

UConn HEALTH

POLICY NUMBER 2005-14

November 20, 2009

POLICY: PHOTO IDENTIFICATION OF PATIENTS

PURPOSE:

To prevent fraudulent access to health care and to protect the identity of patients at UConn Health.

POLICY STATEMENT:

Patients who are seen at any medical or dental facility of the UConn Health will be asked to produce one form of photo identification issued by a local, state or federal government agency (e.g.: passport/driver license/military ID), or two forms of non-photo identification, one of which must have been issued by a state or federal agency (e.g.: U.S. Social Security card and a utility bill, company or school identification badge).*

Note: an employer or school-issued ID is not acceptable on its own.

SCOPE:

All staff involved in registering patients for treatment at the UConn Health.

PROCEDURE:

When a patient checks into any UConn Health clinical facility for a first visit:

1. Request that they produce one of the forms of identification listed in the policy statement. Make a photocopy and return the original to the patient.
2. When a patient is under 18 and does not have identification or if a patient is unable due to their condition to produce identification, a responsible parent, guardian or spouse will be asked to produce identification as the person financially responsible.
3. Patients in the Emergency Department will have their identification verified by the means outlined above, at an appropriate time in the medical care.
4. If patients are reluctant to produce identification, remind them that this is the same process used to cash a check, make a large credit card purchase or board a plane.
5. No one will be refused care because they do not, at that moment, have acceptable identification with them. Outpatients will be asked to bring appropriate documents to their next office visit. We will make every reasonable effort to accommodate that rare occasion when a patient cannot produce acceptable documents.

6. Consult with your supervisor when you are unable to obtain an acceptable form of identification.
7. On subsequent visits, access the photocopy or the electronic copy to verify that the patient is indeed legitimate.
8. If you suspect fraudulent activity, you must immediately notify: (a) your supervisor; (b) The Office of Audit, Compliance & Ethics; (c) complete a “Report of Suspected Identity Theft” form available at (Attachment 1) and submit it to the Office of Audit, Compliance & Ethics.

* Taken from the standard adopted by the Transportation Security Agency for airline passengers.

Peter Albertsen (signed)	12/14/09
_____	_____
Associate Dean for Clinical Affairs	Date

Cato T. Laurencin (signed)	12/17/09
_____	_____
Vice President for Health Affairs	Date

New Policy: 11/15/05
Revised: November 20, 2009

Attachment: Report of Suspected Identity Theft Form