



Rancho Los Amigos National Rehabilitation Center

ADMINISTRATIVE POLICY AND PROCEDURE

SUBJECT: PATIENT IDENTIFICATION

Policy No.: B703

Supersedes: April 11, 2019

Reviewed: September 18, 2020

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PURPOSE:

The purpose of this policy is to establish requirements for verifying the identity of patients for whom the care, service, or treatment is intended and to match the care, service, or treatment to that individual.

POLICY:

Rancho workforce member shall:

- Verify the identity of all patients at each medical visit
- Verify the identity of patients seeking non-emergency medical care services prior to receipt of those services
- Verify the identity of patients seeking emergency medical care or urgent care clinic services at a facility with an emergency room as their individual conditions permit.

Patients, or their legally responsible relative or guardian, shall be required to comply with the verification requirements as outlined in this Policy.

Staff shall be required to verify the patient's identity by viewing acceptable documentation.

PROCEDURE:

I. General Requirements

A. Request the patient's name that will be on the acceptable identification to be provided for registration purposes.

- For patients age 18 or older, verify the identity of all patients receiving care at a County facility. This is applicable to every outpatient, emergency room, and inpatient registration.
- For patients under 18 years of age, verify the identity of the parent or legal guardian who is signing for consent, per DHS Policy 314.1. Where applicable, also obtain identification from the minor's parent.

B. For new and existing patients, the following documents which includes a photograph will be accepted to validate identity; ID should be scanned into the EHR.

EFFECTIVE DATE: May 18, 2003

COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES

APPROVED BY:

1. Valid California Driver's License (CDL) or driver's license from another state.
2. Valid California Department of Motor Vehicles (DMV) Identification Card or one from any other state.
3. Government issued identification card with the patient's photograph [i.e., Matricula Consular (from Mexico, Argentina, the Republic of Korea, and Peru only), military identification, prison/jail or parolee identification, voter identification issued by foreign country, etc.].
4. Valid Passport
5. Current school Identification Card, which includes a photograph.

C. For existing patients who are not able to provide the identification with photograph indicated above, the following will be accepted:

Three (3) of the following items must exactly match his/her Health Information System records:

1. Name on an expired Driver's License or DMV Identification Card from California or any other state
2. Name on an expired Passport
3. Name on an Employee Identification Card with the patient's photograph
4. Name on an Expired Government Issued identification card
5. Last four digits of Social Security Number*
6. Date of Birth*
7. Mother's maiden name*
8. Birthplace*
9. Scanned/legible copy of Patient ID from Section A above.

***May be provided verbally by the patient.**

NOTE: Legally responsible relative means "responsible relative" as defined in California Code of Regulations, Title 22, Section 50351.

Patients must provide documentation or information that meets the Patient Identity Verification requirement or the patient will be deferred for non-emergency non-urgent medical care.

Exceptions:

Minors who may give consent on their own behalf, per DHS Policy 314.1, should be asked for an ID, but should not be refused non-emergency services if they do not have one.

A medical exception may be allowed for patients without an ID by the facility Chief Medical Office or his/her delegate. Reason for allowing care without identification must be documented in the patient's medical record.

NOTE: Provisions of this policy do not apply to identification requirements for the onboarding of staff. Refer to DHS Policy 703.1, Background Check/Live Scan Requirements.

REFERENCE(S)/AUTHORITY:

DHS Policy Nos:

314.1 Providing Care to Minors in the Absence of Parent or Legal Guardian

515.1 Patient Address Verification

516 Non-Emergency Medical Care Services Requirements – Los Angeles County Patients

California Code of Regulations, Title 22, Section 50351

Reviewed:	SH/sh	March 2007
	PM:ec	March 2011
	PA:pa	May 2016
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