



## Procedures for Policy 2003-20 Verification of Individuals Requesting Protected Health Information

The following procedures apply to third party and patient requests for PHI.

### I. Verification Standard

Staff will rely on reasonable judgment, the guidelines in these procedures and any other available means or resources to verify the identity of an individual requesting PHI. Examples of ways to confirm an individual's identity include:

- Staff already has knowledge of the requester's identity
- Requester calls from an internal phone extension or shows a UConn Health ID badge
- A call back to a given office number and/or verification of an address of a known place of business
- Conferring with the patient.

### II. Authority Standard

Once the identity of the requesting individual is verified, staff will use reasonable judgment, the guidelines included in these procedures, and any other available means or resources to confirm that the individual has authority to access or obtain the PHI requested.

### III. Verification is NOT Required When:

1. **Family Members, Friends, and Others:** Disclosure is made to a family member, friend, or other individual involved in the patient's care or payment for care as described in [Policy 2003-25 Uses and Disclosures of PHI Involving Family, Friends, and Others](#).
2. **Directory Information:** Disclosing PHI under HIPAA's "hospital directory" provisions (i.e., disclosure is limited to patient name and location in hospital). See [policy 2021-05: Uses and Disclosures of Directory Information under HIPAA](#).
3. **Imminent Threat:** A good faith belief exists that disclosing PHI to a person reasonably able to prevent or lessen an imminent threat to the health or safety of a person or the public is necessary. In this emergency situation, verbal verification of identity and authority is sufficient.
4. **Disaster Relief:** Disclosure is made for notification purposes to a public or private entity authorized to assist in disaster relief efforts.

**IV. Guidelines for Verifying the Identity and Authority of Individuals Requesting PHI**

1. When the identity and authority of the requestor is unknown, verification guidelines may include, but are not limited to:

Requestor	Method of Communicating Request	Ways to Verify Identity	Ways to Verify Authority to Obtain or Access PHI
<p><b>Adult Patient (18+)</b></p>	<p><b>In person:</b></p>	<p>-Patient presents Government or State issued photo ID, such as a driver’s license or passport.</p>	<p><b>No need to verify patient authority to access their own PHI.</b> Patients have a right to access their PHI in a designated record set, with limited exceptions (see Policy <a href="#">2020-11: Patients’ Right to Access Their PHI in a Designated Record Set</a>).</p>
	<p><b>Mail or Fax:</b></p>	<p>-Confirm that patient signature on the request is a visual match to the patient’s signature on other signed documents on file (e.g., most recently signed Form HCH 901 Consent for Treatment, Use and Disclosure of PHI, Acknowledgements and Financial Agreement).</p> <p>or</p> <p>-If in doubt, call patient to confirm the request using the phone number on file.</p>	
	<p><b>Email:</b></p>	<p>-Compare the email address used to send the request with the patient’s email address on file, and confirm a match;</p> <p>or</p> <p>-Call the patient to confirm that they made the request via email.  <b>[Note:</b> If the patient requests that PHI be sent via email, the email from</p>	

		UConn Health must include [Secure] (the brackets and the word) in either the subject line (preferred) or the body of the email ( <a href="#">see Policy 2011-04: Electronic Communication of Confidential Data</a> ).]	
	<b>Phone:</b>	-Request the patient’s full name and a minimum of two other identifiers (e.g., date of birth, address, phone number, last 4 digits of SSN). Compare to information on file, and confirm a match;  or  -Call patient using the phone number on file and confirm patient’s request for PHI.	
<b>Personal Representative of Adult Patient (individual with legal authority to act on patient’s behalf)</b>	<b>In person:</b>	Individual presents a government or State issued photo ID, such as a driver’s license or passport.	An individual who is the patient’s legally authorized representative (LAR) for health care decisions has authority to access the patient’s PHI. <b>Special rules apply to minor patients – see separate section on minor patients below.</b>  For guidance on identifying the patient’s LAR for healthcare decisions, <a href="#">see Policy 2012-05 Legal Representative for Health Care Decisions</a> .  <b>The following individuals may access PHI, provided that they supply appropriate documentation as noted below:</b>  <b>1. Healthcare Representative:</b> Must present (or have on file) a valid Advance Directive
	<b>Mail or Fax:</b>	-Confirm that the individual’s signature on the request is a visual match to their signature on other signed documents on file;  or  -Call the individual at the phone number on file and confirm the request and their identity.	
	<b>Email:</b>	-Compare the email address used to send the request with the individual’s email address on file;	

		<p>or</p> <p>-Call the individual at the number on file and confirm email address. [Note: If the patient representative requests that PHI be sent via email, the email from UConn Health must include [Secure] (the brackets and the word) in either the subject line (preferred) or the body of the email (see Policy <a href="#">2011-04: Electronic Communication of Confidential Data</a>).]</p>	<p>appointing the individual to act on the patient’s behalf.</p> <p>2. <b>Conservator of the Person:</b> Must present (or have on file) documentation from the Probate Court showing unexpired appointment as patient’s Conservator of the Person.</p> <p>3. If patient is deceased, <b>Executor/Executrix or Administrator/Administratrix of the patient’s estate:</b> Must present (or have on file) documentation from the Probate Court showing appointment of individual.</p>
	<b>Phone:</b>	<p>-Ask the requestor to provide the patient’s full name and at least two other patient identifiers (e.g., date of birth, address, phone number, last 4 digits of SSN), and confirm a match with the information on file;</p> <p>or</p> <p>-Call the individual at the phone number on file and request patient identifiers as noted above.</p>	<p>4. <b>Next of Kin:</b> Proof of next of kin relationship to the patient generally is not required. <i>When more than one person claims to be next of kin and in other unusual circumstances, contact the UConn Health Office of the General Counsel.</i></p> <p>See Policy <a href="#">2012-05 Legal Representative for Health Care Decisions</a> for additional guidance.</p>
<b>Public Official</b>	<b>In person:</b>	Requestor presents an agency identification badge or other proof of official credentials or government status.	<ul style="list-style-type: none"> <li>• Written statement from the public official indicating the legal authority under which the PHI is being requested; or</li> <li>• If obtaining a written statement is impracticable, an oral statement from the requestor indicating the legal authority under which the PHI is being requested.</li> </ul>
	<b>Mail or Fax</b>	The request is on the appropriate government letterhead.	
	<b>Email:</b>	A legitimate government email extension (e.g. “.gov”). [Note: If the public official requests	

		that PHI be sent via email, the email from UConn Health must include [Secure] (the brackets and the word) in either the subject line (preferred) or the body of the email (see <a href="#">Policy 2011-04: Electronic Communication of Confidential Data</a> ).]	<ul style="list-style-type: none"> <li>If the request is made by a person acting on behalf of a public official, a written statement on appropriate government letterhead stating that the individual is acting under government authority or other documentation of the agency attesting to that fact, such as a contract for services, memorandum of understanding or purchase order.</li> </ul>
	<b>Phone:</b>	Identity cannot be verified over the phone. Public officials requesting PHI must appear in person or make the request in writing and must supply evidence of identity as noted above.	
<b>Researcher</b>	Identity and Authority may be confirmed as described in the adjacent column.		<ul style="list-style-type: none"> <li>UConn Health may rely on the required documentation of IRB approval to constitute sufficient verification that the person making the request is a researcher and that the research is authorized. Such documentation must include the date of approval, the signature of the IRB, and other data elements specified in the Privacy Rule. Consult with the Office of Healthcare Compliance and Privacy for guidance.</li> </ul>

## 2. MINOR PATIENTS

- a. Minors have special privacy rights with respect to information concerning HIV testing and treatment, testing and treatment for sexually transmitted disease, substance abuse treatment, mental health treatment, contraception and reproductive health and abortion services. Disclosure of such information to the parent or legal guardian of a minor patient generally requires an Authorization from the minor even if the parent/guardian's identity and authority can otherwise be verified.
- b. Contact the Office of Healthcare Compliance and Privacy or the Office of the General Counsel for guidance concerning disclosures of such information.

### **3. LEGAL PROCESS**

- a. Requests made pursuant to a warrant, subpoena, court order, or other legal process should be referred to the UConn Health Office of the General Counsel.

### **V. No Disclosure if Identity or Authority Cannot be Verified**

1. In the event that the identity or legal authority of the requesting individual cannot be verified, UConn Health will not disclose the PHI to the requestor. The staff person handling the request will report the issue to their immediate supervisor.
2. If an individual who is requesting PHI is suspected of using a false identity or other fraudulent tactic to gain access to the PHI, immediately report the matter to the UConn Health Office of the General Counsel.

### **VI. Documentation**

1. All disclosures of PHI must be documented on an accounting log or electronic equivalent, unless an exception applies, such as disclosures made to the patient or pursuant to an authorization, or for purposes of treatment, payment, or healthcare operations. [See Policy\\_2003-18: Accounting of Disclosures of Protected Health Information.](#)