

UNIVERSITY OF FLORIDA
INFORMATION PRIVACY POLICIES & PROCEDURES
PRIVACY MANAGEMENT

HIPAA: Policies, Procedures and Document Maintenance

□ POLICY:

Rev:11/01/2006

1. The University of Florida has developed policies and procedures with respect to protected health information that comply with federal and state regulations. The Privacy Officer is responsible for developing, maintaining and revising all privacy policies and procedures.
2. The University of Florida will revise policies and procedures as needed to maintain compliance with changes in the law. Policies and procedures are also reviewed at least annually, and revised as needed.
3. Any changes in privacy practices or in privacy policies and procedures are documented and published on the Privacy Office web site as soon as possible; reasonable efforts are made to communicate the changes to individuals who may be affected by them. The revision date of policies and procedures appears on each document.
4. The University of Florida reserves the right to change its policies and procedures at any time, and to make such changes effective for protected health information that it has created or received prior to the effective date of the revision.
5. Policies and procedures are maintained by the Privacy Office in written form, which may be printed and/or electronic formats. Copies are available on the University of Florida Privacy Office web site. Paper copies may be obtained from the Privacy Office during normal business hours.
6. Any communication, action, activity, or designation that is required by federal or state privacy regulations to be documented or in writing (i.e., training records, complaint investigations, privacy audits, accounting logs, etc.) will be maintained by the responsible college, department, or unit in writing, (which may be printed and/or electronic formats) for at least six years from the date of creation or the last effective date, whichever is later.

□ DEFINITIONS

Policy: An overall plan defining goals and objectives.

Procedure: A series of steps or processes used to achieve stated goals; a set of formalized instructions.

Documentation: evidence or substantiation that certain actions were completed, information was collected, used or disclosed, or requirements were met.

□ PRIVACY REQUIREMENTS

The following policies and procedures will be maintained to comply with federal and state privacy laws and regulations:

1. Identification of Medical and Non-Medical Components in a Hybrid Covered Entity (Relationship of University of Florida Components and Affiliated Entities)
2. Maintaining Confidentiality of Health Information
 - a. Limiting Access
 - b. Training Requirements
3. Reporting, Investigating and Responding to Privacy Violations
 - a. Reporting Privacy Incidents
 - b. Refraining from intimidating or retaliatory acts

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HIPAA: Policies, Procedures and Document Maintenance (continued)

- c. Investigation Process: Complaints / Incidents
- d. Actions When No Violation is Found
- e. Actions When a Violation is Found
- f. Corrective Actions and Sanctions
- g. Mitigation
- h. Notification
- 4. Health Information and Record Management
 - a. General Rules: Using and Disclosing Health Information
 - b. Management of Active Records
 - c. Designated Record Set
- 5. Retention, Archiving and Disposal of Private Information
 - a. Statutory Requirements
 - b. Retention of Records
 - c. Inactive Records
 - d. Disposal and Destruction of Records
- 6. Patient's Rights Regarding Health Information
 - a. Waiver of Rights
 - b. Complaints
- 7. Uses and Disclosures of Protected Health Information
 - a. Permitted Uses and Disclosures
 - 1) Treatment, Health Care Operations
 - 2) Family Members and Friends
 - 3) Patient Directories
 - b. Uses and Disclosures: Other Requirements
 - 1) Authorizations
 - 2) Disclosures Required by Law
 - 3) Responding to Media
 - 4) Judicial Proceedings
 - 5) Marketing and Fundraising
 - 6) Accounting for Disclosures
 - 7) Verification of Identity and Authority
 - 8) Minimum Necessary Rule
 - 9) De-identification and Limited Data Sets
- 8. Privacy and Research
- 9. Privacy and Security Safeguards
 - a. Physical Safeguards
 - b. Administrative Safeguards
 - c. Technical Safeguards
- 10. Training for Privacy and Security
 - a. Content and Frequency of Training
 - b. Required and/or Recommended participants

REFERENCES

HIPAA Regulations: 45 CFR §164.530(i) & (j) and §164.316(a) & (b) (Policies and Procedures and Documentation)

EXHIBITS: None