

FLORIDA INTERNATIONAL UNIVERSITY
HEALTH INFORMATION
NOTICE OF PRIVACY PRACTICES
(“NOPP”)

THIS NOPP DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

When this NOPP Applies

Florida International University (“FIU” or the “University”) provides health care treatment to patients in designated areas under the Health Care Component of Hybrid Covered Entity at FIU. In the course of providing you with health care services, FIU gathers and generates medical, mental health and personal information. We are required by the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) to maintain the confidentiality of your protected health information (“health information”); give you this NOPP that describes our legal duties and privacy practices regarding your information; inform you of your rights under HIPAA; notify you following a breach of your health information; and follow the terms of this NOPP.

Our Commitment to Your Privacy

FIU and the clinical and administrative staff who are directly or indirectly involved in your treatment (collectively referred to as “FIU” or the “University”) are dedicated to maintaining the privacy of your health information. Your health information is defined as individually identifiable health information about you that relates to your past, present, or future physical or mental health or condition and/or related health care services. This includes information such as your name, date of birth, dates of services, diagnosis, treatments, genetic information, financial information medications, demographic information, etc. This information is important because it allows our health care professionals to treat you more efficiently and effectively. The privacy practices described in this NOPP will be followed by all health care professionals, employees, medical staff, faculty, trainees, students, and volunteers that are part of FIU’s Health Care Component.

Uses and Disclosures of your Health Information

The following categories describe different ways that we may use and disclose your health information that do not require your specific authorization. A “use” of your information means sharing, accessing, or analyzing such information within FIU. A “disclosure of your health information means sharing, releasing or providing information to a person or entity outside FIU. Please note that not every use or disclosure category is listed. However, all the ways we use or disclose your information should fall within one of the following categories:

1. **Treatment.** We may use and disclose your health information to treat you. This may include sharing your information for treatment purposes with other persons or entities to coordinate different services you need such as laboratory work or prescriptions.
2. **Payment.** We may use and disclose your health information to bill for services provided and receive payment. For example, we may give your health information to your health insurance about your treatment to process payment for care rendered. This may include obtaining verification that your care is covered under your insurance policy.
3. **Health Care Operations.** We may use or disclose your health information in order to support the operation of our health care practices. Examples of the types of operations are patient registration and follow up, clinical and operational performance improvement, education and training of medical students, risk management, quality and peer review, and conducting other business activities.

4. **Appointment Reminders, Treatment Alternatives, and Health-Related Benefits and Services.** We may use and disclose your health information to contact you for appointment reminders or, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. For example, we may send you a newsletter or an email about the services we offer.

5. **Business Associates.** We may use and disclose your health information to third parties that perform various activities (e.g., billing, financial services) for the University. Our business associates are those individuals and organizations that are not part of our workforce but provide services to the University to support our clinical practices. For example, we may retain a billing company to bill and collect for the health care services we provide. All business associates are required to protect your health information.

6. **Individuals Involved in Your Care or Payment for Your Care.** We may disclose your health information to a person, such as a family member or friend, who is involved in your medical care or helps to pay for your care. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

7. **Research.** We may use and disclose medical information for research purposes pursuant to a valid authorization from you or when a special review board has waived the authorization requirement. Under certain circumstances, medical information may be disclosed without your authorization to researchers preparing to conduct a research project, for research involving decedents, or as part of a limited data set that omits your name and other information that can directly identify you. The researcher must keep your health information secure and confidential.

8. **Fundraising Activities.** We may use demographic information (name and address) and dates of service to contact you about contributing to the University. We also may provide limited information to our Foundation, for the same purpose. If we contact you for fundraising purposes, we will let you know how you can opt out of receiving such fundraising communications

SPECIAL CIRCUMSTANCES

In addition to the above, we may use and disclose health information in the following special circumstances:

1. **As Required by Law, Law Enforcement and Judicial Proceedings.** We may disclose your health information to law enforcement officials when required by federal, state or local law. Some examples include reporting of domestic violence and neglect, report child abuse or neglect, disclosures for national security and protective services for the President, correctional facilities or law enforcement in custody of an individual, in response to a valid court order, subpoena or warrant.

2. **To Prevent a Serious Threat to Health or Safety.** We may use and disclose your health information when necessary, in our professional judgement, to prevent or lessen a serious threat to your health or safety, or the health or safety of the public or another person. In such instances, any disclosure will be directed to someone who will be able to stop or address the threat.

3. **Organ and Tissue Donation.** If you are an organ or tissue donor, we may release your health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary, to facilitate organ or tissue donation and transplantation.

4. **Workers' Compensation.** We may use and disclose your health information for Workers' Compensation or similar programs that provide benefits work-related injuries or illness.

5. **Public Health and Health Oversight Disclosures.** We may use and disclose your health

information for public health purposes to prevent or control disease. We may use or disclose your health information during audits or licensing visits to agencies authorized by law to perform health oversight activities.

6. **Military and Veterans.** We may disclose your health information, if you are a member of the armed forces, as required by military command authorities. We also may release health information to the appropriate foreign military authority if you are a member of a foreign military.

7. **Special Protections for HIV, Alcohol and Substance Abuse, Mental Health and Genetic Information.** Special privacy protections apply to HIV-related information, alcohol and substance abuse treatment information, mental health information, and genetic information. Parts of this NOPP may apply to such information because stricter privacy requirements may apply. FIU will only disclose this information as permitted by applicable state and federal laws.

8. **Other Uses of Medical Information.** Other uses and disclosures of health information not covered by this NOPP will be made only with your written authorization. You may revoke authorizations you make; However, such revocation requests must be in writing and will be enacted on the date of receipt by the Privacy Official for Health Affairs. Psychotherapy notes, for example, are notes created by a mental health professional documenting or analyzing the contents of conversation during private counseling session or a group, or family counseling session. These notes are treated differently from other health information and are maintained separately. With few exceptions, a specific authorization from you is required prior to disclosure of Psychotherapy notes. A notable exception exists for disclosures required by specific laws.

9. **Coroners, Medical Examiners, and Funeral Directors.** We may disclose protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose protected health information to funeral directors so they can carry out their duties.

10. **Marketing or Sale of Information.** Uses and disclosures of your health information for marketing purposes would require your written authorization. FIU does not sell patient information.

Your Rights with Respect to Your Personal Health Information:

The Law provides for the following rights, subject to certain limitations, regarding health information that we maintain about you.

1. **Right to obtain a paper copy of this NOPP.** You have the right to obtain a paper copy of this NOPP from us any time, upon request. Even if you have agreed to accept this NOPP electronically, you are still entitled to a paper copy of this NOPP. You may also obtain a copy at our website, www.compliance.fiu.edu.

2. **Right to Inspect and Copy Your Health Information.** You have the right to inspect and obtain a copy your health information that we maintain about you. Records are maintained for specified periods of time in accordance with the law. If the health information you request is maintained in an electronic format, we will provide you a copy in an agreed-upon electronic format. Alternatively, we can provide a paper copy. You may be charged a fee for the cost of copying, mailing, electronic media or other costs associated with your request as permitted by law. In very limited cases, we may deny your request to inspect and obtain a copy of your health information. If we do, you may request that the denial be reviewed and such review will be facilitated by the Privacy Official for Health Affairs at the University within (30) days of receiving your written request at the address provided in this NOPP. Please note that

federal law provides that you cannot inspect or copy psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding.

3. **Right to Request Restrictions on Use or Disclosure.** You have the right to ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations, or not disclose to someone who may be involved in your care or payment for your care, like a family member or a friend. Your request must be in writing and state the specific data use or disclosure restriction requested and to whom you want the restriction to apply. While we will consider your request, we are not required to agree to it. FIU's decision to agree or not will be communicated in writing and provided within (30) days from the date of receipt of your request by the Privacy Official for Health Affairs at the address provided in this NOPP. If you pay for your services, in full, you may request that your health information not be disclosed to your health plan for payment or health care operations purposes, and we are required to agree to this restriction request. However, we are not required to agree with other restriction requests. Even if we have agreed to a restriction of the disclosure or use of your health information, we will use or disclose your health information, if necessary, to care for you in an emergency treatment situation and as required by Law.
4. **Right to Request Amendments.** You have the right to request to amend or add health information we have about you, if you feel the health information we have is incorrect or incomplete, as long as the information is maintained by or for the University. To request an amendment, please submit your written request and reason in support of the request to the University Privacy Official for Health Affairs at the address provided in this NOPP. All requests must be in writing and specify what information you are asking us to amend or add. We may deny your request if it is not in writing, does not include the reason that supports the request, or we cannot determine from the request what information you are asking to be changed or added. We may deny your request if you ask us to amend health information that:
 - is accurate and complete;
 - was not created by us;
 - is not part of the records kept by us; or
 - is not part of the information which you are permitted to inspect and copy.
5. **Right to Receive Confidential Communications.** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask us that we only contact you at work or by email. We will accommodate reasonable requests made in writing to the Privacy Official for Health Affairs at the University to the address listed in this NOPP.
6. **Right to Receive an Accounting of Disclosures.** You have the right to receive an accounting of disclosures that we made of your health information for reasons other than treatment, payment or healthcare operations as described in this NOPP. The right to receive this accounting is subject to certain exceptions, restrictions and limitations. It excludes disclosures we may have made to you or per your authorization, incidental uses and disclosures, for national security, to correctional facilities or law enforcement in custody of an individual, as part of a limited data set, or that occurred prior to April 13, 2003. All requests must be in writing stating the time period which may not be more than the six previous years from the date of the request. Please submit requests to the Privacy Official for Health Affairs at the University at the address provided in this NOPP. There may be a charge for processing these requests.

Exercising Your Rights

To exercise any of the rights listed above in paragraphs (i-vi), you must write to the Privacy Official for Health Affairs at: Office of University Compliance & Integrity, Florida International University, 11200 S.W. 8th Street, Miami, FL 33199, Telephone (305) 348-2216, Email compliance@fiu.edu. No other individual at FIU is authorized to accept such requests related to exercising your rights.

Breach Notification

The University is obligated to notify you in the event of a breach of your health information maintained by the

University. A breach is any unauthorized acquisition, access, use, or disclosure of certain categories of health information that compromises the security or the privacy of such information. We will notify you without unreasonable delay and in no case later than (60) calendar days following the discovery of a breach.

Changes To This NOPP

We reserve the right to change FIU's privacy practices and this NOPP. We reserve the right to make the revised or changed NOPP effective for health information we already have about you as well as any information we receive in the future. Any material change will result in posting an updated version of this NOPP at all locations identified as part of the Health Care Component at FIU, and posting the NOPP to our website(s). The effective date of this NOPP is on the first page and at the bottom of the NOPP.

Questions & Complaints

Please contact directly the Privacy Official for Health Affairs and or the Assistant Vice President, Chief Compliance and Privacy Officer for any questions or complaints you may have if you believe your privacy rights have been violated. The address is: Office of University Compliance & Integrity, Florida International University, 11200 S.W. 8th Street, Miami, FL 33199, Telephone (305) 348-2216 Email compliance@fiu.edu. Your questions and concerns are important to us. We will respond within (30) days from the date of receipt of your inquiry or complaint. The University will not act against you or penalize you in any way for filing a complaint or exercising your privacy rights. It is your right to file for a complaint. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services, Office of Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling (877) 696-6775, or visiting <http://HHS.Gov/OCR/Privacy/HIPAA/Complaints>.

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