

## IDENTITY VERIFICATION

### 1. Introduction

- a. Clark County has adopted this Access Modification Policy to comply with our duties under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), the Department Health and Human Services (“DHHS”) security and privacy regulations, the Joint Commission on Accreditation of Healthcare Organizations (“JCAHO”) accreditation standards, as well as our duty to protect the confidentiality and integrity of confidential medical information as required by law, professional ethics, and accreditation requirements.
- b. This policy governs how Clark County will verify the identity of a requesting party and the authority of any such party to have access prior to disclosing protected health information (PHI). Clark County will obtain proper identification of all individuals, including patients, prior to allowing access to protected health information.

### 2. Policy

- a. Clark County will maintain patient confidentiality by obtaining identity verification of persons requesting the use and/or disclosure of protected health information.
- b. Clark County will verify the identity of a person requesting protected health information and the authority of the person to have access if the identity or authority is not known to Clark County. Although HIPAA does not require verification of individuals in instances where the patient provides access to others by agreement, good policy would dictate a simplified verification of identity.
  - i. Verification of identity and authority will include obtaining documentation, statements, or representations, either oral or written from the requester.
- c. Verify the identity of persons requesting any protected health information prior to allowing access to it by following one of the verification steps outlined below. Note these are only guidelines for verification and do not represent guidelines related to the documentation required by the requester to access the information (e.g. authorization required/not required). Also, although telephone verification is included as a category and guidelines for verification relating to this type of request are included, verification by phone is difficult and may present risk for unauthorized disclosure.
- d. After verifying the identity and authority of the person, refer to the Access Policies to determine access rights to the requested protected health information.
- e. Consult Clark County’s Privacy Officer before making any disclosure if uncertain whether or not sufficient verification has been obtained.
- f. The included grid below is provided as a guideline for establishing a verification procedure in a variety scenarios. There is no statutory requirement for how verification must be accomplished. It is at the discretion of the covered entity to determine how the requirement of verification of identity and authority may best be met. It is important to implement procedures that prevent unauthorized access.

Person to Identify	In-Person Encounter	Telephone Encounter	Request in Writing (Fax, mail, hand-delivered)
Attorney	<ul style="list-style-type: none"> <li>▪ Presents with business card and photo identification (i.e. drivers license or organization ID badge) and:</li> </ul>	<ul style="list-style-type: none"> <li>▪ It would be difficult to verify identity and authority by phone. Verification in person or in writing may be required</li> </ul>	<ul style="list-style-type: none"> <li>▪ Supplies business card, photo identification (i.e. drivers license or organization ID badge), letterhead. A confirmatory phone call regarding the requester may be required.</li> </ul>
Facility Directory	<ul style="list-style-type: none"> <li>▪ Verify identity</li> </ul>	<ul style="list-style-type: none"> <li>▪ Verify identity</li> </ul>	<ul style="list-style-type: none"> <li>▪ Verify identity</li> </ul>
Patient	<ul style="list-style-type: none"> <li>▪ Patient provides name, address, and date of birth and/or social security number;</li> <li>or</li> <li>▪ Acquainted with patient</li> </ul>	<ul style="list-style-type: none"> <li>▪ Patient provides name, address, and date of birth and/or social security number;</li> <li>or</li> <li>▪ Acquainted with patient</li> </ul>	<ul style="list-style-type: none"> <li>▪ Patient provides name, address, and date of birth and/or social security number. Next verify the patient's signature with signature on file or on driver's license.</li> </ul>
Personal Representative (Legal Guardian) for the Patient	<ul style="list-style-type: none"> <li>▪ Personal Representative provides patient's name, address, and date of birth and/or social security number, and verifies (via appropriate legal documentation) own relationship to patient; or</li> <li>▪ Acquainted with personal representative as being such</li> </ul>	<ul style="list-style-type: none"> <li>▪ Personal Representative provides patient's name, address, and date of birth and/or social security number, and verifies (via appropriate legal documentation) own relationship to patient; or</li> <li>▪ Acquainted with personal representative as being such</li> </ul>	<ul style="list-style-type: none"> <li>▪ Personal Representative provides patient's name, address, and date of birth and/or social security number. Next verify the personal representative's signature with signature on file or on driver's license.</li> </ul>
Persons Involved in the Patient's	<ul style="list-style-type: none"> <li>▪ Patient actively involves this</li> </ul>	<ul style="list-style-type: none"> <li>▪ Patient actively involves this</li> </ul>	<ul style="list-style-type: none"> <li>▪ N/A</li> </ul>

Person to Identify	In-Person Encounter	Telephone Encounter	Request in Writing (Fax, mail, hand-delivered)
<p>Immediate Care (<i>PHI relevant only to the patient's current care (164.510(b))</i>)</p> <ul style="list-style-type: none"> <li>▪ Blood Relative</li> <li>▪ Spouse</li> <li>▪ Domestic Partner</li> <li>▪ Roommate</li> <li>▪ Boy/Girl Friend</li> <li>▪ Neighbor</li> <li>▪ Colleague</li> </ul>	<p>person in his/her care; or</p> <ul style="list-style-type: none"> <li>▪ In your best professional judgment, the disclosure is in the patient's best interest</li> </ul>	<p>person in his/her care; or</p> <ul style="list-style-type: none"> <li>▪ In your best professional judgment, the disclosure is in the patient's best interest</li> <li>▪ Use call-back</li> </ul>	
<p>Power of Attorney For the Patient</p>	<ul style="list-style-type: none"> <li>▪ Presents with a photo ID and a copy of the POA. Verify the patient's signature with one on file</li> <li>▪ Acquainted with power of attorney as being such</li> </ul>	<ul style="list-style-type: none"> <li>▪ Previously obtained a copy of the POA and verified the patient's signature with one on file</li> <li>▪ Acquainted with power of attorney as being such</li> </ul>	<ul style="list-style-type: none"> <li>▪ Obtain a copy of the POA and verify the patient's signature with one on file</li> </ul>
<p>Provider From Another Facility</p>	<ul style="list-style-type: none"> <li>▪ Acquainted with provider as a treatment provider;</li> <li>▪ Provider is wearing a photo badge from his/her facility; or</li> <li>▪ Patient/personal representative introduces provider to you</li> </ul>	<ul style="list-style-type: none"> <li>▪ Acquainted with provider as a treatment provider; or</li> <li>▪ Call the requestor back through the main switchboard number at that facility (instead of through the direct number)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Recognize name of facility and address on letterhead as a treatment facility; or</li> <li>▪ Call the requestor through the main switchboard number at that facility (instead of through the direct number)</li> </ul>
<p>Public Official</p> <ul style="list-style-type: none"> <li>▪ CIA</li> <li>▪ Court Order</li> </ul>	<ul style="list-style-type: none"> <li>▪ Presents an agency identification badge;</li> </ul>	<ul style="list-style-type: none"> <li>▪ Official states release is necessary to prevent or lessen</li> </ul>	<ul style="list-style-type: none"> <li>▪ Written statement of legal authority;</li> <li>▪ Written statement of appointment on</li> </ul>

Person to Identify	In-Person Encounter	Telephone Encounter	Request in Writing (Fax, mail, hand-delivered)
<ul style="list-style-type: none"> <li>▪ FBI</li> <li>▪ Law Enforcement Officer</li> <li>▪ OCR</li> <li>▪ OIG</li> <li>▪ Public Health Agency Official</li> </ul>	<ul style="list-style-type: none"> <li>▪ Presents with a written statement of legal authority;</li> <li>▪ Presents with a written statement of appointment on appropriate government letterhead;</li> <li>▪ Presents with a warrant, court order, or other legal process issued by a grand jury or a judicial or administrative tribunal;</li> <li>▪ Presents with a contract for services or purchase order; or</li> <li>▪ Official states release is necessary to prevent or lessen the threat to the health or safety of a person/public</li> </ul>	<p>the threat to the health or safety of a person/public</p>	<p>appropriate government;</p> <ul style="list-style-type: none"> <li>▪ Warrant, court order, or other legal process issued by a grand jury or a judicial or administrative tribunal; or</li> <li>▪ Contract for services or purchase order</li> </ul>
<p>Vendor Who Helps &lt;ORG&gt; With Treatment, Payment, or Health Care Operations</p> <p>Examples Include, But Are Not Limited to the Following:</p> <ul style="list-style-type: none"> <li>▪ Accreditation Organization</li> </ul>	<ul style="list-style-type: none"> <li>▪ Recognize requestor/ organization; or</li> <li>▪ Photo identification with organization</li> </ul>	<ul style="list-style-type: none"> <li>▪ Recognize requestor/ organization</li> </ul>	<ul style="list-style-type: none"> <li>▪ Recognize requestor/ organization; or</li> <li>▪ Call the requestor through the main switchboard number at that facility (instead of through the direct number)</li> </ul>

Person to Identify	In-Person Encounter	Telephone Encounter	Request in Writing (Fax, mail, hand-delivered)
<ul style="list-style-type: none"> <li>▪ DME Company</li> <li>▪ Insurance Company</li> <li>▪ Pharmacy Vendor With Whom &lt;ORG&gt; Has a Rebate Agreement With</li> <li>▪ Software Vendor</li> <li>▪ Statement Vendor</li> </ul>			
<p>1. Workforce Member of &lt;ORG&gt;</p>	<ul style="list-style-type: none"> <li>▪ Acquainted with individual as an &lt;ORG&gt; workforce member; or</li> <li>▪ Workforce member is wearing a &lt;ORG&gt; ID badge</li> </ul>	<ul style="list-style-type: none"> <li>▪ Acquainted with individual as an &lt;ORG&gt; workforce member; or</li> <li>▪ Workforce member is calling from an in-house extension</li> </ul>	<ul style="list-style-type: none"> <li>▪ Request is sent from/through &lt;ORG&gt; computer system; or</li> <li>▪ Request is on &lt;ORG&gt; letterhead</li> </ul>