



Origination: 07/2018
Effective: 06/2020
Last Approved: 06/2020
Last Revised: 06/2020
Next Review: 06/2023
Owner: David Behinfar: HCS Exec
 Dir Privacy
Policy Area: HIPAA - Privacy
Policy Tag Groups:
Applicability: UNCHCS - All except Pardee

Verification of Identity

APPLICABILITY:

This policy applies to the following entities (collectively referred to as "UNC Health" in this policy):

| | |
|--|---|
| ✓ UNC Health Care System / UNC Medical Center* | ✓ Johnston Health |
| ✓ UNC Physicians Network | ✓ Lenoir Memorial Hospital |
| ✓ UNC Physicians Network Group Practices / UNC Physicians Group Practices II | Margaret R. Pardee Memorial Hospital |
| ✓ Rex Healthcare / Rex Hospital | ✓ Nash Healthcare System/Nash Hospitals |
| ✓ Chatham Hospital | ✓ Wayne Memorial Hospital |
| ✓ Caldwell Memorial Hospital | |
| ✓ UNC Rockingham Health Care / UNC Rockingham Hospital | |

***UNC Medical Center includes all UNC Hospitals' facilities and the clinical patient care programs of the School of Medicine of UNC-Chapel Hill (including UNC Faculty Physicians).**

I. Description

It is the policy of UNC Health to verify the identity and authority of any individual requesting PHI prior to any disclosure permitted by the UNC Health HIPAA policies, if the identity or any such authority of such person is not already known or established to a workforce member.

Included within the scope of this policy are the patient care programs of the UNC School of Medicine (UNC SOM). As a result, this policy shall apply to all UNC SOM personnel, including but not limited to faculty, staff, students, trainees, interns and volunteers who may be full-time, part-time, paid or unpaid who create, store, transmit, access or use any patient information in support of clinical purposes for UNC Health or any other healthcare entity.

II. Policy

- A. **In General.** If the identity of an individual presenting for treatment or requesting that the UNC Health Facility disclose PHI is not known by a member of the UNC Health workforce to whom the request is

made, the UNC Health workforce member must **prior to any disclosure**, verify the identity of the patient (or authority if the individual is a personal representative of the patient).

B. Verification Process. Prior to any disclosure of PHI, the UNC Health Facility must:

1. Except with respect to disclosures requiring an opportunity for the individual to agree or object (See UNC Health [Uses and Disclosures of PHI Requiring Authorization](#) Policy), verify the **identity** of a person requesting PHI and the **authority** of any such person to have access to PHI if the identity or authority of such person is not known by the clinic/hospital or other UNC Health staff; and
2. Obtain copies of documentation, statements, or written representations from the person requesting the PHI when such documentation, statement, or representation is a condition of the disclosure.

C. Verifying the Identity of Someone who Presents in Person

The identity of patient (such as a patient who appears at a clinic visit) must be verified at the time the request for release or disclosure of PHI is made. If the person making a request is not personally known and recognized by the person receiving such request, the identity of the individual may be verified by asking the individual to confirm his or her name and address of patient and at least two of the following data elements about the patient, including:

- patient's date of birth;
- patient's social security number;
- patient's health insurance id#;
- date of their last visit to see the provider and/or name of provider last seen;
- details of recent changes to their health insurance or other demographic information

Staff may also request to see the requestor's driver's license, health insurance card or other government issued identification.

D. Requests Received by Telephone

In general, telephone requests for release of PHI to someone other than the patient or his or her personal representative who has previously provided his or her contact information in support of releasing PHI (such as a patient who requests a provider to call the patient with his or her test results) will not be honored. Telephone requestors if someone other than the patient should be advised that a completed authorization for release of information must first be received either by mail, email, fax or in person, unless disclosure is otherwise permitted by law.

E. Visitors to Psych Treatment Areas. Visitors where psychiatric treatment is being provided (areas such as in the UNC Neurosciences Hospital – psych floors 3, 4 and 5) shall be required to follow additional measures to confirm identity and authority of the individual to visit any patients receiving treatment (see UNC Medical Center Policy – Psychiatry Policy, [Visitor Identification, Visiting Hours and Regulations on Inpatient Units](#)).

[For other UNC Health Facilities – refer to local policies for psychiatric treatment areas governing access by visitors.]

F. Review of Documents of Authority. If a disclosure is conditioned on particular documentation, statements, or representations from the person requesting the PHI, the UNC Health Facility may rely, if such reliance is reasonable under the circumstances, on documentation, statements, or representations that on their face meet the applicable requirements.

1. **Subpoenas and Legal Requests:** The conditions for an administrative request, subpoena, or

summons may be satisfied by the administrative subpoena or similar process or by a separate written statement that, on its face, demonstrates that the applicable requirements have been met.

G. **Disclosures to Researchers – Verifying their Authority to Receive PHI - Institutional Review Board (IRB) Waivers.** Researchers may submit requests for PHI to UNC Health Facilities. In some cases, an IRB will grant a "waiver of authorization" permitting the researcher to access that PHI without the authorization of the patient. Documentation that may be accepted from the researcher indicating that the researcher may receive the PHI may be satisfied by a statement by the IRB indicating that the researcher may have access to PHI pursuant to a "waiver of authorization." For questions, contact the UNC Health Privacy Office.

H. **Verifying the Authority of Public Officials.** UNC Health may rely, if such reliance is reasonable under the circumstances, on any of the following to verify identity or authority when the disclosure of PHI is to a public official or person acting on behalf of the public official:

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 letterhead; or
3. If the disclosure is to a person acting on behalf of a public official, a written statement on appropriate government letterhead that the person is acting under the government's authority or other evidence or documentation of agency, such as a contract for services, memorandum of understanding, or purchase order, that establishes that the person is acting on behalf of the public official;
4. A written statement of the legal authority under which the information is requested, or, if the written statement would be impracticable, an oral statement of such legal authority; or
5. A request made pursuant to a legal process, warrant, subpoena, order or other legal process issued by a grand jury or traditional administrative tribunal is presumed to constitute legal authority.

I. **Requests Received by Mail or Fax**

1. **Verify the Document Received.** To verify the identity of a mail or fax requestor, the UNC Health workforce member responsible for responding to the request must take appropriate steps to verify the letterhead or fax cover sheet to confirm that the requestor is legitimate.
2. **Verify the Form of any signed Patient Authorization.** The authority of the individual making a request for records must be submitted on a properly signed authorization for release of information made by the patient or representative, in accordance with the UNC Health [Uses and Disclosures Requiring Authorization](#) Policy and/or the UNC Health [Patient Right of Access to Inspect and Obtain a Copy of PHI](#) Policy.
3. **Verify the Signature.** When possible and in appropriate circumstances, check the signature on the authorization against one in the patient's file.
4. **Contact Requesting Party.** Contact the requesting party to verify additional details. Knowledge of the person's name and some other information regarding the person, such as social security number or date of birth, together with the knowledge that protected information is held for the dates in question, may be used to validate the request.

J. **Verification requirements** of this policy are met if the UNC Health Facility relies on the exercise of professional judgment in making a use or disclosure for which Facility is required to give the patient an opportunity to agree or object under 45 C.F.R. § 164.510 (See *also* [Uses and Disclosures: Friends and Family](#) Policy) and ([Uses and Disclosures of PHI for Facility Directory Purposes](#)), or acts on a good faith belief in making a disclosure to avert a serious threat to health or safety.

K. **Identification.** If it is determined that PHI may or must be released to a person or entity in accordance with this policy, valid identification will be requested as deemed necessary. The following will be accepted as valid identification:

1. **Patient if adult or emancipated minor:** government issued photo identification card.
2. **Parent of guardian if a minor:** If parents are divorced, separated, or not married, either parent may request and receive PHI of the child unless a court has issued an order that limits the non-custodial parent's access or the provider determines there is risk to the child to release PHI to either parent.

A minor's PHI may not be disclosed to the minor's parent or guardian if the minor has consented to his or her own health care unless the minor provides his or her Authorization to the disclosure. The parent or guardian with exclusive access must inform UNC Health of any change that may affect use and disclosure of PHI of the minor.

L. The following individuals may receive PHI, if they present with a legal court document validating their identify as a/an:

1. Executor/executrix of the estate of a deceased patient, or if no executor or administrator has been appointed the surviving spouse or next of kin.
2. Legally appointed conservator.
3. Legally appointed guardian.
4. Court appointed surrogate parent.

M. For governmental agencies, public health authorities ,legal representatives, etc. the request for PHI should be made in writing on official letterhead.

N. Where HIPAA policy allows actions to be taken by a patient or their personal representative without the individual being present, the individual's identity will be verified by requiring the individual provide additional information that can be verified through the patient's medical record or other clinical source.

III. Definitions

None

IV. References

45 C.F.R. 164.514(h)

V. Related Policies/Forms

UNC Health [Uses and Disclosures Requiring Authorization](#) Policy

[Uses and Disclosures: Friends and Family](#) Policy

UNC Health [Patient Right of Access to Inspect and Obtain a Copy of PHI](#) Policy

[Uses and Disclosures of PHI for Facility Directory Purposes](#)

UNC MC – [Visitor Identification, Visiting Hours and Regulations on Inpatient Units](#)

Attachments

No Attachments

Approval Signatures

| Step Description | Approver | Date |
|---------------------------|---|---------|
| | Jerylyn Williams: Chief Audit & Compliance Ofcr | 06/2020 |
| SYSTEM Site Administrator | Emilie Hendee: HCS Attorney Sr | 06/2020 |
| | David Behinfar: HCS Exec Dir Privacy | 06/2020 |

Applicability

Caldwell Memorial Hospital, Chatham Hospital, Johnston Health, Nash UNC Health Care, UNC Health Care System, UNC Lenoir Health Care, UNC Medical Center, UNC Physicians Network, UNC Rex Healthcare, UNC Rockingham Health Care, Wayne Memorial Hospital

COPY