FLORIDA INTERNATIONAL UNIVERSITY

OFFICIAL UNIVERSITY POLICY

Class of Jobs and/or Job Titles of Workforce Members Who Require Access to PHI/ePHI and the Categories of PHI/ePHI Necessary to Carryout Job Functions and Responsibilities # 1660.105

INITIAL EFFECTIVE DATE:	LAST REVISION DATE:	RESPONSIBLE UNIVERSITY DIVISION/DEPARTMENT
August 31, 2021	August 31, 2021	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) must identify the job titles and/or the class of jobs of Workforce members, as appropriate, in its workforce who need access to Protected Health Information (PHI) to carry out their duties; and for each such job title or class of jobs of Workforce members, the category or categories of PHI to which access is needed and any conditions appropriate for such assess.

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 #1660.80) (Policies and Procedures, Changes to Policies and Procedures, and Documentation)

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

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)

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 and state law and regulation. (FIU Policy and Procedure #1660.080) (Policies and Procedures, Changes to Policies and Procedures, and Documentation)

SCOPE

This policy applies to FIU Components that are contained within FIU's HIPAA Hybrid Designation (FIU Policy and Procedure #1610.005), its Workforce members and Business Associates as defined in the policy and FIU Policy and Procedure #1660.015 regarding Business Associate Agreements.

REASON FOR POLICY

The intent of this policy is to address the job titles or class of jobs of Workforce members within each Component who require access to PHI/ePHI to carry out their duties; and for each such job title or class of jobs of Workforce members, the category or categories of PHI/ePHI to which access is required and any conditions appropriate to such access in order to limit the use and disclosure of patient PHI/ePHI by Component Workforce members based on their duties and responsibilities.

45 CFR §164.530 (Administrative Requirements - Personnel Designation)

DEFINITIONS	
TERM	**DEFINITIONS**
Access	Means the ability or means necessary to read, write, modify, or communicate data/information or otherwise use and system resource. (See "Level")
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.

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 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). **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, receives, maintains, transmits, 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. **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.
Class of Jobs	A group of positions which are sufficiently similar as to: 1. type of work 2. level of difficulty and responsibility, and 3. qualifications requirements, to warrant similar treatment in personnel and pay administration. A Class specification is a written definition in a job class.
Code of Federal Regulations	Also known as CFR is the codification of the general and permanent rules published in the Federal Register by the executive departments and agencies of the Federal Government. It is divided into 50 titles that represent broad areas subject to Federal regulation
Component	Means a component or combination of components of a hybrid entity designated by the hybrid entity (FIU). Those programs designated by FIU that must comply with the requirements of the HIPAA, 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.
Covered Entity	An entity that is subject to HIPAA. 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.
Designated Record Set	1. A group of records maintained by or for a covered entity that is: a. The medical records and billing records about patients 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 c. Used, in whole or in part, by or for the covered entity to make decisions about patients. 2. For purposes of this paragraph, the term record means any item, collection, or grouping of information that includes PHI and is maintained, collected, used, or disseminated by or for a covered entity.
Disclosure	Means the release, transfer, provision of access to, or divulging in any other manner of PHI outside of the entity holding the information.
Electronic Protected Heath Information (ePHI)	PHI in electronic form. See also: PHI.
Family Member	Means, with respect to an individual: 1. A dependent (as such term is defined in 45 CFR 144.103), of the individual; or 2. Any other person who is a first-degree, second-degree, third-degree, or fourth-degree relative of the individual or of a dependent of the individual. Relatives by affinity (such as by marriage or adoption) are treated the same as relatives by consanguinity (that is, relatives who share a common biological ancestor). In determining the degree of the relationship, relatives by less than full consanguinity (such as half-siblings, who share only one parent) are treated the same as relatives by full consanguinity (such as siblings who share both parents).

	(i) First-degree relatives include parents, spouses, siblings, and children. (ii) Second-degree relatives include grandparents, grandchildren, aunts, uncles, nephews, and nieces. (iii) Third-degree relatives include great-grandparents, great-grandchildren, great aunts, great uncles, and first cousins. (iv) Fourth-degree relatives include great-great grandparents, great-great grandchildren, and children of first cousins.
Florida Statutes	Also known as F.S. is a permanent collection of state laws organized by subject area into a code made up of titles, chapters, parts, and sections. The Florida Statutes are updated annually by laws that create, amend, transfer, or repeal statutory material.
Full Access	See "Level"
Health Care	Means the care, services, or supplies related to the health of a patient, including: 1. 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 2. sale or dispensing of a drug, device, equipment, or other item in accordance with a prescription.
Health Care Component	See "Component"
Health Care Provider	Means a provider of medical or health services and any other person or organization who furnishes, bills, or is paid for health care in the normal course of business.
Health Information	Means any information, whether oral or recorded in any form or medium, that is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse; and relates to the past, present, or future physical or mental health or condition of an patient; the provision of health care to an patient; or the past, present, or future payment for the provision of health care to an patient.
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.
Incidental	Means that the use or disclosure is a secondary use or disclosure that cannot reasonably be prevented, is limited in nature, and that occurs as a result of another use or disclosure that is permitted by the Rule.
Level	1. **Level 1:** None – No Access to the Designated Record Set (i.e. Custodial Staff). 2. **Level 2:** May access minimum necessary PHI/ePHI (not Designated Record Set) to complete assigned tasks and/or to document actions (i.e. PHI discussed) 3. **Level 3:** Full access to Medical Record Subset of the Designated Record Set related to treatment, treatment/operations, or treatment/operations purposes, but NOT access for all three purposes (treatment/payment/operations) 4. **Level 4:** Full access to the Business Office File subset of the Designated Record Set.
Minimum Necessary	Means to limit access, use, disclosure, or request of PHI/ePHI to the minimum necessary to accomplish the intended purpose of the access, use, disclosure, or request.
Operations (Healthcare)	"Health care operations" are certain administrative, financial, legal, and quality improvement activities of a covered entity that are necessary to run its business and to support the core functions of treatment and payment. These activities, which are limited to the activities listed in the definition of "health care operations" at 45 CFR 164.501, include: • Conducting quality assessment and improvement activities, population-based activities relating to improving health or reducing health care costs, and case management and care coordination; • Reviewing the competence or qualifications of health care professionals, evaluating provider and health plan performance, training health care and non-health care professionals, accreditation, certification, licensing, or credentialing activities; • Underwriting and other activities relating to the creation, renewal, or replacement of a contract of health insurance or health benefits, and ceding, securing, or

	placing a contract for reinsurance of risk relating to health care claims; • Conducting or arranging for medical review, legal, and auditing services, including fraud and abuse detection and compliance programs; • Business planning and development, such as conducting cost-management and planning analyses related to managing and operating the entity; and • Business management and general administrative activities, including those related to implementing and complying with the Privacy Rule and other Administrative Simplification Rules, customer service, resolution of internal grievances, sale or transfer of assets, creating de-identified health information or a limited data set, and fundraising for the benefit of the covered entity. General Provisions at 45 CFR 164.506.
Patient	The person who is the subject of the PHI
Payment	"Payment" encompasses the various activities of health care providers to obtain payment or be reimbursed for their services and of a health plan to obtain premiums, to fulfill their coverage responsibilities and provide benefits under the plan, and to obtain or provide reimbursement for the provision of health care. In addition to the general definition, the Privacy Rule provides examples of common payment activities which include, but are not limited to: • Determining eligibility or coverage under a plan and adjudicating claims; • Risk adjustments; • Billing and collection activities; • Reviewing health care services for medical necessity, coverage, justification of charges, and the like; • Utilization review activities; and • Disclosures to consumer reporting agencies (limited to specified identifying information about the individual, his or her payment history, and identifying information about the covered entity).
Permitted	Means health care providers may, but are not required to, use or disclose patient PHI without authorization for its own treatment,

	payment, or healthcare operations (except for marketing purposes), and, in most cases, for treatment, payment and healthcare operations of other covered entities.
Person	Means a natural person, trust or estate, partnership, corporation, professional association or corporation, or other entity, public or private.
Privacy Coordinator	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 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.
Protected Health Information	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. PHI, however, specifically excludes: 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.
Role	Means the job title/class of jobs of person(s) doing a job, defined by a set of similar or identical responsibilities. For example, FIU Components may identify the following roles: a. Treatment provider b. Support to treatment provider

	c. Admissions/registration d. Business services e. Clinic management f. Health Information Management (HIM)/medical record staff g. Housekeeping/environmental services, and h. Maintenance
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)**
    - 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.
    - Assist and provide guidance as necessary and appropriate with identifying the job titles and/or class of jobs of Workforce members who require access to patient PHI and the level of access based on the minimum necessary standard.
    - 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 FIU HIPAA Hybrid Designated 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 PHI and electronic PHI (ePHI).
- Each Component must identify the titles and/or class of job that require access to patient PHI based on the minimum necessary standard.

3. Compliance Oversight: The Division of Information Technology

- 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 Security Rule policies and procedures.
- Develops and maintains HIPAA health care Security Rule training modules and ensures appropriate Workforce members complete the required training.
- Assist and provide guidance as necessary and appropriate with identifying the titles and/or class of jobs of Workforce members who require access to patient PHI and the level of access based on the minimum necessary standard.
- Performs audits and assessments of the Components to ensure their compliance with the Security Rules and associated FIU Policies and Procedures.
- Partners with the Office of Compliance and Integrity Director of Compliance and Privacy for Health Affairs to ensure compliance with all federal and state healthcare privacy and security laws, regulations rules, and ordinances.

4. Division of Human Resources

- Work closely with the Components to identify the job titles and/or class of jobs of Workforce members who require access to patient PHI bas on the minimum necessary standard and any collective bargaining agreement requirements that may impact the classifications.

RELATED RESOURCES

References

- 45 CFR §164.502
- 45 CFR §164.504
- 45 CFR §164.524

Related Policies

- FIU Policy # 1610.005 (Designated Health Care Components of FIU Community)
- FIU Policy and Procedure #1640.010 (HIPAA Privacy and Security Rule Training)
- FIU Policy and Procedure #1660.015 (Business Associate Agreements)
- 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 #1660.110 (Designated Record Set)
- FIU Policy and Procedure #1660.120 (Minimum Necessary)

CONTACTS

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

HISTORY

Initial Effective Date: August 31, 2021
Review Dates (*review performed, no updates*): N/A
Revision Dates (*updates made to document*): August 31, 2021

FLORIDA INTERNATIONAL UNIVERSITY

OFFICIAL UNIVERSITY PROCEDURE

Class of Jobs and/or Job Titles of Workforce Members Who Require Access to PHI/ePHI and the Categories of PHI/ePHI Necessary to Carryout Job Functions and Responsibilities # 1660.105a

INITIAL EFFECTIVE DATE:	LAST REVISION DATE:	RESPONSIBLE UNIVERSITY DIVISION/DEPARTMENT
August 31, 2021	August 31, 2021	Office of Compliance and Integrity

PROCEDURE STATEMENT

I. Workforce Member Access to Patient PHI/ePHI

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 federal and state laws and/or regulations governing the confidentiality, integrity and availability of patient Protected Health Information (PHI) and electronic PHI (ePHI), including, but not limited to ensuring that the Class of Jobs and/or Job Titles ("Roles") of Workforce members who require access of PHI/ePHI, the categories of PHI/ePHI necessary to carryout job functions and responsibilities, and the level of access are identified and documented. 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)

A. Access to PHI/ePHI is limited to specific Roles of Workforce members who perform patient functions directly on behalf of a Component as determined by their Component and as approved by the HIPAA Security Officer with the Division of Information Technology (Division of IT) and the Director of Compliance and Privacy for Health Affairs.

B. All access to PHI, whether it be electronic or hardcopy, must be limited to Workforce members who have a legitimate clinical or business need-to-know the information. Accessing or using more information than is necessary to do one's job is prohibited.

C. Component Privacy and Security Coordinators, Administrative Officer(s), assigned Human Resources staff member(s), and Information Technology Directors, or designees (hereinafter Component Group) are responsible for analyzing and determining Roles of Workforce members within their Component who require access to PHI/ePHI, and what level of access each Role requires. The HIPAA Security Officer and the Director of Compliance and Privacy for Health Affairs will assist and provide guidance, as necessary and appropriate.

D. The level of access granted (user access rights) will be based on a standard of "minimum necessary" and will identify the Roles of Workforce members and Component name (e.g.,

Faculty Practice, Center for Children and Families, Office of Compliance and Integrity). The standard of minimum necessary is essential for functionality while reducing faults and malicious behavior.

E. Each Component Group will evaluate and determine if access to the highest level of PHI (e.g., unlimited access to the entire hard-copy medical record or electronic information) may be justified in the following circumstances:
   1. The Role provides direct clinical care (e.g. nurses, physicians, athletic trainers, speech or language pathologist, audiologists, psychologists, mental health therapists, physical therapists, pharmacists, social workers, dieticians, and health care trainees/health care students in assigned rotation or clerkship) and access to different parts of the medical record for different patients may vary from patient to patient depending on the circumstances surrounding the provision of care.
   2. The Role conducts quality assurance, peer review and related functions and access to potentially all protected health information is necessary because different review processes may require access to different parts of a patient's medical record.
   3. The Role is legal or risk management function and access to potentially all of a patient's PHI is necessary because review and use of the PHI may require access to different parts of the medical record depending on the circumstances surrounding the legal or risk management inquiry.
   4. The Role is related to Health Information Management (Medical Records) and is necessary to code, release, file, transport, and secure medical records.
   5. The Role in business services/billing in which access to potentially the entire medical record is necessary to provide third party payors with information related to payment of a claim.
   6. The Role needs access to potentially the entire medical record because the individuals in those roles need to investigate employee or patient issues or complaints (e.g., Directors, Managers, Supervisors, Risk Manager, Privacy Coordinator, and Privacy Officer, HIPAA Security Officer and Security Coordinator).
   7. The Role of senior management, administration staff and the Component Privacy and Security Coordinators who potentially need access to the entire medical record for treatment, payment, or health care operations purposes.

F. Each Component Group is responsible for assuring Workforce members have access to appropriate levels of PHI. This includes electronic or paper.

G. Each Component Group will evaluate and determine if varying levels of access to PHI may be appropriate, depending upon Role definition, for the following Roles (Workforce member with varying levels of need to access PHI for their role often have access to the entire hard-copy medical record, and are expected to access and use only that PHI in the hard-copy medical record, that they would normally have access to electronically):
   1. Workforce members that provides support to direct clinical providers (e.g. clinic assistants, clerical support staff, and physician secretaries) and access needs to varying levels of PHI depend on the type of support provided (e.g. ordering tests, supplies, and etc. for patients,

maintenance of charts, data collection related to treatment, completion of billing or compliance paperwork).

2. Business management Workforce members in which access to limited PHI (e.g. demographic and financial information) is necessary for business and operations analysis and decision-making.
3. Information Services and Technology Workforce members who need access to electronic systems to provide technological support to these systems.
4. Admissions/Registration Workforce members who need access to limited PHI to process admissions documents, provide information to payors for benefits information and related purposes, and to schedule clinic visits or procedures.
5. Public Affairs Workforce members who need access to limited PHI to handle inquiries from outside sources and to manage marketing and fundraising activities.

NOTE: Minimal access to use PHI is appropriate for the following Roles depending on job duties:

- Some volunteers or others who need minimal access to PHI, for example, to assist families and friends with directory information, to provide information in the surgical waiting room, and to deliver items to patients.

NOTE: Access to use PHI, except when incidental, is inappropriate for the following roles:

- Housekeeping/Environmental services;
- Transportation staff who handle and deliver PHI (i.e., in a sealed envelope or box);
- Plant engineering/facility management.

H. Each Component Group will carry out periodic reviews, at least annually, but more frequently when appropriate, of access levels to determine:
   1. Changes in Workforce member position or scope of responsibilities; and
   2. Changes in information available through information technologies and tools.

I. Each Component Group will document and maintain a current list of their Workforce members and their access level to PHI/ePHI based on each Workforce member's Role. The Privacy and/or Security Coordinator will provide the HIPAA Security Officer and the Director of Compliance and Privacy for Health Affairs with the most current list identifying the name and title of each Workforce member authorized to access PHI/ePHI, their Role, and the rights that they have been granted with respect to accessing PHI/ePHI.

J. The Division of IT will keep a comprehensive matrix of how and to whom access rights are granted based on Roles. A Sample list of user access rights can be found in the attached table. (See Attachment A – Role Based Matrix)

K. Component Information Technology Directors, Privacy and Security Coordinators, in collaboration with data security analysts, will periodically monitor (audit) and document access

to determine appropriateness of Workforce member review of PHI/ePHI by reviewing Role-based unit/section assignment within the Component.

L. Workforce members with access to patient PHI/ePHI may not disclose PHI/ePHI, unless the request for access or disclosure is done in compliance with the HIPAA Privacy Rule and associated FIU HIPAA Privacy and Security Rule Policies and Procedures.

M. Workforce members may not access either through the FIU information systems or the patient's medical records, the medical and/or demographic information for themselves, family members, friends, FIU Workforce members, or other individuals for personal or other non-work related purposes, even if written authorization or patient oral permission has been given. If the Workforce member is a patient in an FIU Health care program, the Workforce member must follow the FIU Access Policy and Procedure and make their request for access through their Health Care Provider, Medical Records Manager/Supervisor, or Component Privacy Coordinator in order to request their own PHI. (FIU Policy and Procedure #1660.050) (Access)

N. In the very rare circumstance when a Workforce member's job requires him/her to access and/or copy the medical information of a family member, a Workforce member, or other personally known individual, then he/she must immediately report the situation to his/her Privacy Coordinator, Administrative Officer, and/or Manager who will determine whether to assign a different Workforce member to complete the task involving the specific patient.

O. A Workforce member's access to his/her own PHI/ePHI must be based on the same procedures available to other patients and not based on the Workforce member's job-related access to PHI/ePHI and/or FIU information systems.

For example, if a Workforce member is waiting for a lab result or wants to view a clinic note or operative report, the Workforce member must either contact his/her Health Care Provider for the information or make a written request to the Component Medical Records Manager/Supervisor, or Privacy Coordinator. Workforce members are not authorized to access his/her own PHI/ePHI; the Workforce member must go through all the appropriate channels as any other patient would be required to follow.

II. Record Retention

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

III. Form

A. Attachment A – Role Based Matrix

ROLE BASED ACCESS TO PHI

LEVEL 1: *None – No Access to Designated Record Set (i.e. Volunteer)*

LEVEL 2*: May access minimum necessary PHI (not Designated Record Set) to complete assigned tasks and/or to document actions (i.e. PHI discussed)*

LEVEL 3: *Full access to the Medical Record subset of the Designated Record Set*

LEVEL 4: *Full access to the Business Office File subset of the Designated Record Set*

Class of Jobs or Job Titles	**Access Level**				**Explanation/Duties Performed Requiring Access**
	HWCOM				
	1	**2**	**3**	**4**	
Dean		x	x	x	Treatment/Payment/Operations (Example) Provides treatment, etc. …..
CEO		x	x	x	Treatment/payment/Operations
Assistant to the Dean		x			Operations (Example) Obtains patient information necessary for the…
Assistant to the CEO		x			Operations
Risk Manager		x	x	x	Treatment/Payment Operations (Example) Reviewing risks, evaluates patient records, treatment incidents, reports incidents….
Risk Administrative Assistant		x	x	x	Treatment/Payment Operations (Example) Obtains necessary documentation for the Risk Manager's review and prepares reports…
Director of IT		x	x	x	Treatment/Payment Operations (Example) Reviews all IT equipment containing ePHI and resolves IT problems…
	HWCOM Faculty Practice/Psychiatry				
Medical Doctor		x	x	x	Treatment/payment/Operations
Admissions/Marketing		x	x	x	Operations/Payment
Clinical Staff		x	x	x	Treatment/Payment/Operations
Financial Staff		x		x	Operations/Payment
Management Staff		x	x	x	Treatment/Payment/Operations
Assistant Administrator		x	x	x	Operations/Payment
Assistant Director of Nursing		x	x	x	Treatment/Payment/Operations
Business Office Manager		x	x	x	Operations/Payment
Business Office Staff/Patient Services		x		x	Operations/Payment (Example) Appointment; Scheduling; Override schedule – with RN approval; View/Modify Patient Information, and Daily Appointment and Reports.
Central Supply Clerk		x			Operations/Payment
Certified Nursing Assistant		x			Treatment
Front Desk/Medical Assistant		x			Treatment/Operations

					(Example) Schedules and modifies appointments, verifies insurance and receives payments, view/modify Patient Information; Daily Appointment Reports, and Batch – Case Management; Enrollment and Encounter Information; Transaction Entry; Check-in; and Create fees and Tickets.
Medial Student		x	x		Treatment
Director of Nursing		x	x	x	Treatment/Payment/Operations
Housekeeping, Laundry, Maintenance Staff		x			Operations
Nursing Student		x			Treatment
LPN		x	x		Treatment/Operations
MDS Coordinator		x	x	x	Treatment/Payment/Operations
Medical Records Supervisor		x	x	x	Operations/Payment
Nurse Manager		x	x	x	Treatment/Operations
Privacy and Security Coordinator		x	x	x	Treatment/Payment/Operations (Example) Evaluates patient complaints, conducts HIPAA Privacy Rule assessments involving patient PHI…
Medical Records Manager/Supervisor		x	x	x	Treatment/Payment/Operations View Patient Information; Run Chart; Pull Reports (daily appointments), and View Schedule.
Receptionist	x				
Restorative Nursing Assistant		x			Treatment/Operations
RN		x	x		Treatment/Operations
Social Services Staff		x	x	x	Treatment/Payment/Operations
Staff Development Nurse		x	x		Treatment
Volunteers	x				
	HWCOM NeighborhoodHelp and Mammogram				
Medical Doctor		x	x	x	Treatment/Payment/Operations
Restorative Nursing Assistant		x	x	x	Treatment/Operations
Billing Clerk		x	x		Treatment/Payment (Example) Payment and Remittance Advice; Charge Entry; Claim Entry; Process Claim; Financial Report, and Payer Information/Edit/Modify Patient financial records.
Administrative Officer					
Physician Assistant					
Medical Student					
Social Worker Student (PhD Candidate)					
Nurse Practitioner					
Social Worker Student (MS Candidate)					
Nursing Student					

	Pharmacy				
Pharmacist					Treatment/Payment/Operations Full access to patient records
Pharmacy Assistant					
	Division of Information Technology				
CIO		x	x	x	Operations
Application Analyst		x	x	x	Operations (Example) Schedule template -add/ modify; Full System Administrative Rights; Full File Maintenance, and All Operational functions in EMR.
HIPAA Security Officer		x	x	x	Operations (Example) Schedule template -add/ modify; Full System Administrative Rights; Full File Maintenance, and All Operational functions in EMR. Access Hardcopy and electronic medical records and Designated record Set for auditing, compliance and investigative purposes.
Director of Infrastructure					Operations
	Office of General Counsel				
General Counsel		x	x	x	Operations
Deputy General Counsel		x	x	x	Operations
Sr. Legal Counsel		x	x	x	Operations
Sr. Legal Counsel Chief Legal Officer		x	x	x	Operations
Associate General Counsel		x	x	x	Operations
Assistant General Counsel		x	x	x	Operations
Special Assistant to General Counsel		x	x	x	Operations
Paralegal III		x	x	x	Operations
Senior Coordinator		x	x	x	Operations
Administrative Assistant		x	x	x	Operations
	Office of Compliance & Integrity				
Chief Compliance and Privacy Officer		x	x	x	Treatment/Payment/Operations Compliance and audit reviews of all areas.
Director of Compliance and Integrity for Health Affairs		x	x	x	Treatment/Payment/Operations Compliance and audit reviews of all areas.
Assistant Director of Compliance		x	x	x	Treatment/Payment/Operations Compliance and audit reviews of all areas.
Compliance Manager		x	x	x	Treatment/Payment/Operations Compliance and audit reviews of all areas.
Administrative Assistant		x	x	x	Treatment/Payment/Operations May review and process compliance and audit review reports and request necessary documentation containing PHI.

Athletics Compliance Staff					
	Division of Human Resources				
	Office of Internal Audit				
Chief Audit Executive		x	x	x	Treatment/Payment/Operations Compliance and audit reviews of all areas.
Assistant Audit Director		x	x	x	Treatment/Payment/Operations Compliance and audit reviews of all areas.
Audit Manager		x	x	x	Treatment/Payment/Operations Compliance and audit reviews of all areas.
Audit Information Systems Manager		x	x	x	Treatment/Payment/Operations Compliance and audit reviews of electronic systems containing PHI.
Audit Project Manager		x	x	x	Treatment/Payment/Operations Compliance and audit reviews of all areas.
Sr. Information Systems Auditor		x	x	x	Treatment/Payment/Operations Compliance and audit reviews of electronic systems containing PHI.
Sr. Auditor		x	x	x	Treatment/Payment/Operations Compliance and audit reviews of all areas.
	Center for Children and Families (CCF)				
Director		x	x	x	Treatment/Payment/Operations Compliance and audit reviews of all areas.
Psychologist (PhD)					
Student (Psychology) (PhD Candidate)					
Student (Psychology) (M.S. Candidate)					
Student (Psychology) (B.S. Candidate)					
Billing Clerk					
Administrative Assistant					
Administrative Coordinator					
Information Technology Manager					