SECTION 1: GENERAL HIPAA AND PRIVACY RULES

1.3. Maintaining Confidentiality of Health Information

A. POLICY

1. **Commitment:** The University of Florida (UF) is committed to safeguarding the confidentiality of protected health information (PHI) so that any patient information created, received, or maintained by UF is only used or disclosed in accordance with UF’s policies and federal and state regulations.

2. **Scope:** Every person at UF with access to PHI in any format, including without limitation, paper, electronic, graphic, video, oral/sign language, or any other format, is responsible for safeguarding its confidentiality, and for complying with all health information privacy and security policies and procedures approved by UF.

3. **Application:** UF places significant trust in all who have access to PHI and, with that trust, comes a high level of responsibility:
   a. Uses and disclosures of PHI for any purposes other than those described and authorized in *Information Privacy Policies and Procedures: Operational Guidelines for Health Information* manual constitute privacy violations and are considered extremely serious. (This manual is available on the Privacy Office’s Health Information Privacy website.)
   b. Violations may result in immediate disciplinary action up to and including termination of employment and/or expulsion from academic programs by UF.
   c. Individuals formally associated with UF who access health records or PHI in any format 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. **Individually Identifiable Health Information** is any health information, created or received by a health care provider, that relates to the past, present, or future physical or mental health of an individual; the provision of health care; or the payment for health care to an individual; and that identifies the individual, or could reasonably be expected to identify the individual. (See Appendix A: Glossary for full definition.)

3. **Privacy:** The freedom of an individual from intrusion or observation; the right to maintain sole control over personal information; and the expectation that others will respect the individual’s privacy rights.

4. **Professional Need to Know:** Specific and limited information necessary to complete assigned work.

5. **Protected Health Information (PHI):** Individually identifiable health information that is transmitted or maintained in any form or medium. PHI excludes individually identifiable health information:
   a. In education records covered by the Family Educational Rights and Privacy Act (FERPA);
   b. In employment records held by a covered entity in its role as an employer;
   c. Regarding a person who has been deceased for more than 50 years.
SECTION 1: GENERAL HIPAA AND PRIVACY RULES

1.3. Maintaining Confidentiality of Health Information (continued)

6. **Restricted Information** is any and all personal identification information, PHI, personally identifiable financial information, and other information protected by law or contract, applicable to UF or its affiliated entities, as the case may be, or their respective personnel in their official capacities, in any format (paper, electronic, or other).

7. **Workforce**: UF 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 UF.

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 PHI created, received, or maintained by UF must be secured and protected at all times from unauthorized access, damage, loss, alteration, and tampering. (See also Section 5: Security of PHI: General Privacy Safeguards in this manual.)

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.

4. **Mandatory Training for Workforce Members**: All members of the healthcare workforce must be trained regarding the privacy and security policies and procedures as necessary and appropriate for them to carry out their functions.

D. PROCEDURES

1. **Access to PHI**: Address requests for access to paper or electronic records to the appropriate administrator, records custodian, or information systems coordinator according to where the PHI is stored. Provide required documentation as necessary to justify the request. (See Section 5: Security: Security Safeguards in this manual.)

2. **Mandatory training for all UF workforce members**: At orientation and annually, complete an appropriate UF training module, review the UF Health Information Policy and sign the UF Confidentiality Agreement. (See Section 1: Education and Training in this manual for detailed requirements.)

3. **Health Care Volunteers**: Register through Human Resources Services in the college where the volunteer will be working or where the volunteer’s sponsor is employed. Volunteer activities that involve access to PHI (active or passive) must be approved by the UF Privacy Office. Volunteers follow the same privacy training requirements as HSC employees. (See Section 6: Other Procedures – Volunteering and Observing in this manual.)
SECTION 1: GENERAL HIPAA AND PRIVACY RULES

1.3. Maintaining Confidentiality of Health Information (continued)

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

5. **Charitable and Other Outside Activities:** Members of the UF workforce are encouraged to engage in charitable and other activities that benefit their communities:
   a. *PHI* or knowledge of the personal affairs of patients or clients that has been gained as a result of job, volunteer, or student assignments may not be disclosed or used independently by UF workforce members for charitable or other outside activities.
   b. *UF workforce members* are free to participate in or make donations to 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 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 a clinic or program (translation services, literacy aids, other public assistance) may be provided when and as requested by clinic/program personnel.

6. **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 Section 1: Reporting and Responding to HIPAA Privacy Violations in this manual.)

E. REFERENCES

1. **HIPAA Regulations:** 45 CFR §160.103 – Definitions; § 164.308 – Administrative safeguards: (a)(3) Workforce Security, (a)(4) Information Access Management, (b) Training; (e) Sanctions
2. **University Rules:** Disciplinary Action Rules UF-1.008, UF-3.046 and 7, UF-4.016, and UF-7.048
3. **UF Policies:** Acceptable Use Policy (Information Technology), Outside Employment Policy (Human Resources), Overview: Outside Activities, Financial Interests and Conflict of Interest (UF DDD Memorandum 02/07/01)

F. EXHIBITS

[Confidentiality Statement]