

UNIVERSITY PHYSICIANS OF BROOKLYN

POLICY AND PROCEDURE

Subject: VERIFICATION OF IDENTITY

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Standards: Standards for Privacy of Individually Identifiable Health Information, 45 CFR §164.514(h)(1)

Issued by: **Regulatory Affairs**

I. PURPOSE

To support University Physicians of Brooklyn'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- University Physicians of Brooklyn 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, University Physicians of Brooklyn can rely upon the documentation, if on its face it meets the applicable requirements.

1. For disclosures regarding lawsuits and disputes, University Physicians of Brooklyn may rely upon a court-ordered subpoena;
2. For research waiver of authorizations, University Physicians of Brooklyn may disclose PHI provided that the waiver identifies the IRB and is signed by the chair or designated member of the IRB.

C. Professional Judgment- University Physicians of Brooklyn 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. DEFINITION(s)

None

IV. RESPONSIBILITY

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

V. PROCEDURE/GUIDELINES

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. University Physicians of Brooklyn employees- UPB employees must present their ID badge for uses and disclosures regarding treatment, payment and healthcare operations.
4. Public officials- The Department of Regulatory Affairs should be contacted at x1136.
 - 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 nearest workstation or appropriate department. Procedures for Section V.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 department. 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.

VI. ATTACHMENTS

None

VII. REFERENCES

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

Date Reviewed	Revision Required (Circle One)		Responsible Staff Name and Title
	Yes	No	
6/2010	(Yes)	No	Shoshana Milstein /AVP, Compliance & Audit
9/2013	(Yes)	No	Shoshana Milstein /AVP, Compliance & Audit
9/2016	Yes	(No)	Shoshana Milstein /AVP, Compliance & Audit
12/2016	Yes	(No)	Shoshana Milstein /AVP, Compliance & Audit