

UNIVERSITY OF FLORIDA
INFORMATION PRIVACY POLICIES & PROCEDURES
HEALTH INFORMATION OPERATIONAL GUIDELINES

I. Maintaining Confidentiality of Health Information

A. POLICY

Rev. 06/01/2009

1. **Commitment:** The University of Florida is committed to safeguarding the confidentiality of protected health information (PHI) to ensure that any patient information created, received, or maintained by the University is only used or disclosed in accordance with UF's policies and federal and state regulations.
2. **Scope:** Every person at the University of Florida with access to PHI in any format is responsible for safeguarding its confidentiality, and for complying with all health information privacy and security policies and procedures approved by the University of Florida and Shands HealthCare Systems.
3. **Application:** The University of Florida places significant trust in all who have access to sensitive information and, with that trust, comes a high level of responsibility.
 - a) *Uses and disclosures of patient health information for any purposes other than those described and authorized in this manual constitute privacy violations and are considered extremely serious.*
 - b) *Such violations may result in immediate disciplinary action up to and including dismissal by the University of Florida.*
 - c) *Individuals formally associated with the University of Florida who access clinical records in other organizations are expected to follow that organization's requirements.*

B. DEFINITIONS

1. **Confidentiality** is the practice of controlling the use and disclosure of personal information so that only authorized persons have access to such information.
2. **Protected Health Information (PHI)**
 - a) *Includes individually identifiable health information that is transmitted or maintained in any form or medium.*
 - b) *Excludes individually identifiable health information found in:*
 - (1) Education records covered by the Family Education Rights and Privacy Act (FERPA);
 - (2) Employment records held by a covered entity in its role as an employer.
3. **Individually Identifiable Health Information** is any health information about a patient that relates to the patient's past, present, or future physical or mental health, the provision of health care, or the payment for health care, and identifies the patient or could reasonably be expected to identify the patient. (See the Glossary for full definition.)
4. **In any format:** means PHI in paper, electronic, video, oral, sign language, or any other format.

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5. **Workforce:** University of Florida faculty, staff, students, volunteers, and any other persons under the direct control of the University, whether temporary or permanent, paid or not paid; also including, but not limited to, visiting and associate clinicians, faculty, students, and other persons performing services for the University.

C. PRIVACY REQUIREMENTS

1. **Limited Access:** Access to PHI must be limited to those persons who have a valid business or health care need for the information, or otherwise have a right to know the information.
2. **Security:** All protected health information created, received, or maintained by the University must be secured and protected at all times from unauthorized access, damage, loss, alteration, and tampering. (See also Security: Privacy Safeguards)
3. **Limited Uses and Disclosures:** Health and financial information about patients, which becomes known to employees, volunteers, and students through authorized work- or study-related processes, must not be used for any purpose other than the completion of assigned or approved functions.

D. PROCEDURES

1. **Requesting and Maintaining Access to PHI:**

- a) *Defining Levels of Access:* College, department, and clinic managers define levels of access to protected health information for their workforce members, including students and other trainees, relative to assigned duties and professional "Need to Know".
- b) *Requesting Access:*
 - (1) Address requests to the appropriate administrator, records custodian, or information systems coordinator according to where the needed PHI is stored, along with the necessary documentation to justify the request.
 - (2) HSC Colleges and other units desiring access for groups or classes of users should direct such requests to the Privacy Office. (See Student Data Access.)
- c) *Maintaining Access:*
 - (1) Managers and supervisors: monitor use of computers and electronic information by workforce members. Train users concerning authorized and appropriate activities, intervene when necessary, and discontinue access as required by University and Health Science Center policies.
 - (2) Individual users: ensure personal compliance with all the rules of use which were agreed to as a condition of gaining access to information systems.

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2. Mandatory Training for Workforce Members:

- a) *Initial Training: All workforce members, whether having access to PHI or not, within 5 working days after hire, appointment, or enrollment:*
 - (1) Complete UF's Privacy Training,
 - (2) Review the UF Health Information Policy, and
 - (3) Sign the UF Confidentiality Statement.
- b) *Annual Privacy Renewal Training: includes completing the appropriate training module, reviewing the Health Information Policy and re-signing the Confidentiality Statement.*
 - (1) All faculty, staff, and volunteers, including students who are also employees in any of UF's healthcare components or affiliated entities, complete renewal training during the months of January and February annually, regardless of when training was last completed.
 - (2) All students of Health Science Center and affiliated colleges complete renewal training during the months of May, June, July, and August annually, regardless of when training was last completed.

3. Visitors and Vendors: Any person, invited or otherwise authorized to enter University of Florida patient-care areas, who is not formally associated with the University's Health Science Center or Student Health Care Center, must be accompanied and/or supervised by a University representative at all times. The representative is responsible for the actions of the visitor.

- a) *Scope: This includes, but is not limited to, trade representatives, maintenance technicians, visiting students and health care professionals, applicants for University of Florida positions, and other similar persons or groups. This does not include family members or friends visiting or accompanying patients.*
- b) *Visitors and students who wish to observe or "shadow" must have a sponsor and be registered as an Observer prior to beginning such activities at the University. (See the policy for Volunteering and Observing.)*

Exception: Visiting faculty and applicants for faculty positions who stay for 2 days or less will be asked to sign UF's Confidentiality Agreement, but are not required to complete the training module.

- c) *Volunteers must be registered through Human Resources Services. Volunteer activities that require access to PHI must be approved by the Privacy Office. (See the policy for Volunteering and Observing.)*
- d) *Vendors or other company representatives who are demonstrating or supervising uses of their services or products within patient care areas of the University must:*
 - (1) Check in with the appropriate clinic or department, and
 - (2) If not completed within the past 12 months,

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- (a) Complete HIPAA at UF: Privacy & Security for Visitors and Vendors, review the Health Information Policy, and sign the UF Confidentiality Statement; or*
 - (b) Provide evidence of adequate HIPAA training and a copy of the Confidentiality Statement from the vendor's company or group.*
 - (3) A Health Science Center clinic or department representative must obtain a signed Authorization for Use or Disclosure of Protected Health Information from the appropriate patient(s), authorizing the vendor to be present.*
 - (4) Retain originals of all documentation in the designated college, department, or clinic administration office. Give copies of all documents to the vendor.*
- 4. Charitable Activities:** Members of the University of Florida workforce are encouraged to engage in charitable activities that benefit their communities:
 - a) Protected health information or knowledge of the personal affairs of patients or clients that has been gained as a result of employment assignments may not be disclosed or used independently by UF workforce members for charitable activities.*
 - b) UF workforce members are free to make donations or participate in activities through professional charitable organizations (United Way, local Food Banks, American Red Cross, etc.), within the guidelines of those organizations and UF's Conflict of Interest guidelines.*
 - c) Charitable donations may be made to patients or clients associated with a specific program or clinic directly through that local program or clinic only with the express written approval of the program/clinic administrator and the medical director. Patients/Clients must agree to receive the charitable gifts and the activities must be documented in the individual's health or program record.*
 - d) Activities to promote quality health care or services within the clinic or program (translation services, literacy aids, other public assistance) may be provided when and as requested by clinic/program personnel.*
- 5. Report** any known or suspected privacy or security violations involving UF's health information to the appropriate UF Privacy Office immediately, using the Privacy Incident reporting system. (See Reporting, Investigating and Responding to Privacy Violations)
 - a) UF-Gainesville, all FGP / UFP Clinics, and all remote practice sites: UF-Gainesville Privacy Office*
 - b) UF-Jacksonville and all UFJPI/ UFJHI Clinics: UF-Jacksonville Office of the General Counsel and HIPAA Compliance.*

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E. REFERENCES:

1. **HIPAA:** 45 CFR §164.501 (Definitions); §164.514(d) (Minimum Necessary Rule); §164.530 (Administrative Requirements), (b) (Training), and (e) (Sanctions)
2. **Florida Administrative Code:** Disciplinary Action Rules 6C1-1.008, 6C1-3.046 and 7, 6C1-4.016, and 6C1-7.048
3. **UF Policies:** Acceptable Use Policy (Information Technology), Workplace Issues: Outside Employment Policy (Human Resources), Overview: Outside Activities, Financial Interests and Conflict of Interest (UF DDD Memorandum 02/07/01)

F. EXHIBITS: None