

	<b>PCHP.PV.112 Uses and Disclosures of PHI - Verification of Identity and Authorization for Release of PHI V5</b> <b>PCHP.PV.112</b>	
	<b>Name:</b>	PCHP.PV.112 Uses and Disclosures of PHI - Verification of Identity and Authorization for Release of PHI
	<b>ID Number:</b>	PCHP.PV.112
	<b>Approval Date:</b>	01/30/2018 09:57:47 AM
	<b>Approved By:</b>	Garland Morton/CentraNotes

**Body**

**Policy Name:** Uses & Disclosures - Verification of Identity and Authorization for Release of Protected Health Information

**Scope:** Entire Piedmont workforce

**Purpose:** To provide processes for verifying the identity of a person requesting Protected Health Information (PHI) and the authority of any such person to have access to PHI to ensure only appropriate and designated persons are receiving a member's PHI.

**Definitions & Acronyms:**

- CMS: Centers for Medicare & Medicaid
- CFR: Code of Federal Regulations
- PBM: Pharmacy Benefit Manager
- HIPAA: Health Insurance Portability and Accountability Act of 1996
- HITECH: Health Information Technology for Economic and Clinical Health Act
- PHI: Protected Health Information

**Piedmont:** "Piedmont" collectively refers to Piedmont Community Health Plan (PCHP), Piedmont Community HealthCare (PCHC) and any future entities that are owned, affiliated with and/or operated by Piedmont.

**Policy:**

1. Piedmont will use reasonable professional judgment to verify the identity and authority of persons requesting access to Protected Health Information (PHI).
  - A. Piedmont will obtain the necessary documentation, statement, or representation, whether written or **verbal**, from the individual requesting PHI in all disclosures.
  - B. If a staff member suspects the use of a false identity or other fraudulent tactic to gain access to PHI, they should immediately notify their Supervisor and the Compliance Officer, and take such other steps as required by Piedmont's Fraud Policies.
2. Personal Representatives:
  - A. Piedmont must treat a personal representative as the member when certain criteria are met which corroborate the authority or assignment of the Personal Representative by the member or by guardianship.
  - B. Adults and emancipated minors: If a person has authority to act on behalf of a member who is an adult or an emancipated minor in making decisions related to health care, Piedmont must treat such person as a personal representative of the member.
  - C. Unemancipated minors: If a parent or other guardian or person has authority to act on behalf of an individual who is an unemancipated minor in making decisions related to health care Piedmont must treat such person as a personal representative, if:
    - 1). The minor consents to such health care service;
    - 2). The minor may lawfully obtain such health care service without the consent of a parent, guardian,

or other person acting *in loco parentis*, and the minor, a court, or another person authorized by law consents to such health care service;

- D. Deceased individuals. If under applicable law an executor, administrator, or other person has authority to act on behalf of a deceased individual or of the individual's estate, a covered entity must treat such person as a personal representative.
- E. Abuse, neglect, endangerment situations: Notwithstanding a state law or any requirement of this paragraph to the contrary, Piedmont may elect not to treat a person as the personal representative of a member if Piedmont believes that the member has been or may be subjected to domestic violence, abuse, or neglect by such person; or, treating such person as the personal representative could endanger the individual and not be in the member's best interest.

### 3. Obtaining Valid Authorization

- A. If the use or disclosure requires a written authorization, Piedmont must not use or disclose the PHI unless the request for disclosure is accompanied by a valid authorization.
  - B. For an authorization to be valid, it must contain at least the following:
    - 1). Description of information to be used or disclosed,
    - 2). Name or other specific identification of the person(s) authorized to make the request,
    - 3). Name or other specific identification of the person(s) to whom the covered entity may make the requested use or disclosure,
    - 4). A description of each purpose of the requested use or disclosure.
    - 5). An expiration date or an expiration event that relates to the individual or the purpose of the use or disclosure,
    - 6). Signature of the individual and date. If the authorization is signed by a personal representative, a description of such representative's authority to act for the member must also be provided.
  - C. If the authorization is lacking a required element or does not otherwise satisfy the HIPAA requirements, Piedmont will notify the requestor of the deficiencies and no PHI will be disclosed until valid authorization is received.
  - D. If the authorization is valid, Piedmont will disclose only the PHI specified in the authorization.
  - E. All authorizations must be date stamped upon receipt.
  - F. Each authorization must be maintained in the member's file for a minimum of 6 years (or longer if required by other federal or state laws).
4. **Verbal Consent:** If a member's spouse, sibling, child, or any other individual is calling on behalf of the member to gather information, Piedmont must first speak directly with the member on the phone to confirm the member's identity and confirm the member's intent to authorize Piedmont to speak to the representative over the phone. Without a written authorization, verbal consent is required for any telephonic requests for PHI from member's family members, friends, or other individuals.

### 5. Revocation of Authorization

- A. A member may revoke his/her authorization at any time.
- B. The Authorization may ONLY be revoked in writing. If the member or member's personal representative informs Piedmont that s/he wants to revoke the authorization, Piedmont will assist him/her to revoke it in writing.
- C. Upon receipt of a written revocation, Piedmont will write the effective date of the revocation on the Authorization form, and no longer use or disclose a member's PHI pursuant to the authorization.
- D. Each revocation must be maintained in the member's file for a minimum of 6 years (or longer if required by other federal or state laws).

### Procedures:

#### 1. Verification of Identify

- A. **Verification of Identity of Unknown Persons in General:** Verifications are left up to the discretion of Piedmont but may include the following:

- 1). To verify the identity of a person requesting PHI **in person**, obtain government issued photo ID or, if unavailable, other validly issued photo ID.
  - 2). To verify the identity of a person requesting PHI **over the phone**, **ask the caller to confirm four (4) factors for authentication**:
    - i. Member's full name,
    - ii. Date of birth,
    - iii. Address, and
    - iv. Last four digits of their Social Security Number.

If a member cannot confirm items iii or iv above, employees may substitute another data point such as Member ID#, phone number, or email address to get a total of four (4) factors for authentication.
  - 3). To verify the identity of a person requesting PHI **by mail**, attempt to match the signature on the letter with the signature maintained in the member's file.
  - 4). To verify the identity of a person requesting PHI **by email**, match the email address with the email address in the member's file, if any, or follow-up the email with a phone call.
- B. Verifying Public Officials:** When a public official and/or an official representative requests PHI, the Compliance Officer may rely on any of the following to verify identity:
- 1). If the request is made **in person**, presentation of an agency identification badge, other official credentials, or other proof of government status;
  - 2). If the request is **in writing**, the request is on the appropriate government agency letterhead;
  - 3). A written statement of the legal authority under which the information is requested, or, if a written statement would be impractical, an oral statement of such legal authority; or
  - 4). If a request is made pursuant to a warrant, subpoena, or other legal process issued by a grand jury, a judicial tribunal, or administrative tribunal presumed to constitute legal authority.
- C. Verifying a Personal Representative:** Piedmont will:
- 1). Require proof of power of attorney, health care proxy, 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;
  - 2). Ask questions to determine that an adult purportedly acting for a minor has the requisite relationship to the minor (parent or legal guardian), or request a copy of a custody order in divorce situations;
  - 3). Ask for a letter of administration or other authority to act on behalf of a decedent; or
  - 4). Ask for other evidence of authority to act on behalf of the member, such as a signed letter from the member authorizing the person to act on their behalf.
- D. Verification in an Emergency:** In the event of an emergency clinical situation, Piedmont may disclose PHI without authorization where the patient is unable to agree or object to disclosure due to incapacity if, in the exercise or professional judgment, disclosure is in the best interest of the patient.
- E. Verifying Disclosures to the Secretary of Health and Human Services:** If Piedmont is asked to disclose PHI for compliance purposes; the Compliance Officer must verify the same information that is required to verify any other law enforcement or oversight request for disclosure.
- F. Verification is Not Required:** PHI may be lawfully disclosed to prevent or lessen a serious and imminent threat to the health or safety of a person or the public if disclosure is made to a person reasonably able to prevent or lessen the threat. If these conditions are met, no further investigation is required.
- G. Verification in Underwriting and Related Purposes:** Piedmont must make a reasonable effort to determine that the PHI is being sent to the entity authorized to receive it. Information can be sent to a recognizable address or, if being faxed, to a verified fax number.
2. **HIPAA Release Form:**
    - A. A valid HIPAA Release Form template is available to send to any member requesting PHI disclosures to family, friends, or other individuals involved in the member's care.

- B. Upon request, Piedmont employees should send the current HIPAA Release Form to any member requesting access to PHI for their family, friends or other individuals involved in the member's care.
- C. The current version of Piedmont's approved HIPAA Release Form will be housed on Piedmont's Intranet SharePoint Quick Links. The HIPAA Release Form is also attached to this policy as "HIPAA Release Form – All Books – 2018".

**Equipment:** None

**Forms and Letters:** HIPAA Release Form – All Books - 2018

**Reference(s):** 45 CFR §164.502, 164.508, 164,514(h),

**Interdisciplinary Review:** None

**Policy History:**

Date	Revision No.	Reason for Change	Sections Affected
04/14/2003	NEW		All
09/23/2013	1.0	<ul style="list-style-type: none"> <li>• Updated policy to new format.</li> <li>• Provided more detailed clarification and included changes/updates from the HIPAA Omnibus Rule effective 9/23/13.</li> </ul>	All
02/01/2016	1.1	<ul style="list-style-type: none"> <li>• Converted to Centra Format</li> </ul>	
07/06/2016	2.0	<ul style="list-style-type: none"> <li>• Reviewed for compliance with Phase 2 Audit Protocol</li> <li>• Reviewed for NCQA</li> <li>• Moved Procedures 2 &amp; 3 to Policy 3 &amp; 4.</li> <li>• Added Personal Representative Language to Policy 2</li> </ul>	
10/10/2017	3.0	<ul style="list-style-type: none"> <li>• Added language on verbal authorization to policy 1</li> <li>• Reviewed for HIPAA Phase 2 Audit</li> </ul>	Policy 1
01/24/2018	4.0	<ul style="list-style-type: none"> <li>• Amended verbal consent to Policy 4 – updated</li> <li>• Updated language surrounding authentication in procedures</li> <li>• Added attachment and reference to new Release Form</li> </ul>	Policy 4 Procedure 1(A)(2) Attachment

**Document Link Manager**

No Documents Linked No Documents Linked

**Attachment Manager**

Attachments List:

Name	Size
 <a href="#">HIPAA Release Form - All Books - 2018.pdf</a>	663 KB

