

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

1. Before approving disclosure of PHI, the identity and authority of the person to whom the PHI will be disclosed must be verified in accordance with this policy.
2. The BHHF worker who is authorizing the disclosure is responsible for assuring that the proper verification steps have been taken.
3. If there is doubt about someone's identity or authority, the matter must be referred immediately to the BHHF Privacy Official or Designee(s) or Designated Attorney or Designee(s).
4. If the disclosure is not routine and recurring (see the REQUESTS FOR, AND DISCLOSURES OF, PROTECTED HEALTH INFORMATION THAT ARE NOT ROUTINE AND RECURRING policy), the following information will be recorded by the person who is making the disclosure, and will be filed in the patient's medical record:
  - 4.1. Patient name
  - 4.2. Date of disclosure
  - 4.3. Description of information disclosed
  - 4.4. Reason for disclosure
  - 4.5. Name (and address if available) of the person to whom the information is disclosed
  - 4.6. How the identity and authority of the recipient were verified.

**REFERENCE:** 45 CFR § 164.514(h)

See also:

FACILITY DIRECTORIES

PROVIDING A PATIENT'S MEDICAL INFORMATION TO FAMILY, FRIENDS,  
OR OTHERS DIRECTLY INVOLVED IN THE PATIENT'S CARE

SUBPOENAS, COURT ORDERS, DISCOVERY REQUESTS, OR OTHER  
LEGAL PROCESSES AND DISCLOSURE OF PROTECTED HEALTH  
INFORMATION.

ROUTINE AND RECURRING REQUESTS FOR AND DISCLOSURES OF  
PROTECTED HEALTH INFORMATION

REQUESTS FOR, AND DISCLOSURES OF, PROTECTED HEALTH  
INFORMATION THAT ARE NOT ROUTINE AND RECURRING

Effective Date: 4/14/03

Dates Revised:



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