



Authorization for Uses and Disclosures of Patient Protected Health Information # 1660.020

INITIAL EFFECTIVE DATE:	LAST REVISION DATE:	RESPONSIBLE UNIVERSITY DIVISION/DEPARTMENT
September 1, 2009	October 13, 2020	Office of Compliance and Integrity

POLICY STATEMENT

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

As a University-wide policy and procedure, this policy and procedure takes precedence over any Component-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)

Components 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 Component Privacy Coordinator will be responsible for maintaining all HIPAA documentation relevant to his/her Component. (FIU Policy and Procedure #1660.080) (Policies and Procedures, Changes to Policies and Procedures, and Documentation)

All Component Workforce members shall receive mandatory HIPAA Privacy and Security Rule training. (FIU Policy and Procedure #1660.075) (HIPAA Privacy and Security Rule Training)

Component 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)

Each Component must designate a HIPAA Privacy Coordinator and a HIPAA Security. (FIU Policy and Procedure #1660.070) (Designation of HIPAA Privacy Officer and Component Privacy and Security Coordinators)



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 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 the FIU HIPAA Health Care Components that are contained within FIU’s HIPAA Hybrid Designation (FIU Policy and Procedure #1640.005), 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

The intent of this policy is to provide guidance regarding the circumstances when an authorization for the use and disclosure of health information is required from the patient and what must be included in the authorization.

45 CFR §164.508 (Authorization for Uses and Disclosures)

DEFINITIONS

TERM	DEFINITIONS
Access	Means the ability or the means necessary to read, write, modify, or communicate data/information or otherwise use any <u>system</u> resource.
Administrative Officer	Means the Component Workforce member responsible for financial management, human resources administration, management of facilities and equipment, and other administrative functions required to support the teaching and research missions of the FIU HIPAA Hybrid Designated Health Care Component. The Administrative Officer is the senior administrative staff position in the department, Division or Office and provides continuity as academic leadership changes.
Authorization	Means an individual’s written permission to allow a covered entity to use or disclose specified PHI for a particular purpose. Except as otherwise permitted by the HIPAA Privacy Rule, a covered entity may not use or disclose PHI for research purposes without a valid Authorization.
Availability	Means the property that data or information is accessible and useable upon demand by an authorized person.
Business Associate	Generally an entity or person who performs a function involving the use or disclosure of Protected Health Information (PHI) on

	<p>behalf of a covered entity (such as claims processing, case management, utilization review, quality assurance, billing) or provides services for a covered entity that require the disclosure of PHI (such as legal, actuarial, accounting, accreditation).</p> <p>NOTE: A business associate relationship exists when an individual or entity, acting on behalf of an FIU HIPAA Component(s), assists in the performance of a function or activity involving the creation, use, disclosure, or access of PHI. This includes, but not limited to, claims processing or administration, data analysis, utilization review, quality assurance, billing, benefit management or repricing.</p> <p>NOTE: A Business Associate may include any individual or entity that receives PHI from a HIPAA Component in the course of providing legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation, software support, or financial services. A Business Associates does not, however, include HIPAA Component workforce members.</p>
<p>Code of Federal Regulations</p>	<p>Also known as CFR</p>
<p>Component</p>	<p>Means a component or combination of components of a hybrid entity designated by the hybrid entity (Florida International University). Those programs designated by FIU that must comply with the requirements of the Health Insurance Portability and Accountability Act of 1996, hereinafter referred to as "Components". Components of FIU are required to comply with the Administrative Simplification provisions of HIPAA because the Components perform a covered function.</p>
<p>Confidentiality</p>	<p>Means data or information is not made available or disclosed to unauthorized persons or processes.</p>
<p>Covered Entity</p>	<p>An entity that is subject to HIPAA.</p> <ol style="list-style-type: none"> 1. a health plan; 2. a health care clearinghouse; and/or 3. a health care provider who transmits any health information in electronic form in connection with a transaction covered by this subchapter.
<p>Designated Record Set</p>	<ol style="list-style-type: none"> 1. A group of records maintained by or for a covered entity that is: <ol style="list-style-type: none"> a. The medical records and billing records about clients maintained by or for a covered health care provider; b. The enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or

	<p>c. Used, in whole or in part, by or for the covered entity to make decisions about clients.</p> <p>2. For purposes of this paragraph, the term record means any item, collection, or grouping of information that includes protected health information and is maintained, collected, used, or disseminated by or for a covered entity.</p>
Disclosure	Means the release, transfer, provision of access to, or divulging in any other manner of protected health information outside of the entity holding the information.
Electronic Protected Health Information (ePHI)	PHI in electronic form. See also: PHI .
Florida Statutes	Also known as F.S.
Health Care	Means the care, services, or supplies related to the health of a patient, including: <ol style="list-style-type: none"> preventive, diagnostic, therapeutic, rehabilitative, maintenance, or palliative care, and counseling, service, assessment, or procedure with respect to the physical or mental condition, or functional status, of a patient or that affects the structure or function of the body; and sale or dispensing of a drug, device, equipment, or other item in accordance with a prescription.
Health Care Component	See "Component"
Health Oversight Agency	Means an agency or authority of the United States, a State, a territory, a political subdivision of a State or territory, or an Indian tribe, or a person or entity acting under a grant of authority from or contract with such public agency, including the employees or agents of such public agency or its contractors or persons or entities to whom it has granted authority, that is authorized by law to oversee the health care system (whether public or private) or government programs in which health information is necessary to determine eligibility or compliance, or to enforce civil rights laws for which health information is relevant.
U.S. Department of Health and Human Services	Also known as HHS.
HIPAA	Means the Health Insurance Portability and Accountability Act of 1996.
Hybrid Covered Entity	Means a single legal entity that performs both covered and non-covered functions. The entity has a defined health care component that engages in HIPAA electronic transactions.
Integrity	Means the property that data or information have not been altered or destroyed in an unauthorized manner.

<p>Minimum Necessary Standard</p>	<p>Means limit use, disclosure, or request of PHI to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request.</p>
<p>Patient</p>	<p>The person who is the subject of the PHI.</p>
<p>Payment</p>	<p>(1) The activities undertaken by:</p> <ul style="list-style-type: none"> (i) Except as prohibited under § 164.502(a)(5)(i), a health plan to obtain premiums or to determine or fulfill its responsibility for coverage and provision of benefits under the health plan; or (ii) A health care provider or health plan to obtain or provide reimbursement for the provision of health care; and <p>(2) The activities in paragraph (1) of this definition relate to the individual to whom health care is provided and include, but are not limited to:</p> <ul style="list-style-type: none"> (i) Determinations of eligibility or coverage (including coordination of benefits or the determination of cost sharing amounts), and adjudication or subrogation of health benefit claims; (ii) Risk adjusting amounts due based on enrollee health status and demographic characteristics; (iii) Billing, claims management, collection activities, obtaining payment under a contract for reinsurance (including stop-loss insurance and excess of loss insurance), and related health care data processing; (iv) Review of health care services with respect to medical necessity, coverage under a health plan, appropriateness of care, or justification of charges; (v) Utilization review activities, including precertification and preauthorization of services, concurrent and retrospective review of services; and (vi) Disclosure to consumer reporting agencies of any of the following protected health information relating to collection of premiums or reimbursement: <ul style="list-style-type: none"> (A) Name and address; (B) Date of birth; (C) Social security number; (D) Payment history; (E) Account number; and (F) Name and address of the health care provider and/or health plan.
<p>Privacy Coordinator</p>	<p>Means an FIU Workforce member, appointed by the director, manager, or supervisor of a HIPAA Designated Component to conduct and/or coordinate with necessary and appropriate Workforce members all HIPAA Privacy Rule activities and actions</p>

	<p>within the Component, including but not limited to tracking HIPAA training activities; coordinating HIPAA Privacy Rule implementation; participating in HIPAA Privacy and Security Rule violation investigations, as necessary and appropriate, communicating with the Director of Compliance and Privacy for Health Affairs, the HIPAA Security Officer, and the Office of General Counsel, as necessary and appropriate, regarding HIPAA Privacy and Security Rule activities and concerns; conducting and reporting monitoring activities; participate in assessments; and responding to, tracking and documenting HIPAA Privacy Rule activities. Maintain ongoing communication with the Director of Compliance and Privacy for Health Affairs and the HIPAA Security Officer.</p>
<p>Protected Health Information (PHI)</p>	<p>Means any individually identifiable health information collected or created in the course of the provision of health care services by a covered entity, in any form (written, verbal or electronic). PHI relates to the past, present, or future physical or mental health or condition of an individual or the past, present, or future payment for the provision of health care to an individual. Protected Health Information however specifically excludes:</p> <ol style="list-style-type: none"> 1. Education records covered by the Family Educational Rights and Privacy Act, as amended, 20 U.S.C. § 1232g (“FERPA”); 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.
<p>Privacy Rule</p>	<p>The regulations at 45 CFR 160 and 164, which detail the requirements for complying with the standards for privacy under the administrative simplification provisions of HIPAA.</p>
<p>Psychotherapy Notes</p>	<p>Means notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record. Psychotherapy notes excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: Diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.</p>
<p>Representative</p>	<p>Means someone with the legal authority to act on behalf of an incompetent adult client, a minor client or a deceased client or the client’s estate in making health care decisions or in exercising the client’s rights related to the client’s protected health information.</p>

Research	Means a systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to generalizable knowledge.
Secretary	Means the Secretary of Health and Human Services or any other officer or employee of HHS to whom the authority involved has been delegated.
Standard	Means a rule, condition, or requirement: <ol style="list-style-type: none"> 1. Describing the following information for products, systems, services, or practices: <ol style="list-style-type: none"> a. Classification of components; b. Specification of materials, performance, or operations; or c. Delineation of procedures; or 2. With respect to the privacy of protected health information.
Treatment, payment, and healthcare operations	(TPO)
Treatment	Means the provision, coordination, or management of health care and related services among health care providers or by a healthcare provider with a third party, or consultative services among providers regarding a patient.
Use	With respect to patient identifiable health information, the sharing, employment, application, utilization, examination, or analysis of such information within an entity that maintains such information.
Workforce	Means employees, volunteers, trainees, and other persons whose conduct, in the performance of work for a covered entity (FIU HIPAA Component) or business associate, is under the direct control of such covered entity or business associate, whether or not they are paid by the covered entity or business associate.

ROLES AND RESPONSIBILITIES	
1. Compliance Oversight:	The Office of University Compliance and Integrity (University Compliance) <ul style="list-style-type: none"> • 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 and ensures appropriate Workforce members complete the required training. • Performs audits and assessments of the Components 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.

2. HIPAA Components:

- Each Component must designate a Privacy Coordinator responsible for overseeing and ensuring the Component’s implementation and compliance with the HIPAA Privacy Rule, FIU’s associated HIPAA Privacy Policies and Procedures, and any applicable state laws and/or regulations governing the confidentiality, integrity and availability of PHI and electronic PHI (ePHI), including, but not limited to Authorization for Uses and Disclosures of Patient PHI.

RELATED RESOURCES

References

- 45 CFR §164.501
- 45 CFR §164.502
- 45 CFR §164.504
- 45 CFR §164.506
- 45 CFR §164.512
- 45 CFR §164.514
- 45 CFR §164.522
- 45 CFR §164.530
- F.S. §456.057
- F.S. §95.11

Related Policies and Procedures

- FIU HIPAA Policy # 1610.005 (Designated Health Care Components of FIU Community)
- FIU Policy and Procedure #1660.070 (Designation of HIPAA Privacy Officer and Component Privacy and Security Coordinators)
- FIU Policy and Procedure #1660.085 (Sanctions)
- FIU Policy and Procedure #1660.075(HIPAA Privacy and Security Rule Training)
- FIU Policy and Procedure #1660.015 (Business Associate Agreements)
- FIU Policy and Procedure #1640.025 (Minimum Necessary)
- FIU Policy and Procedure #1660.080 (Policies and Procedures, Changes to Policies and Procedures, and Documentation)
- FIU Policy and Procedure #1640.015 (Notice of Privacy Practices)
- 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 #1660.040 (Verification)
- FIU Policy and Procedure #1660.075 (HIPAA Privacy and Security Rule Training)
- 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 #1660.001 (Representative)
- FIU Policy and Procedure #1660.030 (Use and Disclosure of Patient Protected Health Information for Marketing Purposes and the Sale of Patient Protected Health Information)
- FIU Policy and Procedure #2370.515 (HIPAA & Research: Obtaining Authorization or Waiver of Authorization to Conduct Research - ORED)

CONTACTS

For further information concerning this policy, please contact the FIU Office of Compliance & Integrity at (305) 348-2216, compliance@fiu.edu, or the appropriate Component Privacy Coordinator.

HISTORY

Initial Effective Date: September 01, 2009
Review Dates (review performed, no updates): n/a
Revision Dates: October 13, 2020



Authorization for Uses and Disclosures of Patient Protected Health Information# 1660.020a

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PROCEDURE STATEMENT

I. Authorizations

Each FIU Health Insurance and Portability and Accountability Act (HIPAA) Hybrid Designated Health Care Component (Component) must designate a Privacy Coordinator responsible for overseeing and ensuring the Component’s implementation and compliance with the HIPAA Privacy Rule, FIU’s associated HIPAA Privacy Policies and Procedures, and any applicable state laws and/or regulations governing the confidentiality, integrity and availability of Protected Health Information (PHI) and electronic PHI (ePHI), including, but not limited to obtaining a written authorization for uses and disclosures of patient 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)

I. Authorization (General)

- A. When a patient makes a request for the use or disclosure of his/her PHI, he/she is required to submit a written authorization for uses or disclosures of their PHI. The Privacy Coordinator must accommodate requests by having the patient complete and sign an FIU Medical Information Request/Release Form: Authorization for Use and Disclosure of PHI form. (Authorization attached). However, the Privacy Coordinator will accept any written request for uses and disclosures if the required information and signature are provided. (See (I)(D) below regarding the required information)
- B. The Privacy Coordinator will assist the patient in completing the Authorization, if necessary.
- C. The Privacy Coordinator will honor requests for alternate means of making this request if reasonable accommodations (such as disability or illiteracy) are needed.
- D. The Privacy Coordinator must use the FIU approved Authorization which will be written in plain language and contains at least the following:

1. A description of the information to be used or disclosed that identifies the information in a specific and meaningful fashion.
 2. The name or other specific identification of the person(s), or class of persons, authorized to make the requested use or disclosure.
 3. The name or other specific identification of the person(s), or class of persons, to whom the Component may make the requested use or disclosure
 4. A description of each purpose of the requested use or disclosure. The statement “at the request of the individual” is a sufficient description of the purpose when a patient initiates the authorization and does not, or elects not to, provide a statement of the purpose.
 5. An expiration date or an expiration event that relates to the patient or the purpose of the use or disclosure. The statement “end of the research study,” “none,” or similar language is sufficient if the authorization is for a use or disclosure of protected health information for research, including for the creation and maintenance of a research database or research repository.
 6. Signature of the patient and date. If the authorization is signed by a personal representative of the patient, a description of such representative's authority to act for the patient must also be provided.
 7. The patient’s right to revoke the authorization in writing, and either:
 - a. The exceptions to the right to revoke and a description of how the individual may revoke the authorization; or
 - b. To the extent that the information in (I)(D)(7)(a) immediately above is included in the FIU Health Care Components Notice of Privacy Practices, a reference to the Component’s Notice of Privacy Practices.
 8. The ability or inability to condition treatment, payment, enrollment or eligibility for benefits on the authorization, by stating either:
 - a. The Component may not condition treatment enrollment or eligibility for benefits on whether the patient signs the Authorization when the prohibition on conditioning of Authorizations applies; or
 - b. The consequences to the patient if he/she refuses to sign an Authorization when, the Component can condition treatment or eligibility for benefits on failure to obtain such Authorization.
 9. A statement that the potential for information disclosed pursuant to the Authorization may be subject to redisclosure by the recipient and no longer be protected by the HIPAA Privacy Rule.
- E. Upon receipt of a complete or incomplete Authorization, the Privacy Coordinator must verify the identity of the individual making the request in accordance with FIU Policy and Procedure #1660.040 (Verification).

II. Authorization Required: (Psychotherapy Notes)

- A. The Privacy Coordinator must obtain an Authorization for and use of disclosure of psychotherapy notes, except:

1. To carry out the following treatment, payment, or health care operations:
 - a. Use by the originator (Health Care Provider) of the psychotherapy notes for treatment;
 - b. Use or disclosure by the Component for its own training programs in which students, trainees, or practitioners in mental health learn under supervision to practice or improve their skills in group, joint, family, or individual counseling; or
 - c. Use or disclosure by the Component/Health Care Provider to defend itself in a legal action or other proceeding brought by the patient; and
2. When:
 - a. Required by the Secretary of the federal Department of Health and Human Services to investigate or determine the Component's compliance with the HIPAA Privacy Rule,
 - b. Required by law,
 - c. Permitted for health oversight activities,
 - d. About decedents, or
 - e. To avert a serious threat to health or safety.
(See FIU Policy and Procedure #1660.025 (Uses and Disclosures for Which an Authorization or Opportunity to Agree or Object is Not Required); FIU Policy and Procedure #1660.040 (Verification) and FIU Policy and Procedure #1640.025 (Minimum Necessary))

III. Authorization Required: Marketing and Sale of PHI

- A. (See FIU Policy and Procedure #1660.010) (Use and Disclosure of Patient Protected Health Information for Marketing Purposes and the Sale of Patient Protected Health Information)

IV. Compound Authorizations

- A. The Privacy Coordinator must verify that any Authorization for use or disclosure of patient PHI is not be combined with any other document to create a compound Authorization, EXCEPT as follows:
 1. Research: An authorization for the use or disclosure of patient PHI for a research study may be combined with any other type of written permission for the same or another research study.

NOTE: This exception includes combining an Authorization:

1. For the use or disclosure of patient PHI for a research study with another authorization for the same research study,
2. With an Authorization for the creation or maintenance of a research database or repository, or
3. With a consent to participate in research.

NOTE: Where an FIU health care provider has conditioned the provision of research-related treatment on the patient providing one of the Authorizations, as permitted under paragraph (V)(A)(1) immediately below, any compound authorization created under this paragraph must clearly differentiate between the conditioned and unconditioned research activities and provide the patient with an opportunity to opt in to the research activities described in the unconditioned Authorization.

- B. The Privacy Coordinator must ensure that an Authorization for a use or disclosure of psychotherapy notes only be combined with another Authorization for a use or disclosure of psychotherapy notes.

NOTE: An Authorization, other than an Authorization for a use or disclosure of psychotherapy notes, may be combined with any other Authorization, except when a Component has conditioned treatment, payment, enrollment in the health plan, or eligibility for benefits under (IV)(A)(1) above on the provision of one of the Authorizations. The prohibition in combining Authorizations where one Authorization conditions treatment, payment, enrollment in a health plan, or eligibility for benefits under (IV)(A)(1) above does not apply to a Compound Authorization created in accordance with (IV)(A)(1) above.

V. Prohibition on Conditioning of Authorizations

- A. The Privacy Coordinator must ensure that the Component does not condition patient treatment, payment, enrollment in the health plan, or eligibility for benefits on the requirement that the patient sign an Authorization for use and disclosure of the patient's PHI, except:
1. The Component may condition the receipt of research-related treatment on the requirement that the patient signed an Authorization for the use or disclosure of their PHI for such research;
 2. The Authorization is not for a use or disclosure of psychotherapy notes as described in paragraph (II)(A) above; and
 3. The Component may condition the provision of health care that is solely for the purpose of creating PHI for disclosure to a third party on the requirement that the patient provide an Authorization for the disclosure of his or her PHI to the third party.

VI. Defective Authorizations

- A. The Privacy coordinator will not use or disclose patient PHI until he/she has verified that the Authorization is not defective. An Authorization is not valid if the Authorization has any of the following defects:
1. The expiration date has passed or the expiration event is known by the Component to have occurred;

2. The Authorization has not been filled out completely, with respect to an element described by paragraph (I)(D) above, if applicable;
3. The Authorization is known by the Component to have been revoked;
4. The Authorization violates sections (IV) and (V) above, if applicable;
5. Any material information in the Authorization is known by the Component to be false.

VII. Incomplete Authorization

- A. If a patient submits an incomplete Authorization, the Privacy Coordinator will not evaluate the Authorization until all required information and signature are provided. The Privacy Coordinator will:
 1. Date stamp the incomplete Authorization on the day received,
 2. Document in the patient's Designated Record Set:
 - a. That the Authorization, or other written document, is incomplete and the reason(s) why,
 - b. The date the incomplete Authorization was received, and
 - c. The name and title of the Privacy Coordinator who received the incomplete Authorization.
 3. Make a photocopy of the patient's incomplete Authorization, and
 4. Properly secure the photocopy of the incomplete Authorization in the patient's Designated Record Set.

NOTE: It is preferable for the Privacy Coordinator to contact the patient in-person or via the telephone and advise him/her of that required information is missing and their Authorization cannot be honored until all of the required information is provided, versus mailing a written notice to the patient, as mailing a written notice may unreasonably delay the uses and disclosures of the patient's PHI.

- B. Prior to contacting the patient to advise him/her of the need for the missing information, the Privacy Coordinator must review the patient's Designated Record Set to identify:
 1. If the patient previously identified a preferred method of communication, and/or
 2. If the patient previously requested, and the Component agreed to communicate with the patient via alternate means or location. (FIU Policy and Procedure #1660.005) (Right of Patients to Request Confidential Communications Regarding the Use and Disclosure of Their Protected Health Information) (hereinafter Confidential Communications)
- B. If the patient is not available in-person, or via the telephone, and had not previously requested and been approved for Confidential Communications via electronic means, the Privacy Coordinator may notify the patient of the need for the missing information by sending the original incomplete Authorization, or other written document, and a cover letter requesting complete or additional information (See Sample Cover Letter

Requesting Complete or Additional Information attached) (hereinafter Cover Letter), without undue delay to the patient via the United States Postal Service First-Class Mail in an envelope that identifies the name of the Component (e.g., Center for Children and Family).

NOTE: Electronic communications/means (e.g. email/facsimile/test message) are only available as an option if previously requested by the patient and approved by the Privacy Coordinator in which event the procedures set forth for delivery and documentation of delivery shall apply as outlined in FIU Policy and Procedure #1660.005 (Confidential Communication)

C. The Privacy Coordinator must:

1. Document in the patient's Designated Record Set:
 - a. The date, name, and title of the Privacy Coordinator who completed the delivery, and
 - b. The method of delivery.
2. Properly secure a copy of the incomplete Authorization, or other written document, and Cover Letter in the patient's Designated Record Set, and
3. If the delivery is accomplished via previously approved electronic communication, the Privacy Coordinator must:
 - a. Print a hardcopy of the electronic communication/means (i.e., email/facsimile/text message) and properly secure it in the patient's Designated Record Set, or
 - b. If the delivery was completed via facsimile, print a hardcopy of the facsimile transmittal report and properly secure it in the patient's Designated Record Set as outlined in FIU Policy and Procedure #1660.005 (Confidential Communication).

VIII. **Properly Completed Authorization**

- A. Upon receipt of a properly completed Authorization, the Privacy Coordinator must:
1. Date stamp the completed Authorization, or other written document, on the day received,
 2. Promptly document in the patient's Designated Record Set:
 - a. Receipt of the Authorization, or other written document, and
 - b. The date, name, and title of the Privacy Coordinator who received the properly completed Authorization, or other written document, and
 3. Properly secure the completed Authorization, or other written document, in the patient's Designated Record Set.

NOTE: The Privacy Coordinator must provide the patient with a copy of the Authorization and document the delivery in the patient's Designated Record Set.

IX. Revocation of Authorization

NOTE: Patient's may revoke an Authorization provided under this section at any time, provided that the revocation is in writing, except to the extent that the Component previously used and/or disclosed PHI in reliance on the Authorization prior to the revocation.

- B. If a patient submits a written revocation, the Privacy Coordinator must:
1. Date stamp receipt of the revocation on the day received,
 2. Verify the identity of the individual making the request (FIU Policy and Procedure #1660.040) (Verification),
 3. Notify appropriate Workforce members of the revocation,
 4. Document in the patient's Designated Record Set:
 - a. Receipt of the revocation,
 - b. The date, name, and title of the Privacy Coordinator who received the revocation, and
 - c. The date(s), names, and titles of the Workforce members notified of the revocation.
 4. Properly secure the revocation in the patient's Designated Record Set.

X. Record/Documentation Retention

- A. If a communication, action, activity, or designation is required to be documented in writing, the document or record owner (e.g., Center for Children and Family) 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)

XI. Forms

- FIU Medical Information Request/Release Form: Authorization for Use and Disclosure of PHI form. (Authorization)
- Sample Cover Letter Requesting Complete or Additional Information