

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

I. Uses and Disclosures of PHI: General Rules

A. POLICY

Rev. 07/01/06

1. **Use and Disclosures:** The University will use and disclose protected health information only as permitted or required by the federal privacy regulations and relevant Florida laws. (See also Requests for Super Confidential Records in Uses and Disclosures: Subpoenas, Court Orders and Attorney Requests)
2. **Tracking Disclosures:** For future accounting purposes, UF components or entities that disclose protected health information according to the rules listed below are responsible for tracking all disclosures that are not related to treatment or health care operations, and were not authorized by the patient. (See Accounting for Disclosures)

B. DEFINITIONS

1. **Disclose:** To release, transfer, provide access to, or divulge in any manner, protected health information held by the University of Florida.
2. **Use:** To employ, apply, utilize, share, examine, or analyze within the University of Florida, protected health information held by the University.

C. PRIVACY REQUIREMENTS

1. **Permitted:** The following uses and disclosures of PHI are permitted by federal and state privacy regulations without the patient's written authorization:
 - a) *For Treatment and Health Care Operations*
(NOTE: Florida Statutes require patient permission for uses and disclosures related to payment, and such permission is usually obtained within the Consent for Treatment.)
 - b) *To Patients and their Legal Representatives*
(NOTE: UF requires a written authorization for disclosures involving copying health or financial records for the patient's personal use.)
 - c) *Verbal disclosures to family members and close friends directly involved in the patient's care or payment for care unless the patient restricts such disclosures (see Uses and Disclosures of PHI: Family Members and Friends).*
 - d) *To Business Associates for treatment, payment or health care operations services or assistance, when a valid Business Associate Agreement is in place.*
 - e) *To vendors and technicians for installation and maintenance of equipment, software, and other health care items that involve giving the vendor temporary access to PHI, after review and approval by the Privacy Officer and the HSC Security Officer.*

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

- 2. Permitted With Limitations:** Uses and disclosures of PHI are also permitted without the patient's written authorization if they are mandated and governed by other state or federal laws. Refer to your supervisor or to the Privacy Office for authorization before any information is disclosed.
- a) Reporting for Public Health requirements*
 - b) Reporting suspected abuse or neglect*
 - c) Reporting for Health Oversight Activities: CDC, FDA, DEA, OSHA, etc.*
 - d) Responding to Subpoenas and Court Orders*
 - e) For certain Law Enforcement purposes*
 - f) For services and processes related to decedents*
 - g) For averting serious health or safety threats to the patient or others*
 - h) For specialized government functions (national security, etc.)*
 - i) For Workers' Compensation programs*
 - j) For IRB-approved only Research Studies, using a Certificate or Waiver of Authorization*

D. PROCEDURES

1. Making Disclosures of PHI:

- a) Refer to facility- or department-specific procedures for more detailed rules concerning routine disclosures of protected health information in your area.*
- b) Refer all non-routine requests for information to your supervisor or to the Privacy Office for authorization before any information is disclosed.*
- c) See Minimum Necessary Rule in this section of the Privacy Manual for information about routine and non-routine disclosures.*

2. Track all disclosures for future accounting purposes, if they were not related to treatment or health care operations, or were not authorized by the patient. (See Accounting for Disclosures for more information and instructions.)

3. Products Using PHI: Purchasing, developing, upgrading, or enhancing a product or system that involves access or potential access to PHI in any format by vendors, installation and maintenance technicians, or other persons who are not part of UF's workforce.

- a) Refer to the Information System Security Evaluation developed by the HSC Security Program for the Computing Environment (SPICE).*
- b) Complete the Security Checklist with your Unit Information Security Manager and the vendor or developer.*

4. Agencies that claim exemption from HIPAA privacy regulations, e.g. American Red Cross, WIC, etc. may not receive protected health information from the University of Florida without specific authorization from the patient or representative, as the health components of the university are not exempt from HIPAA. Refer all such requests to the Privacy Office.

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

5. **Media Requests:** Requests for information from journalists and news entities concerning a patient's condition (when the patient is currently undergoing treatment) shall be directed to the UF News and Communications Department during general business hours and to the University Police Department for referral after normal business hours.

E. REFERENCES:

HIPAA: 45 CFR §164.502 (Uses and Disclosures: General Rules), §164.514(f) (Other Requirements)

F. EXHIBITS: None