



University of Connecticut Health Center

POLICY NUMBER 2003-20

March 20, 2009

**POLICY: VERIFICATION OF INDIVIDUALS OR ENTITIES REQUESTING
DISCLOSURE OF PROTECTED HEALTH INFORMATION
(Privacy & Security of Protected Health Information (PHI))**

PURPOSE:

To support our commitment to patient confidentiality, UCHC will ensure that the appropriate steps are taken to verify the identity and authority of individuals and entities requesting PHI as required by law.

SCOPE:

Applies to all University of Connecticut Health Center (UCHC) workforce:

- Employees (including faculty and staff)
- Volunteers
- Students and residents
- Temporary staff
- Agency and contracted staff
- Credentialed staff
- Members of the Board of Directors

POLICY STATEMENT:

UCHC staff may rely on the exercise of professional judgment in making a disclosure from the facility directory to others in the involvement in the individual's care when acting on a good faith effort to avert a serious threat to health and safety, when the disclosure is made to a person who is reasonably able to prevent or lessen the threat.

In all other situations the following process should be utilized:

1. Determine if a written authorization is specifically required. If so, then the information cannot be released without the appropriate written authorization.
2. Verify the identity of the requestor.
3. Determine the requestor's authority to access the PHI and apply the minimum necessary standards as appropriate.

Verification In situations where an authorization is not required and UCHC staff receives a request from an individual or entity for disclosure of PHI, the staff will utilize professional judgment, whatever verification means are available to them in their departments, and the following guidelines as appropriate to the situation to assist in determining whether disclosures should be made.

Examples of occasions where authorization may not be required include, but are not limited to the following:

1. Phone calls from patients requesting information about themselves, an MD unknown to staff comes to a clinical unit to obtain information about a patient, a family member unknown to staff and not involved in the patient's immediate care calls to obtain more than just the facility directory information about a patient, a husband calls the billing office to inquire about his wife's medical bill, an unknown person from a skilled nursing facility returns a phone call from a UCHC case manager to obtain information about a patient in order to place the patient post-discharge.
2. Verification requirements are met if the UCHC staff member makes a good faith effort to determine the identity of requester using any of these guidelines below.
3. UCHC's IDX system may be used to verify a patient name, address, dates of service, social security number.
4. An internal phone extension or UCHC nametag may be used to identify a person who Work for UCHC.
5. Knowledge of a person's voice may be used in any situation.
6. A call back to a given office number and/or verification of an address of a known place of business may be used to determine if a caller can be verified.
7. Knowledge of the requester's identity can be used in any situation.
8. Asking another person to verify the requester's identity may be used in any situation.
9. Presence of another institution's nametag may be used to verify a requester's identity.
10. Speak with the patient to obtain his/her approval for the disclosure.
11. Legal identification of the person, such as a driver's license may be used to verify identity in any situation.

Authority

Once any requester's identity is verified, staff may use whatever means are available to them in their department to determine the person's authority to have the information requested. Staff may only disclose minimum necessary information unless the request is solely for the patient's treatment.

For example, billing staff are reminded that persons other than the patient that are responsible for payment of the bill, may be given financial information that would assist in payment of the bill. However, clinical information on the bill must be handled according to applicable law and is not to be routinely disclosed.

Public Officials

In verifying the identity and legal authority of a public official or a person acting on behalf of the public official requesting disclosure of PHI, UCHC staff may rely on the following, if such reliance is reasonable under the circumstances, when disclosing the PHI:

- a) Presentation of an agency identification badge, other official credentials, or other proof of government status if the request is made in person;
- b) A written statement on appropriate government letterhead that the person is acting under the authority of the government;
- c) Other evidence or documentation from an agency, such as a contract for services, memorandum of understanding, or purchase order, that established the person is acting on behalf of the public official;
- d) A written statement of legal authority under which the information is requested;
- e) An oral statement of such legal authority if a written statement would be impractical;
- f) A request that is made pursuant to a warrant, subpoena, order, or other legal process issued by a grand jury or a judicial or administrative tribunal that is presumed to constitute legal authority.

Violations

In the event that the identity and/or legal authority of an individual or entity cannot be verified, UCHC staff will not make the requested disclosure of PHI, and will report the request for PHI to their immediate supervisor.

Knowledge of a violation or potential violation of this policy must be reported to the UCHC Privacy Officer, or to the UCHC Compliance "Reportline" at 1-888-685-2637.

Reference: §164.510 (b); §164.512 (j); §164.514 (h); Health Insurance Portability and Accountability Act of 1996
UCHC Policy #2003-25 Use and Disclosure of PHI Involving Family and Friends
UCHC Policy #2003-24 Telephone/Voicemail/Answering Machine Disclosure of PHI

Iris Mauriello (signed)

4/02/09

Compliance Integrity/Privacy Officer

Date

Cato T. Laurencin (signed)

04/06/09

Vice President for Health Affairs

Date

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Replaces: Policy dated 03/28/05; 4/14/03