Section	6	Compliance Policies	06/15/04 -Originated
Subject	6.2	Privacy Related	07/12/12 -Reviewed w/changes -Reviewed w/o changes
Policy	**6.2.32**	**Verifying Identity and Authority of Individuals Requesting Protected Health Information (PHI**	08/06/12 -Effective Compliance -Author

Verification Requirements Prior to Disclosing Protected Health Information (PHI)

Definitions

Identity refers to who the person is.

Authority refers to the basis upon which the person claims to have access to the PHI.

Policy

Patient information must be kept private and confidential. In order to maintain a patient's confidentiality while still providing families, legal guardians, or others with a legitimate purpose access to requested PHI, UTMB will:

1. Verify the identity of any person making requests PHI,
2. Verify the authority of any such person to have access to or to alter uses and disclosures of the information; and
3. Obtain any documentation, statements, or representations, from the person making such requests, to substantiate the claim of authority.

The only exception to this is for information available in the facility directory, in accordance with IHOP Policy 6.2.4, Use and Disclosure for PHI for Patient Directories and those instances when the patient is present and given an opportunity to agree or object. As an example, if a family member is in the hospital room with the patient we do not have to verify the identity of the family member. (See *IHOP Policy 6.2.2 Use and Disclosure of PHI-to Family, Friends, for Individual Care and Notification Purposes*). Consult the Office of Institutional Compliance before making any disclosures if there is uncertainty whether or not sufficient verification has been obtained. Violation of this policy may result in disciplinary action up to and including termination for employees; a termination of employment relationship in the case of contractors or consultants; or suspension or expulsion in the case of a student. Additionally, individuals may be subject to loss of access privileges and civil and/or criminal prosecution.

Verification Obligation

Satisfaction of verification requirements does not allow UTMB to make an unlawful or impermissible disclosure of PHI and does not eliminate the need for a written authorization from the patient if it is specifically required. (See *IHOP Policy 6.2.1 Use and Disclosure of PHI based on Patient Authorization*).

Acceptable Methods of Verification

1. **When the Requestor is the Patient**
   UTMB will take reasonable steps and exercise professional judgment to verify the identity of the individual making a request for access to his/her own PHI.
   a. **If the request is made in person**, verification of identity may be accomplished by asking for photo identification (such as a driver's license).

      If the request is made over the telephone, verification may be accomplished by requesting identifying information such as birth date, address, mother's maiden name and/or medical record number and confirming that this information matches what is in the patient's record. (The last four digits of the patient's social security number (SSN) may be used as a last resort.) Or, verification will occur through a call-back process using phone numbers documented in the patient record to validate the caller's identity.

   c. **If the request is made in writing,** verification may be accomplished by requesting a photocopy of photo identification If a photocopy of the ID is not available, the signature on the written request must be compared with the signature in the Unit Medical Record (UMR). In addition, UTMB personnel may need to verify the validity of the written request by contacting the patient by telephone.

   d. **If the request is made on the patient billing statement,** verification may be accomplished through the fact that the patient has a copy of the bill. In this instance, the patient has sent in a copy of the bill with hand written notes and questions. When you respond to these requests for additional information, all correspondence must be in writing, addressed to the patient, and mailed to the patient's address currently on record in UTMB's patient billing system.

Acceptable Methods of Verification, (cont'd)

2. **When the requestor is the Patient's Legally Authorized Representative (Other than a Family Member)**
   Verification of identity may be accomplished by asking for photo identification (such as driver's license) if the request is made in person. Once identity is established, authority in such situations may be determined by confirming the person is named in the medical record or in the patient's profile in UTMB's patient management system as the person's legally authorized representative. Or, if there is no person listed in the medical record as the patient's legally authorized representative, authority may be 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 person (or guardian ad litem) of the patient.

3. **Person is Known to the Records Custodian.**
   If the records custodian has knowledge of the identity of the person requesting the disclosure, this knowledge satisfies the verification requirement and no additional procedures are required. Examples satisfying the "knowledge" standard are:
   a. routine communications between health care providers where existing relationships have been established;
   b. knowledge of the requestor's place of business, address, phone or fax number; or
   c. knowledge of the specific person making the request.

4. **When the requestor is calling for medical status of an offender patient.**
   If a caller requests medical status on an offender, UTMB providers and/or Hospital Galveston personnel verify that the caller is listed on the offender's TDCJ Authorization for Release of PHI form. Once this process is done, UTMB must verify the caller's identity by requesting identifying information on the offender patient such as birth date, medical record number and/or TDCJ number and confirming that this information matches what is in the offender's record. (The last four digits of the inmate's social security number (SSN) may be used as a last resort.) UTMB providers and Hospital Galveston personnel shall exercise professional judgment on how much PHI should be verbally released to the requestor.
5. **Reliance on Documentation, Statements, or Representations.**
   If the requested disclosure requires documents, statements, or representations before UTMB can disclose the PHI, UTMB staff may

Acceptable Methods of Verification, (cont'd)

accept such documentation from the individual and UTMB may rely that, on their face, they meet the requirement, provided the reliance is reasonable under the circumstances. For example, if a request is made pursuant to a warrant presented by a verified law enforcement officer, UTMB can accept the warrant as authentic.

6. **Professional Judgment.**
   The verification requirements may be based on professional judgment in the following situations:
   a. In emergency situations, if UTMB exercises professional judgment in making a use or disclosure; and
      i. For disclosures to avert a serious threat to health or safety, if UTMB acts on a good faith belief in making the disclosure.

7. **Verification of Public Officials.**
   a. Verification of Identity.
      UTMB may rely on any of the following to verify identity when the disclosure of PHI is to a public official or a person acting on behalf of the public official:

      i. **If the request is made in person**, presentation of an agency identification badge, other official credentials, or other proof of government status;
      ii. **If the request is in writing,** the request is on the appropriate government letterhead; or
      iii. **If the disclosure is to a person acting on behalf of a public official,** (e.g., a public health agency contracting with another party), 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 establishes that the person is acting on behalf of the public official.
   b. Verification of Authority.
      UTMB may rely on any of the following to verify authority when the disclosure of PHI is to a public official or a person acting on behalf of the public official:
      i. A written statement of the legal authority under which the information is requested, or, if a written statement would be impracticable, an oral statement;

Acceptable Methods of Verification, (cont'd)

ii. A properly executed warrant, subpoena, or judicial or administrative order.

Emergency Situations

In emergency situations where a threat to the safety of a person or the public is imminent, disclosure to prevent or lessen a serious or imminent threat to health or safety may be made by UTMB. The disclosure may be made without having first to comply with the verification requirements of this policy if the disclosure is to:

1) a person reasonably able to prevent or lessen the threat or
2) law enforcement authorities.

The verification requirements will be presumed to be met so long as UTMB acted in good faith in making the disclosures (for example, the UTMB staff member had actual knowledge or relied in good faith on a credible representation by a person with apparent knowledge or authority in determining that the disclosure is necessary to avert the threat).

Documentation

Documentation, statements or representations, whether oral or written, obtained from the requestor as a condition of the disclosure, must be maintained for no less than six (6) years from the date of the document, statement or representation.

Reporting Requirements

All disclosures for purposes other than treatment, payment, or healthcare operations must be accounted for in accordance with *IHOP Policy 6.2.36, Maintaining Patient Confidentiality.*
All staff members are required to report any violations of this policy to their supervisors or to the Office of Institutional Compliance.