
Section 1: GENERAL PRIVACY RULES

1.3 Maintenance of Policies and Procedures

POLICY

1. **Policy Development:** The University of Florida (UF) has develops and maintains policies and procedures with respect to protected health information (PHI) that comply with federal and state privacy and security laws and regulations.
 - a. The Privacy Office is responsible for developing, maintaining and revising all privacy policies and procedures.
 - b. UF will revise its privacy policies and procedures as needed to maintain compliance with changes in applicable laws. Privacy policies and procedures are also reviewed at least annually, and revised as needed.
 - c. The following policy and procedure categories will be maintained for health information privacy issues:
 - General HIPAA and Privacy Rules
 - Health Information Management
 - Uses and Disclosures of PHI
 - Patient's Rights Regarding PHI
 - Safeguarding Electronic PHI
 - Other Privacy Policies and Procedures
2. **Availability:** Policies and procedures are maintained by the UF Privacy Office in written form, which may be printed and/or electronic formats. Policies and procedures are available for viewing and download on the UF Privacy Office web site.
3. **Right to Change:** UF reserves the right to change its policies and procedures at any time and to make such changes effective for PHI created or received prior to the effective date of the revision.
4. **Notice of Changes:** 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.
5. **Revisions:** UF will revise policies and procedures as needed to maintain compliance with changes in the law. Policies and procedures are reviewed at least annually and revised as needed. Any changes in privacy practices or in privacy policies and procedures are documented and published on the UF Privacy Office web site as soon as possible; reasonable efforts are made to communicate the changes to individuals who may be affected by such changes. The revision date of privacy policies and procedures appears on each document.
6. **Maintenance of Policy-Related Records:** 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.

7. **The Privacy Office shall:**

- a. Develop new policies and procedures as needed in relation to changes in state and federal laws. Health Information privacy policies should be written to accommodate all covered health care components of UF, and should not be specific to any one college, department, or unit. Colleges, departments, clinics and units should write more specific internal policies and procedures that adhere to UF policies to address their specific needs and circumstances.
- b. Review and revise policies and procedures as needed at least annually or in relation to changes in federal or state regulations and requirements.
- c. Refer all policy changes to the Office of the General Counsel for review prior to publication.
- d. Notify all entities and areas known to be affected by changes in the policies and procedures via e-mail announcements and notices on the Privacy Office websites. Incorporate changes into training materials as appropriate.

DEFINITIONS

- 1. **Policy:** An overall plan or statement defining goals and objectives.
- 2. **Procedure:** A series of steps or processes used to achieve stated goals; formalized instructions.
- 3. **Documentation:** Evidence or substantiation that certain actions were completed, information was collected, used or disclosed, or requirements were met.

POLICY REQUIREMENTS

- 1. **Implementing Policies:** A Covered Entity (CE) must implement policies and procedures with respect to PHI that are designed to comply with the standards, implementation specifications, or other requirements of the privacy and security regulations. The policies and procedures must be reasonably designed, taking into account the size of and the type of activities that relate to PHI undertaken by the CE, to ensure such compliance. A CE must maintain the required policies and procedures in written or electronic form.
- 2. **Changing Policies:** A CE must change its policies and procedures as necessary and appropriate to comply with changes in the law. The CE must promptly document and implement the revised policy or procedure.
- 3. **Training:** A CE must train all members of its workforce on the policies and procedures with respect to PHI, as necessary and appropriate for the members to carry out their functions within the CE. Training must also be provided to each member of the CE’s workforce whose functions are affected by a material change in the policies or procedures, within a reasonable period of time after the change becomes effective.

REFERENCES

- 1. HIPAA: 45 CFR §164.316 (a), (b), 164.530 (i), (j) – Policies and Procedures and Documentation Requirements

EXHIBITS

None