

VERIFICATION OF THE IDENTITY AND AUTHORITY OF A PERSON REQUESTING DISCLOSURE OF PROTECTED HEALTH INFORMATION POLICY

RESPONSIBILITY: All Members of the BHHF Workforce Who Receive Requests for Protected Health Information

BACKGROUND:

There are a number of situations in which members of the Behavioral Health and Health Facilities (BHHF) workforce may be called on to disclose protected health information (PHI) in accordance with BHHF policies. This includes disclosures to the patient, disclosures to business associates, disclosures that are required by law, disclosures that are authorized by the patient, and disclosures that are permitted by BHHF policies without authorization.

Disclosures of protected health information must be made in accordance with the applicable BHHF policy. In each case, the person who approves the disclosure needs to follow the requirements of this policy to determine that the person to whom the PHI is disclosed is authorized to receive it.

POLICY:

Members of the workforce (workers) who authorize the disclosure of PHI shall take reasonable steps to:

1. Verify the identity of the person to whom the PHI is disclosed, and
2. Verify the person's authority to receive the PHI.

Reasonable steps include the following, depending on the circumstance:

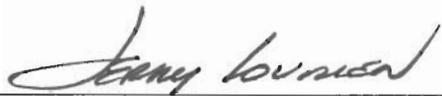
1. If the worker knows the identity and authority of the recipient of the PHI, no further documentation is necessary.
2. PHI maintained in a facility directory (see the FACILITY DIRECTORIES policy) may be disclosed to anyone who requests information about a patient by name.
3. PHI may be disclosed to someone who is obviously involved in the patient's care, or payment for care, without verifying the person's identity or relationship to the patient. However, if possible, the patient must be given the opportunity to agree or object to the disclosure. See the PROVIDING A PATIENT'S MEDICAL INFORMATION TO FAMILY, FRIENDS, OR OTHERS DIRECTLY INVOLVED IN THE PATIENT'S CARE policy.

4. PHI may be disclosed in accordance with BHHF policies regarding disclosures to law enforcement officials, prison officials, or disaster relief agencies when the identity and authority of the recipient of the information may reasonably be inferred from the circumstances.
5. PHI may be disclosed as required by a subpoena or other legal document if the document meets the provisions of the SUBPOENAS, COURT ORDERS, DISCOVERY REQUESTS, OR OTHER LEGAL PROCESSES AND DISCLOSURE OF PROTECTED HEALTH INFORMATION.
6. When a disclosure is made to avert a serious threat, the worker who makes the disclosure may use professional judgment to determine whether the person to whom the disclosure is made is someone who is reasonably in a position to prevent or lessen the harm, as required by the policy regarding such disclosures [see DISCLOSURE OF PROTECTED HEALTH INFORMATION WITHOUT AUTHORIZATION, TO AVERT A SERIOUS THREAT TO HEALTH OR safety].
7. The PHI may only be disclosed, as permitted by other BHHF policy, when any documentation required by such policy is presented.
8. BHHF workers may rely on any of the following to verify the identity of a public official who requests that PHI be disclosed without the patient's authorization:
 - 8.1. An identification badge,
 - 8.2. Official credentials,
 - 8.3. Other proof of government status,
 - 8.4. Written request on the appropriate agency letterhead, or
 - 8.5. Written evidence that an individual is acting under government authority (such as a contract or purchase order that verifies that a private citizen is acting as an agent of a government agency in requesting the PHI).
9. BHHF workers may rely on the following to establish the authority of a public official to receive PHI requested without the patient's authorization:
 - 9.1. A written statement of legal authority to request the information,
 - 9.2. An oral statement of legal authority (if a written statement is impractical under the circumstances), or
 - 9.3. A legal process issued by a grand jury or a judicial or administrative tribunal.

All applicable BHHF policies must be followed whenever PHI is disclosed to public officials without the patient's authorization.

Effective Date: 4/14/03

Dates Revised:

A handwritten signature in black ink, appearing to read "Jerome E. Lovrien", is centered on the page. The signature is written in a cursive style.

Jerome E. Lovrien, Commissioner, Bureau for Behavioral Health and Health Facilities