliance incidents, including inquiries and complaints are documented and adequately investigated. The Compliance and Privacy Officer shall follow the reporting and notification requirements set forth in the University Incident Response Plan.

- Notification of Breach
  All Covered Health Care Components must notify the Compliance and Privacy Officer within 48 hours of any reported incident that upon preliminary analysis could reasonably and potentially constitute a Breach of any unauthorized use, access, or Disclosure of information maintained by FIU, or for FIU by a third party. The Compliance and Privacy Officer shall establish a Breach response team and process to conduct a risk analysis pursuant to FIU’s Incident Response Plan.

- Reports
  The Compliance and Privacy Officer shall provide reports at least quarterly to detailing the overall status of each Covered Health Care Component’s compliance with HIPAA, including, but not limited to, annual risk assessment reports, outcomes and ongoing risk identification and mitigation activities.

**E. Documentation:**

All policies, procedures, communications, actions, activities and/or designations that require documentation under HIPAA shall be maintained in written and/or electronic form and retained for a period not less than six (6) years from the date of its creation or the date when it was last in effect, whichever is later.

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**HISTORY (R*)**

Initial Effective Date: September 1, 2009; Revision Date(s): June 8, 2015, December 31, 2017.
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<tr>
<th>RESPONSIBLE UNIVERSITY DIVISION/DEPARTMENT (R*)</th>
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<td>Florida International University</td>
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<th>RESPONSIBLE ADMINISTRATIVE OVERSIGHT (R*)</th>
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<tr>
<td>Compliance and Privacy Officer</td>
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<tr>
<td>11200 SW 8th Street</td>
</tr>
<tr>
<td>PC 429</td>
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<tr>
<td>Miami, FL  33199</td>
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<td>Telephone number: (305)348-2216</td>
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For any questions or comments, the “Document Details” view for this policy online provides complete contact information.

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<th>FORMS/ONLINE PROCESSES (O*)</th>
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Links to the above referenced Form(s) available in the "Document Details" Section of the online version of this policy document.

*R = Required  *O = Optional