I. PURPOSE & INTENT

This Policy is intended to recognize the rights to privacy and confidentiality in certain employment records and health care records while at the same time recognizing the public's right to access records under Florida's Public Records Law. In general, records maintained by the University of South Florida System (USF System) may be subject to inspection as provided by law, however, specific records may be subject to privacy and confidentiality protections provided under state and federal laws. This Policy is established to provide for the orderly disclosure of USF System records to individuals or entities requesting them.

Unless otherwise noted, if information is designated as confidential in this Policy it shall be treated as “confidential information for official internal use only,” unless and until it is released based on this Policy or Policy Number 0-106, USF Records-Public Records Law Compliance and University Record Confidentiality.

II. PROCESS STEPS

A. Disposal of Confidential Documents

Subject to record retention requirements, written confidential information or restricted-release information must be shredded, torn, or cut into pieces so that the information is no longer recognizable prior to its being placed in trash or recycling bins or otherwise being discarded. Likewise, electronic storage media (for example, diskettes, compact disks, tapes, disk drives, etc.) containing confidential information or restricted-release information must be rendered
irretrievable according to reasonable industry and USF System standards prior to being discarded or placed in trash bins. Further guidance can be found on the USF System website, http://www.usf.edu/it/documents/issp009-8-1-10.pdf.

B. Confidentiality of Medical/Health Information

ALL MEDICAL AND HEALTH INFORMATION IS CONFIDENTIAL INFORMATION AND MUST BE TREATED AS SUCH.

1. Medical/Health Information in Patient-Care Settings

All medical and health information in any patient-care or health-care setting of the USF System or in any USF System setting involving medical or health information (including research approved by the USF System IRB involving patient care or medical/health information) is confidential information and must not be revealed to anyone who does not have the right to view or know the information.

(See the Individually Identifiable Health Information in Section II.C.3., of this Policy for additional information concerning medical and health information.) The use and disclosure of individually identifiable health information will be limited to the minimum necessary to satisfy the request or to complete the task.

No physician, other health-care provider, employee, student, authorized volunteer or observer may view or discuss a person's health information unless he or she is a treating provider, has been requested to be involved by a treating provider, or otherwise has been authorized and assigned to be involved in health-care services for the patient or in related payment, healthcare operations and/or research activities.

Any medical or health information—which an employee, student, authorized volunteer or observer functioning in the health-care arena receives or has access to (whether verbal, written, visual, or electronic)—concerning patients or any individual and the medical/health services performed for that individual is confidential information even if the employee, student, authorized volunteer or observer did not actually furnish the services.
2. Medical/Health Information in “Non-Patient-Care” Settings

All medical and health information outside of a direct patient-care setting is confidential information and must be treated as such. Any medical or health information that an employee, student, authorized volunteer or observer learns, even inadvertently, as a result of his or her job responsibilities or involvement with the USF System, or otherwise as a result of his or her employment, student, authorized volunteer or observer relationship with the USF System is considered confidential.

This includes, but is not limited to, medical or health information in research settings even if the research does not involve direct patient care. All medical and health information about USF System employees (including, but not limited to, medical condition, medical examination results, letters or records from medical personnel, information concerning a disability, medical information concerning ability to perform a job, medical history, etc.) must be treated as confidential information.

3. Medical/Health Information in Research Settings

Confidential information may be used for USF System Institutional Review Board (IRB) approved human subject research only as follows:

(a) If de-identified;

(b) If the study participant (or authorized representative) authorizes the use and/or disclosure of the information in the context of an IRB-approved research protocol;

(c) With a waiver/alteration of authorization granted by a privacy board (including USF System IRB/Privacy Board);

(d) In a limited data set in accordance with a properly executed data use agreement; or

(e) Through any other mechanisms as outlined in the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule.
If confidential information is used or disclosed preparatory to research, or involves decedent information only, a written attestation must be submitted to the USF System Division of Research Integrity & Compliance for review and approval. (The attestation form can be found at http://www.research.usf.edu/train/docs/attestation-form.docx.) All personally identifiable health information shall always be regarded as confidential and shall be used, disclosed or maintained only as permitted by law and/or this Policy.

C. Use and Disclosure of Information

Confidential information, no matter on what medium it is stored, must not be accessed or transmitted in violation of USF System policy or in violation of law. For purposes of this Policy, USF System information has been classified into the following three categories, and each category contains a description of the restrictions for disseminating the information through approved channels:

1. USF System Information and Documents

Portions or all of requested information and documents may be confidential and all requests for this type of information should be reviewed, prior to its release, by the USF System Office of the General Counsel and the USF System faculty or staff member who ultimately is responsible for the department/unit which received the request for information.

USF System employees may not use USF System information or documents for personal purposes and may not obstruct its use for proper USF System purposes. Disclosure of documents containing internal information may be required from time to time, but such disclosures must be made by the USF System official authorized to release such information.

2. Individually Identifiable Information

Except for information that can be released under Florida’s Public Records Law, the privacy rights of employees, students and patients who are the subject of those records must be respected.

All individually identifiable information of USF System employees, students, research subjects, and patients may be disseminated only in compliance with federal and state law and the USF
3. Individually Identifiable Health Information, wherever collected or maintained within the USF System, is designated as confidential. Such information collected or maintained by the HIPAA Covered Component within the USF System is known as “protected health information (PHI). This information is covered by federal and state rules and regulations and by policies of the USF System and, if within the USF System HIPAA Covered Component, the guides, standard practices and procedures of USF Health and standard operating procedures of the USF System Division of Research Integrity & Compliance.

All requests for disclosure of an individual's patient record, medical information, or health information may be subject to federal and state rules and regulations and to policies of the USF System and guides, standard practices and procedures of USF Health. Requests for clarification of the policies, standard practices and procedures applicable to the HIPAA Covered Component within the USF System should be directed to an immediate supervisor and/or to USF System HIPAA designees.

Use/disclosure related to clinical care—USF Health Professional Integrity Office Helpline: 813-974-2222

Use/disclosure for research—Division of Research Integrity & Compliance: 813-974-5638

III. APPLICABILITY

This Policy applies to all USF System employees and students, authorized volunteers and observers, visiting students and representatives of the University of South Florida System.

IV. IMPLEMENTATION

Violations of these stated policies and/or procedures may result in disciplinary action as provided by the USF System Personnel Regulation on “Misconduct” and the USF System Standards for Disciplinary Action. Violations of these stated policies and/or procedures by employees of the University Medical Service Association, Inc., the USF Medical Services
Support Corporation, or other USF System-affiliated organization (collectively, "affiliated organization") may result in disciplinary action as provided by the applicable disciplinary rules, policies, and procedures of the affiliated organization. Students, authorized volunteers or observers who violate this Policy may also be subject to discipline or other appropriate action including, but not limited to, the loss of access and the opportunity to study, volunteer or observe. In addition to the discipline that the USF System or affiliated organization may impose, federal or state laws provide for civil and criminal penalties.

*Current Responsible Office: USF System Services

*Refer to the appropriate Responsible Office website for a current name of the Vice President or other Responsible Officer.