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## Section 1: GENERAL PRIVACY RULES

### 1.1. Relationship of University of Florida Components and Entities Explained

#### POLICY

1. Identification as Hybrid Entity:
  - a. The University of Florida (UF) has identified itself as a hybrid entity, according to the definition in the federal privacy regulations, informally known as HIPAA or the Privacy Rule.
  - b. The requirements of the federal privacy regulations apply only to the health care components of UF.
2. Identification of Health Care Components and Affiliated Covered Entities
  - a. UF's Health Care Components and Affiliated Covered Entities are listed in this policy.
  - b. Non-Health Care Components are all other colleges and departments of UF.
3. Organized Health Care Arrangement (OHCA)
  - a. Organization: For purposes of HIPAA compliance, the University of Florida (UF) and all the patient care areas of its health care components have entered into an Organized Health Care Arrangement (OHCA) with the UF Health Shands (Shands); This arrangement enables us to better address your health care needs in the integrated setting found within UF Health Shands and the University of Florida health care providers.
  - b. Joint Notice: The UF OHCA uses a Joint Notice of Privacy Practices (NPP) and has agreed, as permitted by law, to share protected health information (PHI) among the components of the OHCA as needed for treatment, payment, and health care operations, unless otherwise prohibited by law.
  - c.
4. Designations: The following health care components and affiliated entities have been designated as parts of one common entity at the University of Florida (UF) for purposes of complying with the federal privacy regulations found at 45 CFR Parts 160 - 164, commonly referred to as HIPAA:
  - a. University of Florida Health Care Components
    - i. The University of Florida Health Science Center (with locations in Gainesville and Jacksonville), together including:
      - UF medical, dental, and nursing clinics and physicians' offices, including those entities commonly referred to as UF Health Physicians (UFHP);
      - UF Colleges of Medicine, Nursing, Health Professions, Dentistry and Pharmacy;
      - UF College of Veterinary Medicine, in limited circumstances;
      - UF Student Health Care Center,
      - UF Speech and Hearing Clinic,
      - The McKnight Brain Institute,
      - IFAS Dietetic Internship Program,
      - UF Counseling and Wellness Center

b. Affiliated Entities

- i. All direct support organizations and health service support organizations for the various Health Science Center components, including, but not limited to:
    - Florida Clinical Practice Association, Inc.
    - UF Jacksonville Physicians, Inc.
    - Faculty Associates, Inc.
    - Florida Health Professions Association, Inc.
    - UF College of Nursing Faculty Practice Association, Inc.
    - UF College of Pharmacy Faculty Practice Association, Inc.
  - ii. UF Research Foundation, Inc.
  - iii. The UF Health Proton Therapy Institute
  - iv. The Institutional Review Boards 01, 03 and 04
  - v. Other health care providers, health care plans or health care clearinghouses that have been or may be designated as affiliated entities for purposes of compliance with the Privacy Rule.
5. Application: Solely for purposes of compliance with the Privacy Rule, these components or entities will be treated as one common entity.
6. Scope: As a result of the decision to utilize permitted designations to pursue compliance with the federal Privacy Rule by the components and entities named above, UF Privacy Office policies apply to all the above named entities equally, to the extent that they apply to the functions of that component or entity.

**DEFINITIONS**

1. **Affiliated Covered Entity:** Legally separate covered entities that are associated in business.
2. **Common control:** exists if an entity has the power, directly or indirectly, significantly to influence or direct the actions or policies of another entity.
3. **Common ownership:** exists if an entity or entities possess an ownership or equity interest of 5 percent or more in another entity.
4. **Covered Entity (CE):** A health plan, a health care clearinghouse, or a health care provider who transmits any health information in electronic form in connection with a transaction covered by the Privacy Rule.
5. **Covered Functions:** those functions of a CE the performance of which makes the entity a health plan, health care provider, or health care clearinghouse.
6. **Health Care Component:** A component or combination of components of a hybrid entity, named and designated by the hybrid entity that performs the functions of a health plan, health care provider, or health care clearinghouse.
7. **Hybrid Entity:** A single legal entity that is a CE, whose business activities include both covered and non-covered functions; and the entity designates some of its components as health care components that are separate and distinct from other components of the entity.
8. **Organized Health Care Arrangement (OHCA):** An organized system of health care in which more than one Covered Entity participates, and in which the participating entities:

- a. Hold themselves out to the public as participating in a joint arrangement; and
- b. Participate in joint activities that include at least one of the following: Utilization Review, Quality Assessment and Improvement activities, or Payment activities.

## PRIVACY REQUIREMENTS

1. **Affiliated Covered Entities:** Legally separate covered entities that are affiliated may designate themselves as a single CE for purposes of the privacy and security regulations, if all of the covered entities designated are under common ownership or control. The designation of an affiliated covered entity must be documented and maintained as a written or electronic record as required by the Privacy Rule.
2. **Health Care Components:** The CE is responsible for designating the components that are part of one or more health care components of the CE and documenting the designations.
3. **Policies and Procedures:** A CE must implement policies and procedures with respect to protected health information that are designed to comply with the standards, implementation specifications, or other requirements of the privacy regulations.
4. **Responsibilities of Hybrid Entities:** A hybrid entity has the following federally defined responsibilities.
  - a. To ensure that its health care components, affiliated CEs, and Business Associates (BAs) comply with all federal compliance and enforcement requirements.
  - b. To designate the components, which are part of one or more health care components of the CE, and to document the designations.
  - c. To implement policies and procedures to ensure compliance by all its health care components and affiliated covered entities with all applicable requirements, including the safeguard requirements of the privacy and security regulations. The health care components:
    - i. Protect electronic protected health information (ePHI) from other non-health care components of the CE.
    - ii. Do not use or disclose protected health information (PHI) in a way prohibited by law, and do not disclose PHI in any format to other components in circumstances in which such disclosure would be prohibited if the components were separate and distinct legal entities;
    - iii. Do not use or disclose PHI in any format in a way prohibited by law in cases where Individuals are performing duties for both a health care component and for another component, as members of the workforce.
5. **Affiliated Covered Entities:** Legally separate covered entities that are affiliated may designate themselves as a single CE for purposes of the privacy and security regulations, if all of the covered entities designated are under common ownership or control. The designation of an affiliated covered entity must be documented and maintained as a written or electronic record as required by the Privacy Rule.
6. **Affiliated CEs must ensure that:**
  - a. Creation, receipt, maintenance, or transmission of ePHI by the affiliated entity comply with the applicable security requirements;
  - b. Use and disclosure of PHI by the affiliated entity comply with the applicable privacy requirements.
7. **Designations:** A CE must maintain a written or electronic record of a designation as a health care component or affiliated CE.

8. Health Care Components: The CE is responsible for designating the components that are part of one or more health care components of the CE and documenting the designations.
9. Policies and Procedures: A CE must implement policies and procedures with respect to protected health information that are designed to comply with the standards, implementation specifications, or other requirements of the privacy regulations.

#### 10. OHCA

- 1) Permitted uses and disclosures of PHI: A CE that participates in an OHCA may disclose PHI about an individual to other participants in the OHCA for any health care operations of the OHCA.
- 2) Joint notice by separate covered entities: CEs that participate in OHCA's may present a Joint Notice of Privacy Practices, provided that:
  - a) All the participating CEs agree to abide by the terms of the notice with respect to PHI created or received by the CE as part of its participation in the OHCA.
  - b) The joint notice meets the content specifications of a Notice of Privacy Practices, except that the required statements may be altered to reflect that the notice covers more than one CE; and
    1. Describes with reasonable specificity the CEs, or class of entities, to which the joint notice applies;
    2. Describes with reasonable specificity the service delivery sites, or classes of service delivery sites, to which the joint notice applies; and
    3. If applicable, states that the CEs participating in the OHCA will share PHI with each other, as necessary to carry out treatment, payment, or health care operations.
  - c) The CEs included in the joint notice must provide the notice to individuals in accordance with the applicable implementation specifications. Provision of the joint notice to an individual by any one of the CEs included in the joint notice will satisfy the provision requirement with respect to all others covered by the joint notice.
- 3) Privacy Office's Responsibilities:
  - a) Review and approve any proposals to participate in an OHCA prior to UF making an agreement with another CE.
  - b) Revise the NPP as needed to document changes in participation and the addition of other CEs or classes of CEs in the OHCA.
  - c) Monitor the provision of the NPP by other members of the OHCA to assure that patients are, in fact, receiving the NPP as agreed.
  - d) Periodically monitor other joint activities of the OHCA.
- 4) UF's Responsibilities:
  - a) Share PHI with the other OHCA participants when such information is needed for treatment, payment, or health care operations, according to the provisions of the privacy regulations and other applicable laws.
  - b) Provide the NPP, if UF is the first service provider, and make reasonable efforts to obtain written acknowledgement of receipt of the notice from the patient.

## **PROCEDURE**

1. Application: Any of the components or entities named above shall simply substitute its own name for “the University of Florida” wherever found throughout UF Privacy Policy.
2. Specific Procedures: Entities and components should develop and incorporate appropriate additional procedures (within the confines of the policies and guidelines) that correspond to the particular needs and functions of the entity to assure compliance with the privacy regulations. The UF Privacy Office must approve these additional guidelines before they become effective.
3. Updates: All entities and components named above are responsible for updating entity-specific procedures as needed to comply with changes in the law.
4. Privacy Office shall:
  - a. Monitor and maintain the official list of Healthcare Components for UF.
  - b. Implement policies and procedures to ensure compliance by all its health care components and affiliated CEs with all applicable requirements, including the safeguard requirements of the privacy and security regulations.

## **REFERENCES**

1. HIPAA Regulations: 45 CFR §164.103 Definitions; §164.105 Organizational Requirements; §164.504(a) Definitions; §164. 530 Administrative requirements: (i) Policies and procedures and (j) Documentation
2. State University System of Florida Board of Governors Regulations: BOG 9.017, BOG 9.011

## **EXHIBITS**

1. None