

Family Partnerships of Central Florida

PROCEDURE

Series:	Operating Procedures	COA: CR 2 CFOP: 60-17
Procedure Name:	HIPAA Procedure	
Procedure Number:	OP1145	
Reviewed Date:	10/12/16, 10/02/2019, 4/16/24	
Revision #/Date:	NA	
Effective Date:	3/16/09	
Applicable to:	All Family Partnerships of Central Florida (FPoCF) Staff and Providers	

PURPOSE: To establish a uniform process for disseminating privacy standards and policies required by the Health Insurance Portability and Accountability Act (HIPAA) regulations within the Family Partnerships of Central Florida.

PROCEDURE:

**References : Health Insurance Portability and Accountability Act of 1996 (HIPAA)
Title 45 C.F.R. Subparts 160, 162, and 164, Security and Privacy of Individually Identifiable Health Information**

Family Partnerships of Central Florida (FPoCF) Policies/Procedures: HR2417

This procedure is developed in accordance with the Privacy Standards for Individually Identifiable Health Information.

Overview

- a. This operating procedure is developed in accordance with the Privacy Standards for individually identifiable Health Information in federal regulations promulgated pursuant to a HIPAA requirement to maintain the process, in writing, that designates to whom, how, and when the Notice of Privacy Policy and Management and Protection of Personal Health Information Policy will be distributed.
- b. HIPAA requires the FPoCF to ensure the privacy and confidentiality of protected personal health information of clients and patients. Employees and volunteers shall not permit the unauthorized disclosure of protected health information except as permitted or required by law. Each FPoCF employee and volunteer shall be furnished a paper or electronic copy of this operating procedure and is expected to read and comply with the FPoCF policy. Each employee and volunteer shall sign the Notice of Privacy Policy; Attachment 1, a copy of which shall be maintained in the employee's or volunteer's file.
- c. FPoCF employees and/or contracted providers are responsible for ensuring that employees are provided a Notice of Privacy Policy and that all clients, and parents and guardians of clients, with the exception of forensic clients, are provided a management and protection Health Information Policy Practice Statement.

Family Partnerships of Central Florida

1. The Notice of Privacy Policy shall be maintained and visible at all times in an area or areas that result in the Notice being accessible to all employees.
2. The Management and protection of personal Health Information Policy Statement shall be visibly posted at each facility, program and service center, and in waiting rooms and client interviewing rooms at facilities serving clients.
3. All patients/clients/parents or guardians of the client/patient, caregivers, foster and adoptive parents, will receive the Management and protection of Personal Health Information Policy at the time of initial contact with Family Partnerships of Central Florida and/or its Network partners and will sign a HIPAA acknowledgement form.
4. The requirement to ensure that each client/patient/parent or guardian of the client/patient, caregiver, foster and adoptive parent will receive a copy of the Management and protection of Health Information Policy shall be included in each provider's contract as a compliance requirement.

Training Requirements

- a. Each employee and volunteer shall complete the latest training at initial hire and annually thereafter to ensure knowledge of and compliance with HIPAA privacy requirements. Proof of attendance shall be maintained in the employees' personnel file.
- b. New employees and volunteers will receive the latest training within 10 calendar days and will receive a copy of the Notice of Privacy Procedure.
- c. Training is mandatory and will be conducted through online training.

Accessibility of Material

- a. The Notice of Privacy Policy and the Management and Protection of personal Health Information Policy are available electronically on the Department of Children and Families website.
- b. The Notice of Privacy Policy and the Management and Protection of Personal Health Information Policy will also be made available in alternative formats upon request and is available at all FPoCF sites.

Monitoring

- a. The Privacy Officer will collect and analyze information from centers annually to determine compliance with this procedure.
- b. The Privacy Officer will ensure an annual Security Risk Assessment will be completed.

Family Partnerships of Central Florida

BY DIRECTION OF THE PRESIDENT AND
CHIEF EXECUTIVE OFFICER:



PHILIP J. SCARPELLI
President and Chief Executive Officer
Family Partnerships of Central Florida

APPROVAL DATE: 04/17/2024

Family Partnerships of Central Florida

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HIPAA Acknowledgement Form

Family Partnerships of Central Florida Policy complies with 45 C.F.P. Parts 160, 162, and 164; federal regulations promulgated pursuant to the Health Insurance portability and Accountability Act of 1996 (HIPAA) and applicable Florida Statutes.

As defined by the Act, *protected health information* is information which can be used to identify an individual and which relates to the past, present or future physical or mental health or condition of an individual, provision of health care to an individual, or the past, present or future payment for health care provided to an individual.

As defined by the Act, *disclosure* means the release, transfer, provision of, access to, or divulging in any other manner of information outside the entity holding the information.

HIPAA Privacy Notice: The federal Health Insurance Portability Act and Accountability Act (HIPAA) of 1996 provides privacy protection of an individual's verbal, written and electronic health information. Family Partnerships of Central Florida will comply with all HIPAA requirements in order to protect your health information. By signing below, you are acknowledging receipt of the Federal HIPAA policy.

Client Name and Signature:

Name (printed): _____

Signed: _____

Date: _____

Name (printed): _____

Signed: _____

Date: _____

BFP Program Staff Signature:

Name (printed): _____

Signed: _____

Family Partnerships of Central Florida

Date: _____