WEB CLINICAL POLICY
Core Patient Identifiers and Naming Convention

A. **EFFECTIVE DATE:**
April 20, 2021

B. **PURPOSE:**
To ensure each patient of UConn Health (UCHC) has a complete name captured in each administrative, business and clinical system and other core patient identification data facilitating the accurate identification of the patient and optimizing electronic record linkage across all UCHC systems.

C. **POLICY:**
It is the policy of UCHC to use standard rules and conventions when entering a person’s information into the Enterprise Master Person (Patient) Index (EMPI). This policy is enforced to ensure that a person is properly identified when receiving care at UCHC. An integrated medical record can only be achieved if the patient’s complete name is entered consistently thereby promoting accurate electronic linking and exchange of patient information.

D. **SCOPE:**
All UCHC staff responsible for inputting patient information into the enterprise master patient index.

E. **DEFINITIONS**

**Legal Name**

The patient’s legal name will be used to populate the patient name fields in each administrative, business and clinical information system. The legal name is defined as the first or given name, middle name and last or surname/family name as is entered on the patient’s birth certificate, or as altered via a legal name change event. The rules following the policy statement govern the entry of the patient’s name and apply to all sources of data across the organization.

**Name Change**

A name change is any addition, replacement, significant spelling change or sequencing change in the first, middle or last name on record for the patient. Removal of initials, replacement of initials, or change in name suffix (e.g. Jr., II) associated with a name is processed as a name change. Only the documents below can be used to verify name changes (if applicable):

- Government issued identification (i.e. Driver’s License, State ID)
- Marriage or civil union certificate (certified copy issued by town/city)
- Marriage or civil union dissolution
- Probate court name change document
- DHS Petition for Name Change (USCIS Form N-662)

In the cases of name changes, documentation must be provided to prove the continuity of the names.
Sources of Identification

The name, gender and date of birth entered on the following documents will be accepted for determining a patient’s legal name, gender and date of birth. Two (2) forms of identification must be presented; at least one of the documents must be from the Primary document list. The other form of identification could come from the secondary document list. This also applies to anonymous patients.

PRIMARY document list
- US or US Territory Birth Certificate or Registration of Birth (Hospital issued and Puerto Rico issued prior to July 1, 2010 not acceptable; foreign place of birth see Non-US Born)
- US Passport or Passport Card
- Legal photo identification (i.e. State ID, Driver’s License)
- Foreign Passport w/ supporting documents (See Legal Presence noted below)*
- Certificate of Naturalization*
- Certificate of Citizenship*
- Permanent Resident Card*
- US Consular Report of Birth Abroad (Issued by the Department of State)
- US Territory or Canadian photo driver license or learner permit

Secondary Document List
- US Military ID or dependent card with photo
- Connecticut State Permit to Carry Pistols or Revolvers
- Military discharge/separation papers (DD-214)
- Court Order: Must contain full name and date of birth (i.e. name change, adoption, marriage or civil union dissolution) Does not include abstract of criminal or civil conviction
- Marriage or Civil Union Certificate (certified copy issued by town/city)
- Pilot’s license (issued by the US DOT Federal Aviation Administration)
- Certified school transcript (school photo ID not acceptable)
- Insurance Card
- Social Security Card (Not laminated or metal. 16 and older must sign)
- CT Department of Corrections certificate (CN101503)
- Baptismal certificate or similar document
- State or Federal Employee Identification with signature and photo and/or physical description with or without date of birth
- Employment Authorization card
- Veteran Health Identification Card (VHIC)
- Federally Recognized Tribal Member ID card

Anonymous Patient

An anonymous patient is defined as any patient presenting to the Emergency Room who is unable to communicate and has no identifying identification. Verification is performed through means appropriate for the situation: identification from the patient, family or patient’s caregiver and/or written verification through a valid Government issued ID or documentation). If they are unable to provide information, the patient will be arrived as anonymous.

F. PROCEDURE

Patient identification at the Point of Registration, Check-in or Admission

1. Staff verifies identification of the patient at each point of entry when scheduling, checking-in, registering, admitting a patient for service and/or when responding to patient appointment or financial account queries.
2. Verification is performed through means appropriate for the situation (e.g. verbal identification from the patient, family or patient’s caregiver and/or written verification through a valid Government issued ID or document).
3. In addition to the patient’s name (first, middle, last, suffix), the following additional identifier is required:
   a. Date of birth

   Other core identifiers that may be used by registration include:
   a. Race
   b. Ethnicity
   c. Address
   d. Gender

Changes or Corrections to Core Patient Identifiers

1. Requests to change or correct patient identifying information are to be directed through Patient Access or Data Integrity.
2. Changes or corrections to Core Patient Identifiers are made only after verification through presentation of at least one form of valid Government issued identification or document.
3. Only documentation listed above in the sources of identification will be accepted as proof of identity.
4. Any request to change the date of birth will be routed to the HIM Data Integrity Team.
5. If there are duplicates or two medical records, they will be marked for merge in Epic and sent to the HIM Data Integrity Team for correction.
6. A copy of any supporting Government issued identification of document must be scanned into the patient’s medical record under the document type of Photo ID.
7. If the insurance card does not match the legal name, the legal name on the identification will always supersede the name on the insurance card. Registration staff will register under the legal name.

Alias/ Preferred Names

1. Alias is defined as the preferred name and will be entered in the designated field within Epic.
2. The medical record number will always be associated with the patient’s legal name, not the alias or preferred name.

Arrival of Anonymous Patients

1. Anonymous patients arrive only in the Emergency Department.
2. If a patient arrives with no identification or means to communicate, then registration will arrive the patient as anonymous.
3. Verification of identity can be obtained by family members or documentation presented by family members.
4. Verification of identity can be obtained by legal power of attorney or guardian.
5. If the family or power of attorney/guardian is unable to provide identification, then only documentation listed above in the sources of identification will be accepted as proof of identity.

G. MATERIAL(S) NEEDED:
   None

H. ATTACHMENTS:
   None

I. REFERENCES:
   None
J. SEARCH WORDS:
None

K. ENFORCEMENT:
Violations of this policy or associated procedures may result in appropriate disciplinary measures in accordance with University By-Laws, General Rules of Conduct for All University Employees, applicable collective bargaining agreements, the University of Connecticut Student Code, other applicable University Policies, or as outlined in any procedures document related to this policy.

L. STAKEHOLDER APPROVALS:
On File

M. COMMITTEE APPROVALS:
None

N. FINAL APPROVAL:

1. Andrew Agwunobi (Signed) 05/04/2021
   Andrew Agwunobi, MD, MBA
   UConn Health Chief Executive Officer

2. Anne Horbatuck (Signed) 05/04/2021
   Anne D. Horbatuck, RN, BSN, MBA
   Clinical Policy Committee Co-Chair

3. Scott Allen (Signed) 05/03/2021
   Scott Allen, MD
   Clinical Policy Committee Co-Chair

4. Caryl Ryan (Signed) 04/30/2021
   Caryl Ryan, MS, BSN, RN
   VP Quality and Patient Service & Chief Nursing Officer

O. REVISION HISTORY:
Date Issued: 4/20/21
Date Revised:
Date Reviewed: