PURPOSE:
To allow use/disclosure of protected health information (PHI) based on appropriate identification and documentation of authority to have access.

POLICY:
When face-to-face with a person requesting PHI staff must confirm the identity of this person as well as the authority of this person to have access to the requested PHI unless, identity and authority of such person is known to the health care provider. State or Federal law may require certain documentation to be presented prior to a disclosure. Staff may rely on that documentation or representation as proof of authority. The following guidelines also apply:

1. Patient: Photo ID and verify DOB or SSN#
2. Personal Representative: Photo ID and copy of documentation supporting his/her legal authority. If no formal documentation is present, use of professional judgment to determine appropriate relationship is permissible.
3. Public Officials: Verification of identity by presentation of an agency identification badge, official credentials or other proof of government status. Also a written request on appropriate government letterhead is acceptable. Authority may be verified by a written statement of the legal authority Under which the information is requested.
4. Imminent Threat to Safety: Verification is not required if the disclosure is made to a person who is reasonably able to prevent or lessen the threat. In such emergencies, reasonable reliance on verbal representation is appropriate.
5. Person involved in patient’s care: Authority to receive PHI verified by
6. written communication from patient allowing the person to receive PHI about them. Written communication will be posted to the DRS. Verify identify by photo ID.