

## Privacy - MODEL Facility Policy

POLICY NAME: Verification of External Requestors

DATE: (facility to insert date here)

NUMBER: (facility to insert number here)

**Purpose:** To facilitate compliance with the Health Insurance Portability and Accountability Act (HIPAA) Standards for Privacy of Individually Identifiable Health Information (Privacy Standards), 45 CFR Parts 160 and 164 and all Federal regulations and interpretive guidelines promulgated thereunder. To establish guidelines to reasonably ensure the requestor's true identity in instances when the facility receives requests from persons or entities outside the organization for disclosure of a patient's protected health information (PHI).

**Policy:** Every member of the facility workforce must verify the identity of any person or entity when the person or entity is unknown to the workforce member and is requesting protected health information (PHI) either in person, verbally or via written request.

The **exceptions** to the verification requirement are:

- Disclosures from the facility directory;
- Disclosures for disaster relief purposes; and
- Disclosures for the involvement in the individual's care and notification purposes.

### **Procedure:**

The facility's workforce members must verify the identity of any person or entity, through one of the mechanism listed below, when the person or entity is unknown to the workforce member.

#### A. Individual or Patient/Patient Representative Requestors

Approved methods of identity verification are any **one** of the following three options:

1. Valid State/Federal Issued Photo ID (i.e., passport, government ID, driver's license); or
2. Requestor is able to provide a **minimum of three** information items from the following list of acceptable identifiers (the information may be provided verbally or in writing as applicable):
  - Patient Social Security Number, or at least the last 4 digits (required) **and**
  - Patient Date of Birth (required) **and**
  - Any **one** of the following:
    - Account Number
    - Street Address
    - Insurance Carrier Name
    - Insurance Policy Number
    - Medical Record Number
    - Birth Certificate
    - Insurance Card; or

3. The positive match of signature to a signature on file (e.g., request received from patient via fax or mail and the signature is compared to patient signature on conditions of admission).

**Unacceptable** forms of identification for purposes of this policy:

- Employment Identification Card (ID)
- Student ID
- Membership ID Cards
- Generic Billing Statements (utility bills)
- Supplemental Security Income (SSI) Card
- Credit Cards (photo or non-photo)

#### B. Third-Party Requestors

To verify that a requestor is truly a representative of the third party and that the request is on behalf of said party, the following elements should be taken into consideration when reviewing the request:

- **Letterhead:** Request is on official printed letterhead and PHI is mailed or faxed to the address or number printed on the letterhead.
- **Email address:** Request is received via e-mail from an e-mail address that identifies the company (e.g., John.Smith@Cigna.com).
- **Fax Coversheet with company logo:** Requested information is mailed or faxed to address or number contained in the coversheet.
- **Fax transmission/header:** May be referenced as additional source of verification.
- **Photo ID:** with official credentials when a third party request is made in person (e.g., Law Enforcement and Public Officials).

When in doubt, follow-up via telephone calling the entities main phone number.

#### C. Verification of Public Officials or Someone Acting on the Official's Behalf

Public officials or someone acting on the official's behalf should have one or more of the following:

- Presentation of agency identification badge.
- Other official credentials.
- Other proof of government status (e.g., photo ID issued by a government agency).
- A request written on appropriate government letterhead.
- A written statement on appropriate government letterhead that the person making the request is acting under the government's authority (e.g., a nonprofit company hired by a county health department to compile statistics on West Nile Virus).

#### **References:**

1. IPS Security Policies and Standards
2. Patient Privacy Program Requirements Policy, [IP.PRI.001](#)
3. Patients' Right to Opt Out of Being Listed in Facility Directory Policy
4. Community Clergy Access to Patient Listings Under the HIPAA Privacy Standards Policy
5. Uses and Disclosures of Protected Health Information for Involvement in the Patient's Care and Notification Purposes Policy
6. Information Blocking Rule Compliance Policy, [IP.GEN.006](#)