

## Verifying Treatment Relationship Checklist

HIPAA permits UTMB to use and disclose PHI without an authorization for UTMB's own treatment, payment, or healthcare operations (TPO) and the treatment activities of another health care provider. In order to ensure the protection of our patient's privacy UTMB will verify that a treatment relationship exists between a provider and our patient unless we are already aware that a treatment relationship exists. Examples of when UTMB would be aware of a treatment relationship include physicians who refer patients to UTMB for a consult or specialty procedure, or providers to whom UTMB refers patients.

The highlighted elements are required for disclosures for treatment purposes when there is no known treatment relationship between the patient and the provider. The request may be any format as long as it includes these elements.

Items UTMB uses to verify treatment relationship	
Specific and meaningful description of the PHI to be disclosed.	
Name or other specific identification of the person(s), or class of persons authorized to disclose the PHI.	
Name of person(s) or class of persons to whom the PHI is to be disclosed.	
Description of the purpose of the disclosure.	
Signature of the patient and date. If signed by a personal representative it must include a description of relationship. (e.g., parent, guardian, etc.)	