

UConn HEALTH

UConn Health Procedures for Verifying the Identity and Authority of Individuals Requesting PHI

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

I. Verification Standard

Workforce Members shall rely on reasonable judgment, these procedures, and any other available means or resources to verify the identity of an individual requesting PHI. Examples of acceptable identifiers may include full name, date of birth, address, phone number, and last 4 digits of Social Security number.

II. Authority Standard

Once the identity of the requesting individual is verified, Workforce Members shall use reasonable judgment, these procedures, and any other available means or resources to confirm that the individual has authority to access or obtain the PHI requested.

III. Exceptions to Verification of Identity and Authority of Requestor¹:

1. **Known Persons:** If a Workforce Member knows the person requesting PHI, the Workforce Member is not required to verify identity and authority; however, the Workforce Member must document the Workforce Member's knowledge of the person's identity and authority in the patient's medical record.
2. **Patient's Family Members, Friends, and Others:** Workforce Members need not verify the identity and authority of a person requesting PHI as the PHI relates to that person's involvement in the patient's care or payment for care.
3. **Directory Information:** Workforce Members need not verify the identity and authority of a person requesting information from a patient directory as permitted by UConn Health policy **2023-25: Use and Disclosure of Protected Health Information (PHI)**.
4. **Imminent Threat:** When 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, Workforce Members may accept limited verbal representations of identity and authority as sufficient.
5. **Disaster Relief:** When disclosing PHI for notification purposes to a public or private entity authorized to assist in disaster relief efforts, Workforce Members may accept verbal representations of identity and authority as sufficient.

Procedures for Verifying the Identity and Authority of Individuals Requesting PHI

1. Adult Patient or Personal Representative of Adult Patient (individual with legal authority to act on

¹ See also UConn Health Policy **Use and Disclosure of PHI**

patient's behalf)

1.1 Verifying Identity

a. In person

- Confirm identity based on the individual's presentation of a federal or state government-issued photo identification, such as a driver's license or passport.

b. Mail or Fax

- Confirm that the individual's signature on the request is a visual match to their signature on other signed documents on file, such as the most recently signed consent form; or
- Call the individual at the phone number on file and confirm the request. Request a minimum of two identifiers, compare to information on file, and confirm a match.

c. Email

- Compare the email address used to send the request with the individual's email address on file; or
- Call the individual at the number on file and confirm email address.

Note: If the individual 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 2011-04: Electronic Communication of Confidential Data**).

d. Telephone

- Request the patient's full name and a minimum of two other patient identifiers, as well as two individual identifiers if speaking with a legally authorized representative, and confirm a match with the information on file.

1.2 Verifying Authority

- a. There is no need to verify patient authority to access their own PHI. Patients have a right to access their PHI in a designated record set, with limited exceptions (see policy 2020-11: Patients' Right to Access Their PHI in a Designated Record Set).
- b. An individual who is the patient's legally authorized representative has authority to access the patient's PHI. Special rules apply to minor patients—see Section 5 below. For additional guidance on identifying a legally authorized representative, see policy **2012-05 Legal Representative for Health Care Decisions** and/or contact the UConn Health Office of the General Counsel.

2. Public Official

2.1 Verifying Identity

a. In person

- Requestor presents an agency identification badge or other proof of official credentials

or government status.

b. Mail or Fax

- The request is on the appropriate government letterhead.

c. Email

- The request is made from a legitimate government email extension (e.g., “.gov”).

d. Telephone

- 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.

2.2 Verifying Authority

a. UConn Health must receive a written statement from the public official indicating the legal authority under which the PHI is being requested. Alternatively, if obtaining a written statement is impracticable, UConn Health receives an oral statement from the requestor indicating the legal authority under which the PHI is being requested and documents such representations.

b. If the request is made by a person acting on behalf of a public official, UConn Health must receive 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.

3. Researcher

3.1 Verifying Identity and Authority

a. 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 & Privacy for guidance.

4. Others

a. Verifying Identity and Authority

- When appropriate, Workforce Members shall ask any person requesting PHI to produce appropriate documentation in order to confirm the requestor’s identity and authority.

5. 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, and 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 & Privacy or the Office of the General Counsel for guidance concerning disclosures of such information.

6. Legal Process

- a. Refer all requests made pursuant to a warrant, subpoena, court order, or other legal process to the UConn Health Office of the General Counsel.

IV. No Disclosure if Identity or Authority Cannot be Verified

1. If the identity or legal authority of the requesting individual cannot be verified, Workforce Members shall not disclose the PHI to the requestor. If handling such a request, report the issue to your immediate supervisor.
2. If an individual 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.

V. Documentation

Document all disclosures of PHI on a centralized UConn Health accounting of disclosures 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 **2023-06 HIPAA Patient Rights**.