



INFORMATION TECHNOLOGY SERVICES



# FLORIDA INFORMATION PROTECTION ACT OF 2014 (FIPA)

THE  
FLORIDA STATE  
UNIVERSITY



## *WHY DO WE HAVE FIPA?*

- There is no single federal law that governs notification of a data or security breach.
- FIPA provides State directed procedures for the protection and security of sensitive personal information in the possession of covered entities.





## *WHAT IS A FIPA COVERED ENTITY?*

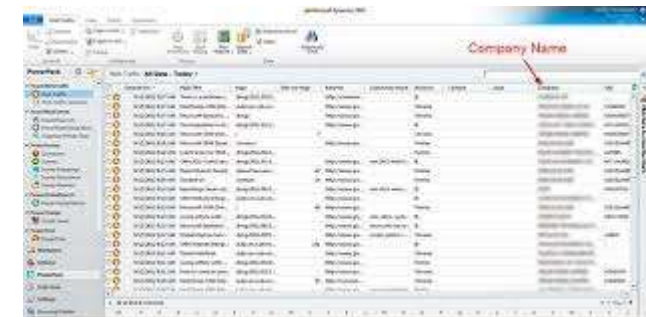
A “covered entity” is a sole proprietorship, partnership, corporation, trust, estate, cooperative, association, or other commercial entity that acquires, maintains, stores, or uses personal information. For the provisions of this bill detailing the requirements for notification when there is a breach of security, disposal of customer records, and enforcement, this term also includes governmental entities (this includes FSU).



## *WHAT IS A CUSTOMER RECORD IN FIPA?*

“**Customer records**” means any material, regardless of the physical form, on which personal information is recorded or preserved by any means, including, but not limited to, written or spoken words, graphically depicted, printed, or electromagnetically transmitted that are provided by an individual in this state to a covered entity for the purpose of purchasing or leasing a product or obtaining a service.

“**Data in electronic form**” means any data stored electronically or digitally on any computer system or other database and includes recordable tapes and other mass storage devices.

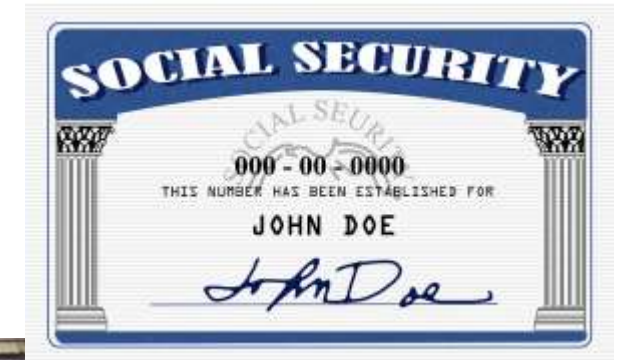




# PERSONAL INFORMATION DEFINED IN FIPA

*Individuals First Name or First Initial and Last name in combination with:*

- SSN





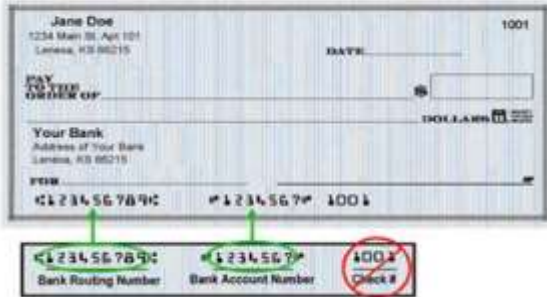


# PERSONAL INFORMATION DEFINED IN FIPA

*Individuals First Name or First Initial and Last name in combination with:*

- Financial Account Number or Credit or Debit Card Number in combination with any required Security Code, Access Code, or Password allowing access to an account

Note: the routing and account numbers may be in different places on your check.



plus



OR





# PERSONAL INFORMATION DEFINED IN FIPA

*Individuals First Name or First Initial and Last name in combination with:*

- Medical History/Treatment/Diagnosis by health care professional



**GENERAL SERVICES ADMINISTRATION**  
**OSTEODENTISTRY, ORTHODONTICS AND DENTAL SERVICES**  
**FORM 10-1 (REV. 12/2010)**

**HEALTH RECORD**      **DENTAL**

**SECTION 1: DENTAL INFORMATION**

1. TYPE OF EXAMINATION:  INITIAL     RE-EVALUATION     OTHER: \_\_\_\_\_

2. DENTAL HISTORY AND EXISTING RESTORATIONS

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
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3. DENTURES:  NONE     COMPLETE     PARTIAL

4. CHROMIUM alloy Max. RPD with acrylic teeth replacing 3, 4, 14

5. PLACE OF EXAMINATION: NDC, SAN DIEGO, CA    DATE: 20 Jan 88

6. NAME OF DENTIST/ORTHODONTIST: Paul T. Korte, CAPT, DC, USN

**SECTION 2: PERIODONTAL AND RADIOGRAPHIC**

1. PERIODONTAL:  HEALTHY     MILD     MODERATE     SEVERE

2. RADIOGRAPHS:  NONE     PERIAPICAL     PANORAMIC     CEPHALIC     OTHER: \_\_\_\_\_

3. ANOMALIES OF OCCLUSION:  NONE     CLASS I     CLASS II     CLASS III

4. TREATMENT:  NONE     EXTRACT     RESTORATION     ORTHODONTICS     SURGERY     DENTURES

5. DENTURES WORN:  NONE     COMPLETE     PARTIAL

6. RADIOGRAPHS:  NONE     PERIAPICAL     PANORAMIC     CEPHALIC     OTHER: \_\_\_\_\_

7. ANOMALIES OF OCCLUSION:  NONE     CLASS I     CLASS II     CLASS III

8. TREATMENT:  NONE     EXTRACT     RESTORATION     ORTHODONTICS     SURGERY     DENTURES

**SECTION 3: PATIENT DATA**

1. DATE OF BIRTH: 20 Jan 88

2. SEX:  M     F

3. RACE:  W     B     O

4. SOCIAL SECURITY NUMBER: 1 Aug 88    111-11-1111

5. NAME OF DENTIST/ORTHODONTIST: Paul T. Korte, CAPT, DC, USN

6. NAME OF PATIENT: DORE, JOHN RMM

7. ADDRESS: 510-242-1179

8. PHONE: 511-11-1111

9. OCCUPATION: USN

10. EMPLOYER: USN

11. EMPLOYER ADDRESS: 1 Aug 88

12. EMPLOYER PHONE: 511-11-1111

**PATIENT INTAKE FORM FOR THE PRACTITIONER**

Patient Name: \_\_\_\_\_  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Occupation: \_\_\_\_\_ Partner Status: \_\_\_\_\_

In Emergency Notify: \_\_\_\_\_

Referred by: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Concurrent Health Therapies or Regimens: \_\_\_\_\_

Date: \_\_\_\_\_

**FAMILY MEDICAL HISTORY**

<input type="checkbox"/> Allergies	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Asthma
<input type="checkbox"/> Cancer	<input type="checkbox"/> Stroke, Heart disease	<input type="checkbox"/> High blood pressure
<input type="checkbox"/> Seizures	<input type="checkbox"/> Alcoholism	<input type="checkbox"/> Other

**PAST MEDICAL HISTORY (WITH DATES)**

<input type="checkbox"/> Allergies	<input type="checkbox"/> Seizures	<input type="checkbox"/> Vaccinations
<input type="checkbox"/> Cancer	<input type="checkbox"/> Rheumatic fever	<input type="checkbox"/> Childhood Illnesses
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Surgery	<input type="checkbox"/> Other significant illnesses
<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Vascular disease	<input type="checkbox"/> Accidents or significant trauma
<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Thyroid disease	<input type="checkbox"/> Medications
<input type="checkbox"/> Heart disease	<input type="checkbox"/> Birth trauma	

**LIFESTYLE AND OCCUPATION**

Exercise: \_\_\_\_\_

Dietary considerations:  Cigarettes     Coffee, tea or soda     Alcoholic beverages     Other

Occupational stress factors: \_\_\_\_\_

Medications taken within the last two months (antacids, drugs, herbs, etc.): \_\_\_\_\_

**CURRENT GENERAL HEALTH INDICATORS**

<input type="checkbox"/> Poor appetite	<input type="checkbox"/> Heavy appetite	<input type="checkbox"/> Changes in appetite
<input type="checkbox"/> Disturbed sleep	<input type="checkbox"/> Heavy sleep	<input type="checkbox"/> Insomnia
<input type="checkbox"/> Fatigue	<input type="checkbox"/> Localized weakness	<input type="checkbox"/> Sweating easily
<input type="checkbox"/> Poor coordination	<input type="checkbox"/> Strong thirst	<input type="checkbox"/> Cravings
<input type="checkbox"/> Weight gain	<input type="checkbox"/> Weight loss	<input type="checkbox"/> Change in appetite
<input type="checkbox"/> Cold hands	<input type="checkbox"/> Cold feet	<input type="checkbox"/> Cold back
<input type="checkbox"/> Night sweats	<input type="checkbox"/> Fevers	<input type="checkbox"/> Chills
<input type="checkbox"/> Cold abdomen	<input type="checkbox"/> Poor balance	<input type="checkbox"/> Sensitive to smells or smells
<input type="checkbox"/> Tremors	<input type="checkbox"/> Hiccups or burping easily	<input type="checkbox"/> Sudden energy drop (when?)
<input type="checkbox"/> Other unusual or abnormal conditions		

**SKIN AND HAIR**

<input type="checkbox"/> Rash(es)	<input type="checkbox"/> Ulcerations	<input type="checkbox"/> Itches
<input type="checkbox"/> Itching	<input type="checkbox"/> Yaws(es)	<input type="checkbox"/> Pimples
<input type="checkbox"/> Dandruff	<input type="checkbox"/> Hair loss	<input type="checkbox"/> Recent moles
<input type="checkbox"/> Psoriasis	<input type="checkbox"/> Changes in hair or skin texture	
<input type="checkbox"/> Any other hair or skin problems		

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# PERSONAL INFORMATION DEFINED IN FIPA

*Individuals First Name or First Initial and Last name in combination with:*

- Health Insurance Policy Number



PPO

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**Policy Number**  
356M59557

**Group Number**  
1234567

**Group Name**  
XYZ COMPANY

**Member Name**  
SUSAN J. SAMPLE

**3)** Office Visit Copay: \$15  
Specialist: \$15


**4)** Emergency Room: \$150  
Urgent Care: \$50  
Rx: \$10/20/40

**Network Coinsurance:**

**5)** In 90%/10%

**6)** Out 80%/20%  
Med/Rx Deductible Applies

Member ID = 9 digit subscriber ID number




of Vermont

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<p>Subscriber: <b>John</b> Subscriber ID: XY12<b>123456789</b></p>	<p>Member 03 <b>Jane Smith</b> Primary Care Physician: <b>J Q Careprovider</b></p>
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<p>Group Number: <b>123456789</b> BC/BS PLAN: <b>415/915</b> Rx Group: <b>VT7A</b> Effective Date: <b>mm/dd/yyyy</b></p>	<table style="width: 100%; border-collapse: collapse;"> <tr><td>PREVENTIVE OFFICE</td><td style="text-align: right;">\$0</td></tr> <tr><td>OFFICE VISIT</td><td style="text-align: right;">\$20</td></tr> <tr><td>SPECIALIST</td><td style="text-align: right;">\$30</td></tr> <tr><td>INPATIENT HOSPITAL</td><td style="text-align: right;">\$500</td></tr> <tr><td>OUTPATIENT SURGERY</td><td style="text-align: right;">\$200</td></tr> <tr><td>EMERGENCY ROOM</td><td style="text-align: right;">\$100</td></tr> </table>	PREVENTIVE OFFICE	\$0	OFFICE VISIT	\$20	SPECIALIST	\$30	INPATIENT HOSPITAL	\$500	OUTPATIENT SURGERY	\$200	EMERGENCY ROOM	\$100
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# *PERSONAL INFORMATION DEFINED IN FIPA*

- User Name or E-mail Address in Combination with Password or Security Question that allows access to online account





# IMPORTANT FOR THIRD-PARTY CONTRACTS....

## (8) REQUIREMENTS FOR DISPOSAL OF CUSTOMER RECORDS.—

Each covered entity or third-party agent shall take all reasonable measures to dispose, or arrange for the disposal, of customer records containing personal information within its custody or control when the records are no longer to be retained. Such disposal shall involve shredding, erasing, or otherwise modifying the personal information in the records to make it unreadable or undecipherable through any means.

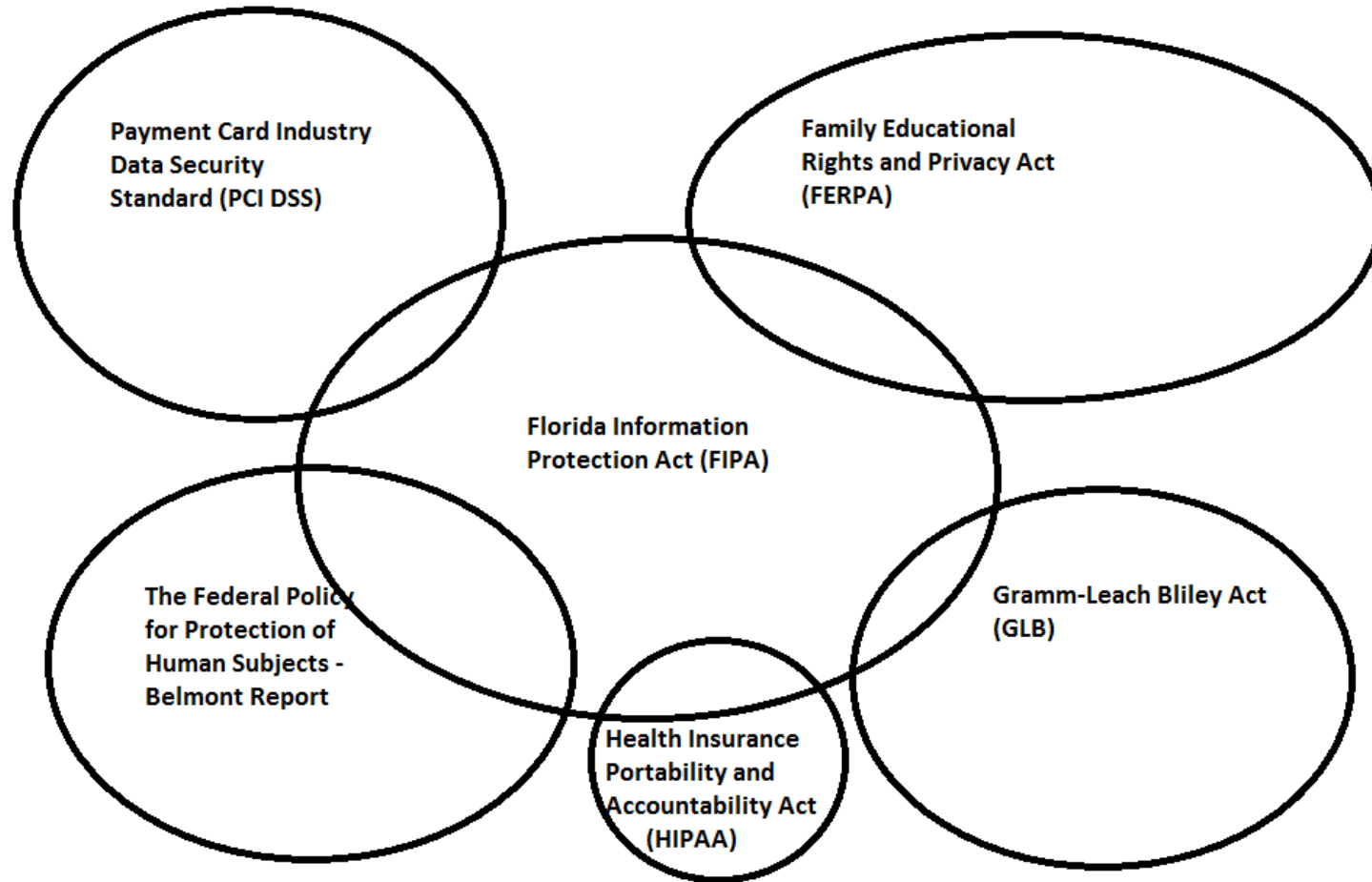
\*FSU must adhere to State public record laws in determining disposal timelines

\*See [security.fsu.edu](http://security.fsu.edu) for contract "Terms & Conditions" which covers any 3<sup>rd</sup> party transfer of protected FSU information including data disposal terms to meet FIPA requirements





# ***FIPA BREACHES CAN SPAN OTHER PRIVACY ACTIONS REQUIRED UNDER OTHER LEGAL OR CONTRACTUAL REQUIREMENTS ...***





# *INDIVIDUAL NOTICES*

Notice to affected individuals within **30 calendar days** **of discovery** unless delay authorized by federal, state, or local law enforcement

Notice must include:

- 1) Date or range of dates for breach
- 2) Description of personal information lost/accessed in breach
- 3) Contact information for information at breached entity





## *Notice to Department of Legal Affairs*

**Any breach of over 500 accounts/records** requires sending a notice to State Department of Legal Affairs within 30 days of breach (45 days with extension):

- 1) Synopsis of breach events
- 2) Number of individuals in Florida affected
- 3) Services (information/credit protection) offered by entity to individuals
- 4) Name of contact person in organization

