

HARBOR-UCLA MEDICAL CENTER

**SUBJECT: VERIFICATION OF IDENTITY AND AUTHORITY OF INDIVIDUALS REQUESTING PROTECTED HEALTH INFORMATION**

**POLICY NO. 711**

**PURPOSE:**

To establish a policy and procedure for verifying the identity and authority of individuals requesting protected health information.

**POLICY:**

It is the policy of Harbor-UCLA Medical Center to verify the identity and authority of individuals requesting protected health information (PHI), as provided by this policy and procedure, if the identity or authority of that individual is not known to Harbor-UCLA Medical Center. In addition, Harbor-UCLA Medical Center must obtain statements or representations, whether oral or written, from the person-requesting PHI when they are required as a condition of Disclosure of the PHI.

**DEFINITIONS:**

*Authorization* means the signed Authorization language used by the Hospital to obtain an individual's permission prior to Using or Disclosing that individual's PHI for purposes that do not fall within the definitions of Treatment, Payment or Health Care Operations and other purposes that do not require the individual's permission.

*Disclose or Disclosure* means, with respect to PHI, the release of, transfer of, provision of access to, or divulging in any manner of PHI outside of the Hospital's internal operations or to other than it's Workforce Members.

*Personal Representative* means a person who can act on behalf of an individual and exercise that individual's rights under the HIPAA Privacy Standards. See DHS Policy No. 361.17, "Use and Disclosure of Protected Health Information (PHI) of Deceased Individuals, Minors, and Personal Representatives.

*Protected Health Information (PHI)* means individually identifiable information relating to the past, present or future physical or mental health or condition of an individual, provision of health care to an individual, or the past, present or future payment for health care provided to an individual.

*Public Official* means a person exercising governmental powers in the course of performing his/her official duties. Such persons may include, for example: state and federal regulatory agency officials; judicial officials; and law enforcement officials.

**EFFECTIVE DATE: 04/14/03**

**REVISED:**

**REVIEWED: 12/08, 05/14, 07/17**

**REVIEWED COMMITTEE:**

**APPROVED BY:**

**Kim McKenzie, RN, MSN, CPHQ  
Chief Executive Officer**

**Anish Mahajan, MD  
Chief Medical Officer**

**Patricia Soltero Sanchez, RN, BSN, MAOM  
Chief Nursing Officer**

Signature(s) on File.

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*Workforce Members* means employees, volunteers, trainees, and other persons whose conduct, in the performance of work for the department, its offices, programs or facilities, is under the direct control of the department, office, program or facility, regardless of whether they are paid by the entity.

**PROCEDURE:****I. Verification Requirements for Access by Harbor-UCLA Medical Center Workforce**

- A. For any access to PHI, Harbor-UCLA Medical Center:
1. Establishes a level of staff that can approve or grant access to PHI.
  2. Verify the identity of any person who is not known and determine the authority for access to PHI.
  3. Obtain required documentation, statement, or representations (oral/written) from the requestor, i.e. driver's license. Any information received orally is documented for future reference.

**II. Verification of Identity and Authority – Public Officials**

- A. Identity of Public Officials: Harbor-UCLA Medical Center will verify the identity of public officials requesting PHI. The following are appropriate methods to verify the identity of a public official or person acting on behalf of a public official:
1. If presenting request in person: Presentation of an agency identification badge, other official credentials, or proof of government status;
  2. If request is in writing: Appropriate government letterhead;
  3. If the request is by a person acting on behalf of a public official: A written statement on appropriate government letterhead if the person presenting is acting under the government's authority or some other evidence or agency documentation (e.g., contract for services, MOU, PO) that establishes that the person is acting on behalf of the public official.
- B. Authority of Public Officials, Harbor-UCLA Medical Center will verify, by any of the following means, the authority of the public official or a person acting on his or her behalf.
1. A written statement of legal authority under which the PHI is requested.
  2. If written statement would be impracticable, an oral statement of such authority, unless written statement would be required by law;
  3. A request pursuant to a warrant, subpoena, order, or other legal process issued by a grand jury or a judicial or administrative tribunal.
- C. Reliance on such means of verification is reasonable only if an average member of the public, placed in similar circumstances, would have no reason to question the validity or authenticity of proof regarding the authority of the person requesting PHI.

**III. Verification of Identity and Authority – Other Persons In General**

- A. If the identity of a person requesting PHI is not known to Harbor-UCLA Medical Center, Harbor-UCLA Medical Center will verify the identity and/or authority of the person.

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- B. The verification requirement applies to any person requesting PHI if that person's identity or authority is not known, including, for example, a person requesting his/her own PHI.
  - C. Harbor-UCLA Medical Center may rely on any of the following means for verification of identity and/or authority:
    - 1. Photo identifications (e.g., a driver's license);
    - 2. Certain personal information (e.g., date of birth, social security number, policy number);
    - 3. Calling back the patient at the patient's telephone number on file;
    - 4. Calling back at the main organization switchboard (rather than a direct telephone number);
    - 5. An authorization signed by the subject of PHI requested; and
    - 6. Any other means appropriate and reasonable under the circumstances.
  - D. Reliance on such means of verification is reasonable only if an average member of the public, placed in similar circumstances, would have no reason to question the validity or authenticity of proof regarding the identity or authority of the person requesting PHI.

**IV. Verification of Identity and Authority – Personal Representatives**

- A. If the authority of a person requesting PHI as a Personal Representative is not known to Harbor-UCLA Medical Center, Harbor-UCLA Medical Center will verify the authority of the person to act on behalf of the subject of PHI by any of the following means:
  - 1. A power of attorney signed by the subject of the PHI;
  - 2. A court document appointing the person as a guardian;
  - 3. Documents showing death of the subject of PHI, the person's relationship to the subject, and the legal basis for the claim of authority (e.g., wife requesting decedent husband's PHI as heir to his estate);
  - 4. An adult's knowledge of personal information about an unemancipated minor to determine the requisite relationship (e.g., parent-child); or
  - 5. Any other means appropriate and reasonable under the circumstances.
- B. Refer to DHS Policy No. 361.17, "Use and Disclosure of Protected Health Information (PHI) of Deceased Individuals, Minors and Personal Representatives" to determine whether the person qualifies as a Personal Representative.
- C. Reliance on such means of verification is reasonable only if an average member of the public, placed in similar circumstances, would have no reason to question the validity or authenticity of proof regarding the identity or authority of the person requesting the PHI.

**V. Verification of Conditions for Disclosures**

- A. In addition to verification of the identity and authority of a person-requesting PHI, if a Disclosure of the PHI under the HIPAA Privacy Standards is conditioned on obtaining certain statements or

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- representations from the person requesting it, Harbor-UCLA Medical Center will ensure that it obtains the required statements or representations before disclosing PHI.
- B. If the required statements or representations were made orally, Harbor-UCLA Medical Center will promptly document such oral statements or representations.
  - C. As a condition prior to disclosure of PHI, the HIPAA Privacy Standards require, for example:
    - 1. Business Associate Contract, for disclosing PHI to a Business Associate of another covered entity;
    - 2. Data Use Agreement for disclosing limited data set PHI;
    - 3. A waiver of authorization by the IRB, for disclosing PHI for research without an individual’s authorization;
    - 4. Presentation of a court order for disclosing PHI for law enforcement purposes; and
    - 5. Satisfactory assurances, accompanying a subpoena, that the recipient will protect PHI before disclosing PHI for judicial proceedings.

**VI. Documentation Retention**

- A. All documents created or obtained under this Policy shall be placed in the individual’s medical record.
- B. Documentation required or completed under this Policy shall be retained for at least six years after the date it was last in effect.

**REFERENCES:**

45 Code of Federal Regulations: Parts 160 and 164; Section 164.514(h) “Other Requirements Relating to Uses and Disclosures of Protected Health Information – Verification Requirements”

DHS Policy No. 361.17, “Use and Disclosure of Protected Health Information (PHI) of Deceased Individuals, Minors and Personal Representatives”