POLICY NUMBER 2003-20
December 16, 2014

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

PURPOSE:
The purpose of this policy is to assure the proper identification and authority of individuals who request protected health information (PHI) from UConn Health. Verification requirements are considered met if reasonable judgment is used to determine appropriate authority.

SCOPE:
Applies to all UConn Health 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
In those situations where a written authorization to release protected health information (PHI) is not required, the UConn Health will use reasonable judgment to verify the identity and authority of persons requesting access to PHI. This policy applies only to disclosures of PHI that are not subject to written authorization. If the purpose of disclosure is for treatment reasons, a written authorization is not required. Other uses and disclosures where written authorization is not required are described in policy 2003-27 Uses and Disclosure of PHI Where Authorization or Opportunity to Agree or Object is Not Required.

I. Verification standard
Staff will rely on reasonable judgment, guidelines in this policy and whatever means / resources are available to verify the identity of persons/entities requesting PHI. Examples may include: knowledge of the requester's identity, an internal phone extension or UConn Health ID badge, a call back to a given office number and/or verification of an address of a known place of business, and by conferring with patient

II. Authority standard
Once the identity of a requestor is verified, staff will use reasonable judgment, guidelines in this policy, and whatever means /resources available to determine the person's authority to have the information requested.

III. Guidelines for verifying the identity and authority of individuals/entities requesting

1. UNKNOWN REQUESTOR
    a. in person request, staff will obtain government issued photo identification or, if unavailable, other validly issued photo identification.
    b. telephone request, staff members will ask the caller for the patients' full name and date of birth.
    c. request by mail, staff will attempt to match the signature on the letter with the signature maintained in the patient's file.
    d. request by email, staff will match the email address with the email address in the patient's file, if any, or will follow-up the email with a phone call.

2. PATIENT REPRESENTATIVE (individual acting on behalf of the patient)
    a. relationship to patient should be determined to identify as power of attorney, health care representative (named in Advance Directive), conservator, limited/plenary guardian, or other evidence that a surrogate acting on behalf of an adult patient without capacity has the authority to act as surrogate decision maker and access or receive PHI
    b. if a minor, determine if the representative has the requisite relationship to the minor (parent or legal guardian); refer to policy 2012-05 Legal representative for health care decisions, as minors control decisions and disclosure of PHI for certain types of health services.
    c. for deceased patients, request copies of legal documents that support the authority to act on behalf of a decedent;
    d. consider whether documentation of authority to act on behalf of the patient is needed, such as advanced directive, appointed conservator, etc. If documentation is obtained, it should be retained in the medical record.

3. PUBLIC / GOVERNMENT OFFICIAL
    a. identity of an official will be satisfied by:
        i. the presentation of an agency identification badge, other official credentials or other proof of government status, if the request is made in person;
        ii. a writing if on the appropriate government letterhead
        iii. proof of government status, if the request is made by email,
    b. the authority of a public official, or a person acting on behalf of the public official, may rely on:
        i. written statement of the legal authority under which the PHI is being requested
        ii. oral statement of the legal authority, if a written statement would be impracticable.
        iii. the explanation for legal authority should be documented in the patient's medical record, including date of the statement and the initials of the UConn Health staff person who received the statement.

4. RESEARCHER
    a. Verify a researcher's identity and authority by obtaining:
        i. the name of the IRB or Privacy Board that approved the study
        ii. the study approval letter with date and signature of IRB chair or designee

5. LEGAL PROCESS
    a. requests made pursuant to a warrant, subpoena, order, or other legal process issued by a grand jury or judicial or administrative tribunals are presumed to constitute legal authority.
    b. all such requests for disclosures must be referred for review by internal legal counsel for guidance as to how to respond to these requests for PHI in accordance with applicable law.

6. PUBLIC SAFETY
    a. in the event of an imminent or serious threat to a person or the public's health or safety, UConn Health may disclose PHI to a person reasonably able to prevent or lessen the threat or to law enforcement authorities without having first to comply with the verification requirements of this Policy.
    b. The verification requirements will be presumed to be met so long as the staff member acted in good faith in making the disclosure.
    c. Good faith will be presumed if the staff member had actual knowledge of the threat or relied in good faith on a credible representation by a person with apparent knowledge of the threat, in determining that the disclosure is necessary to avert the threat.

IV. MINIMUM NECESSARY STANDARD

If the request is for other than a treatment reason, staff will also adhere to minimum necessary requirements (see policy 2003-21 Minimum Necessary Data).

V. ACCOUNTING OF DISCLOSURE

In addition, all disclosures not subject to written authorization will be documented in the Disclosure Tracking Log (see policy 2003-18 Accounting of Disclosures of PHI).

In the event that use of a false identity or other fraudulent tactic to gain access to PHI is suspected, this should immediately be reported to the Director of Health Information Management and the Privacy Officer.

VI. WHEN UNABLE TO VERIFY IDENTITY OR AUTHORITY

In the event that the identity and/or legal authority of an individual or entity cannot be verified, UConn Health 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 Privacy Officer or to the 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
UConn Health Policy #2003-25 Use and Disclosure of PHI Involving Family and Friends
UConn Health Policy #2003-24 Telephone/Voicemail/Answering Machine Disclosure of PHI

Iris Mauriello (Signed) 12/31/14

Iris Mauriello
Compliance Integrity/Privacy Officer **Date**

Andrew Agwunobi (Signed) 1/6/15

Andrew Agwunobi, M.D., MBA
Interim Vice President for Health Affairs **Date**

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