



# HIPAA Compliance

<b>Policy Number</b>	2-013
<b>Responsible Authority</b>	Director, Privacy Compliance HIPAA Privacy and Security
<b>Initiating Authority</b>	Vice President, People and Workplace Experience
<b>Effective Date</b>	6/19/2026
<b>Date of Origin</b>	6/19/2026

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## APPLICABILITY/ACCOUNTABILITY

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This policy applies to all employees, students, residents, fellows, and volunteers who are employed by, or acting on behalf of, covered healthcare units that engage in patient care and electronic transactions related to eligibility and payment and non-covered healthcare units that do not transmit health information electronically in connection with a HIPAA-covered transaction but in some instances provide patient care and interact with protected health information for research, administrative, technical, or support purposes. These covered and non-covered healthcare units are collectively referred to as the “UCF Healthcare Component.” This policy also applies to business associates.

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## BACKGROUND INFORMATION

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The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is about protecting patient information and giving patients control over the use and disclosure of their protected health information (PHI). HIPAA applies to specific types of entities and provides the minimum national standards for the protection of certain identifiable health information. UCF, as an academic institution, is not entirely bound by HIPAA but has HIPAA covered components and therefore is a Hybrid Entity under the regulation. This decision reflects its structure, which includes **Covered Healthcare Units** that provide patient care (subject to HIPAA if they electronically bill) and **Non-covered Healthcare Units** that do not transmit health information electronically in connection with a HIPAA-covered transaction but in some cases provide patient care and interact with protected health information for research, administrative, technical, or support purposes. Although these non-covered healthcare units are not directly subject to HIPAA, they must ensure proper handling and safeguarding of PHI in compliance with Florida law. Collectively, these units make up the UCF Healthcare Component. Identifiable health information pertaining to enrolled students is covered under the Family Educational Rights and Protections Act (FERPA).

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## POLICY STATEMENT

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The university is committed to protecting the privacy and security of patient information collected, maintained, used, and disclosed by the university and by those acting on its behalf, as permitted or required by law. The UCF Healthcare Component, and business associates where applicable, must comply with the requirements set forth in this policy and the corresponding HIPAA Privacy and Security Manual. Failure to comply with this policy or the HIPAA Privacy and Security Manual may result in disciplinary action, up to and including termination.

UCF personnel will not be considered in violation of university HIPAA policies, state law, or the HIPAA Privacy Rule when disclosing protected health information (PHI) as a whistleblower or as a victim of a crime, provided such disclosures meet applicable legal requirements see [45 CFR § 164.502\(j\) — Disclosures by whistleblowers and workforce member crime victims](#).

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## DEFINITIONS

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**Business Associate:** Any person or organization outside a Covered Entity's Workforce with whom the Covered Entity shares Protected Health Information (PHI) to perform services. These services can include administrative tasks, billing, legal assistance, accreditation, consulting, storage, and other similar services. Before sharing PHI or UCF electronic PHI (ePHI) with a Business Associate, a Business Associate Agreement must be in place.

**Covered Entity** (Covered Healthcare Unit): A health plan, a health care clearinghouse, or a health care provider who transmits certain health information (including billing information) in electronic format. This includes any unit at UCF that provides medical or mental health services and electronically bills for those services.

**Designated Record Set (DRS):** Any grouping of information that includes PHI, and is gathered, stored, used, or shared by a Covered Entity to help make decisions about individuals. The Designated Record Set includes the following documents/files containing PHI:

- a. Permanent clinical record
- b. Billing record
- c. Electronic record (e.g. Electronic Health Record, Practice Management System, Lab Information System, etc.)
- d. Handheld devices

**Hybrid Entity:** HIPAA recognizes some entities perform both covered (health care services subject to billing) and non-covered (research, administrative, and support) functions and rather than requiring the whole entity to comply with HIPAA, such entity may claim a Hybrid Entity designation.

**Individually Identifiable Health Information** (per HIPAA): Health information that can be used to identify the individual it pertains to by examining identifiers. Specific identifiers include:

- Names

- Street address, city, county, precinct, or zip code
- Birth date, admission date, service date, discharge date, or date of death
- Age over 89
- Telephone numbers and fax numbers
- Email addresses
- Social security numbers
- Medical records numbers, health plan beneficiary numbers, account numbers
- Device identifiers and serial numbers
- Certificate/license numbers
- Vehicle identifier and serial number
- License plates
- URLs, IP addresses
- Full face photo
- Photo with distinctive tattoo

**Protected Health Information (PHI):** Individually Identifiable Health Information, associated with a health condition, provision of health care, or payment for health care, that is transmitted or maintained in any media or form (electronic, digital, video, audio, paper, or oral) by or on behalf of a Covered Entity. This includes the Designated Record Set and any other patient specific information used by UCF Personnel. For the purposes of this policy, PHI includes UCF Electronic Protected Health Information (ePHI).

**UCF ePHI:** ePHI generated by, or on behalf of, the UCF Health Care Component.

**UCF Healthcare Component:** UCF is a Hybrid Entity, consisting of both covered healthcare units that provide patient care (subject to HIPAA if they electronically bill) and non-covered healthcare units that do not transmit health information electronically in connection with a HIPAA-covered transaction but may still provide patient care and interact with PHI for research, administrative, technical, or support purposes. Collectively these units are known as the UCF Healthcare Component and subject to this policy and the HIPAA Privacy and Security Manual. The UCF Healthcare Component is identified as follows:

#### Covered Healthcare Units

1. College of Health Professions and Sciences - Communication Disorders Clinic
2. College of Health Professions and Sciences - Physical Therapy Clinic
3. College of Medicine, including UCF Health, HealthARCH, Burnett School of Biomedical Sciences, and Health and Information Technology Department
4. UCF Health - Student Health Services, including UCF Pharmacy

#### Non-Covered Healthcare Units

1. Office of Research – Institutional Review Board (IRB)
2. College of Sciences – UCF RESTORES
3. Office of the General Counsel
4. Office of the General Counsel – Health Affairs Division
5. UCF Advancement Staff
6. UCF Department of Security
7. UCF Information Security Office (ISO)
8. UCF IT, Chief Technology Office:

Telecommunications - Unified Communications, Network Services, Installation Maintenance Repair; Senior Director, Enterprise Infrastructure, Client Services - Support zones, Endpoint Engineering Services; Infrastructure – Tier 0/1, Cloud Services, Linux, and Data Centers

9. University Audit

10. Division of People and Workplace Experience (excluding Building Code Department)

**UCF Personnel:** Includes all employees, students, residents, fellows, and volunteers who are employed by, or acting on behalf of the UCF Healthcare Component.

**Workforce:** Employees, volunteers, trainees, and other persons whose conduct, in the performance of work for a Covered Entity, is under the direct control of such entity, whether or not they are paid by the Covered Entity.

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## PROCEDURE

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Using this policy and the corresponding HIPAA Privacy and Security Manual, the UCF Healthcare Components are expected to establish a process within their respective units addressing the following:

1. Reviewing and becoming familiar with this policy and the requirements in the HIPAA Privacy and Security Manual
2. Implementing the HIPAA Privacy and Security Manual and developing appropriate, unit-specific policies and procedures ensuring they are no less stringent than those contained in this policy and the HIPAA Privacy and Security Manual
3. Developing unit-specific operating procedures that delineate the steps to be performed to comply with the policies and procedures
4. Providing training on HIPAA requirements, policies, and procedures

The HIPAA Privacy and Security Manual will be reviewed annually and revised, to include new procedures, as needed when changes are made to applicable laws and/or university regulations or policies. Each UCF Healthcare Component shall include, in its processes, a mechanism for ensuring that corresponding updates to their unit-specific policies, procedures and operating procedures are completed.

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## RELATED RESOURCES

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UCF HIPAA Privacy and Security Manual

[HIPAA Resource](#)

[45 CFR 164](#)

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**CONTACTS**

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**POLICY APPROVAL**  
(For use by the Office of the President)

Policy Number: 2-013

  
Initiating Authority and University Policies and  
Procedures Committee Chair

Date: 6/1/2026

  
President or Designee

Date: 6/19/2026