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| Policies of the University of North Texas Health Science Center                         | Chapter 14<br><br>UNT Health |
| I.<br><b>14.212 Verification of Individuals Requesting Protected Health Information</b> |                              |

II.

### **Policy Statement**

To ensure that the confidentiality of patient PHI is properly maintained in accordance with HIPAA, UNTHSC will ensure that it has properly verified the identity and authorization of individuals and entities outside of UNTHSC who request UNTHSC patient PHI information.

### **Application of Policy**

UNTHSC providers and employees

### **Definitions**

1. Protected Health Information (PHI): "PHI" is individually identifiable health information that is transmitted or maintained in any form or medium, including oral, written, and electronic.

I.

### **Procedures and Responsibilities**

- IV. All UNTHSC providers and employees that handle PHI will appropriately verify the identity and authority of persons requesting access to PHI, if the identity or authority of such individual is not already known to the workforce member, through one of the mechanisms listed below.

#### **1. When the requestor is the Patient**

- a. **If the request is made in person**, verification of identity may be accomplished by:
  - i. Asking for valid picture ID in the form of a driver's license, passport, or other state or government issued identification card; or
  - ii. Comparing the individual's photograph in EMR
- b. **If the request is made over the telephone**, verification may be accomplished by requesting identifying information and confirming such information matches what is in the medical record. UNTHSC personnel must obtain a **minimum of three** information items from the following list of acceptable identifiers:
  - i. Patient Social security number **and**
  - ii. Patient Date of Birth **and**

iii. Any **one** of the following:

- i. Account Number
- ii. Street Address
- iii. Insurance carrier name
- iv. Insurance policy number
- v. Medical record number

c. **If the request is made in writing**, verification may be accomplished by:

- i. Requesting a photocopy of photo identification;
- ii. If a photocopy of the ID is not available, the signature of the written request must be compared with the signature within the patient's EMR;
- iii. Additionally, UNTHSC personnel may need to verify the validity of the written request by contacting the patient by phone. If calling the patient, follow steps outlined above in (1)(b).
- iv. When UNTHSC personnel respond to requests for additional information all correspondence to the patient must be in writing, addressed to the patient and mailed to the patient's address currently on record.

V. Responsible Party: UNTHSC providers and staff

VI.

1. **When the requestor is the Patient's Legally Authorized Representative (Personal Representative, Power of Attorney etc)**, verification of the individual may be accomplished by asking for photo identification (such as driver's license) if the request is made in person.

- i. Once the identity is established, the authority of the individual must be confirmed by:
  - i. For Personal Representative: ensuring the individual is listed on the patient's personal representative form as an individual who may act on their behalf;
  - ii. For court ordered appointed guardian, Power of Attorney etc: authority is established by the person presenting a copy of a valid power of attorney for health care, or a copy of a court order appointing the person guardian of the patient.

VII. Responsible Party: UNTHSC providers and staff

1. **When the requestor represents a Third Party**, such as a health insurer, verification that a requestor is truly a representative of the third party and that the request is on behalf of said party should include consideration of the following elements:

- a. **Letterhead:** the request is on official printed letterhead and PHI is mailed or faxed to the address or number printed on the letterhead.
- b. **Email address:** the request is received via e-mail from an e-mail address that identifies the company (e.g. [John.Smith@aetna.com](mailto:John.Smith@aetna.com))
- c. **Fax Coversheet with company logo:** requested information is mailed or faxed to address or number contained in the coversheet.
- d. **Fax transmission/header:** may be referenced as additional source of verification.

VIII. Responsible Party: UNTHSC providers and employees

1. **For a public official or a person acting on behalf of the public official:**

IX. The identity of a public official or a person acting on behalf of a public official may be verified by the following:

- a. If the request is made in person, presentation of an agency identification badge, other official credentials, or other proof of government status;
- b. If the request is in writing, the request is on the appropriate government letterhead; or
- c. If the disclosure is to a person acting on behalf of a public official, a written statement on appropriate government letterhead that the person is acting under the government's authority or other evidence or documentation of agency, such as a contract for services, memorandum of understanding, or purchase order, that established that the person is acting on behalf of the public official.

The authority of a public official or a person acting on behalf of a public official may be verified by the following:

- a. A written statement of the legal authority under which the information is requested, or, if a written statement would be impracticable, an oral statement of such legal authority; or
- b. If a request is made pursuant to legal process, the warrant, subpoena, order, or other legal process issued by a grand jury or a judicial or administrative tribunal is presumed to constitute legal authority.

I. Responsible Party: UNTHSC providers and employees

- 1. **Emergency Situations:** In emergency situations, disclosure to prevent or lessen a serious or imminent threat to health or safety may be made to a person reasonably able to prevent or lessen the threat without having to comply with the verification requirements of this policy. In such situations, the verification requirements will be presumed to be met so long as UNTHSC acted in good faith in making the disclosures.

II. Responsible Party: UNTHSC providers and staff

- 1. Verification of an individual does not eliminate the need for a written authorization from the patient if it is specifically required. Consult the Privacy Office before making any disclosures if there is uncertainty as to whether or not sufficient verification has been obtained.

III. Responsible Party: UNTHSC providers and staff

**References and Cross-references**

45 CFR §164.512(j): Uses and disclosure to avert a serious threat to health or safety

45 CFR §164.514(h)(1): Standard: Verification requirements

45 CFR §164.514(h)(2): Implementation Specifications: Verifications

14.207 Personal Representative Policy

14.204 Authorization to Release PHI Policy

14.217 Permitted Uses and Disclosures of PHI: Health Oversight Agencies

14.215 Permitted Uses and Disclosures of PHI: Law Enforcement Purposes

14.218 Permitted Uses and Disclosures of PHI: To Avert a Serious Threat to Health and Safety

**Forms and Tools**

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