

UNIVERSITY PHYSICIANS OF BROOKLYN, INC.

POLICY AND PROCEDURE

		No: _____
Subject:	VERIFICATION OF IDENTITY	Page <u>1</u> of <u>3</u>
Prepared by:	Shoshana Milstein	Original Issue Date: <u>NEW</u>
Reviewed by:	HIPAA Policy & Procedure Team	Supersedes Date: <u>NONE</u>
Approved by:	HIPAA Oversight Committee	Approval Date: <u>12/02</u>
		Distribution:
		Issued by:

I. **Purpose:** To support UPB's commitment to patient confidentiality, appropriate steps must be taken to verify the identity and authority of unknown individuals and entities requesting PHI to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its accompanying regulations.

II. **Policy**

A. Verification of Authority- UPB will verify the identity and authority of individuals requesting access to PHI as required by State and Federal law, professional ethics and accreditation agencies.

B. Conditions on Disclosures- If a disclosure is conditioned upon particular documentation, statements or representations from the requestor, UPB can rely upon the documentation, if on its face it meets the applicable requirements.

1. For disclosures regarding lawsuits and disputes, UPB may rely upon a court-ordered subpoena.

C. Professional Judgment- UPB may rely upon the exercise of professional judgment in making uses and disclosures for:

1. Facility directory information (See policy on Facility Directory);
2. Involving friends and family in patient's care (See policy on Uses & Disclosures for Individuals Involved in Care & Notification Purposes);
3. Notification and disaster relief purposes (See policy on Uses & Disclosures for Individuals Involved in Care & Notification Purposes);
4. Avoiding a serious threat to health or safety (See policy on Uses & Disclosures Not Requiring Patient Authorization).

III. Procedure

A. In Person Requests

1. Patient- All patients must present a photo ID (Ex: Driver's license).
2. Personal representatives- Personal representatives must present a photo ID and documentation of their authority over the patient. See policy on Personal Representatives.
3. UPB employees- UPB employees must present their work ID badge for uses and disclosures regarding treatment, payment and healthcare operations.
4. Public officials
 - a. Verification of Identity- A public official, or a person acting on behalf of a public official, must present any of the following:
 - i. Agency identification badge, official credentials or other proof of government status;
 - ii. Written request on appropriate government letterhead;
 - iii. If the disclosure is to a person acting on behalf of a public official, a written statement on appropriate government letterhead stating that the individual is acting under government authority or other documentation of the agency attesting to that fact, such as a contract for services, memorandum of understanding or purchase order.
 - b. Verification of Authority- The public official, or person acting on behalf of a public official, must also present a written statement of the legal authority under which the information is requested.
 - i. If a written statement would be impracticable, an oral statement would suffice;
 - ii. Appropriate staff member should document the oral statement in the Accounting of Disclosures database.
5. Other Requestors- For all other requestors, an appropriate ID badge or request on agency letterhead must be presented. Additional statements or patient authorizations should be obtained, as appropriate.

B. Telephone Requests- See policy on Telephone Requests for Patient Information for additional guidelines.

1. Internal Requests (within UPB)- Requestor should be informed to proceed to the appropriate practice. Procedures for Section III.A. should be followed.
2. External Requests (not within UPB)- Requestor should be informed that the request must be documented on appropriate agency letterhead and faxed to the

appropriate practice. The original request should then be mailed.

C. Mailed Requests- Mailed requests must be documented on official agency letterhead or contain the patient's authorization. Additional representations should be obtained, as necessary.

IV. Responsibilities: It is the responsibility of all medical staff members and practice staff members to comply with this policy. Medical staff members include physicians as well as allied health professionals. Practice staff members include all employees, medical or other students, trainees, residents, interns, volunteers, consultants, contractors and subcontractors at the practice.

V. Reasons for Revision- Regulatory changes

VI. Attachments- None

VII. References- Standards for Privacy of Individually Identifiable Health Information, 45 CFR §164.514(h)(1)