

Identity Verification

These guidelines are designed as a minimum standard to assist those who are authorized as part of their job responsibilities to release patient health information. More stringent verifications may be applied or necessary as determined by area/department managers and supervisors.

Please note that familiarity with an individual combined with professional judgment can be relied upon as verifying the identity of an individual prior to release of health information.

Request by:	Patient	Parent of Minor (under 18 years of age ***)	Other Persons for Non-TPO** Purposes	Other Persons for TPO** Purposes (e.g., insurance companies for payment purposes)
In Person	<ul style="list-style-type: none"> ▪ Ask for Photo ID, if they do not have an ID, then ▪ Ask for two of the following: medical record number, account number, date of birth, social security number*, and/or mother's maiden name. 	<ul style="list-style-type: none"> ▪ Verify the parent's name in the chart, if possible, and ask for two of the following: medical record number, date of birth, account number and/or social security number*; and ▪ Confirm that no restrictions exist on releasing child's information to parent (e.g., child abuse, court order). 	<ul style="list-style-type: none"> ▪ Need to have a signed authorization from the patient & verify the patient's signature; or, ▪ For other circumstances: see supervisor, i.e., if required by law, subpoena. 	<ul style="list-style-type: none"> ▪ Verify the authority of the requestor by asking for a photo ID and a business card or a request on official letterhead; and, ▪ Ask for identifying information about the patient, this may include the patient's medical record number, date of birth, date of service and/or policy number.
Fax	<ul style="list-style-type: none"> ▪ Make sure the fax request contains the patient's name and signature and two of the following: medical record number, account number, date of birth, social security number*, and/or mother's maiden name. 	<ul style="list-style-type: none"> ▪ Verify the parent's name in the chart and make sure the fax request contains the patient's name and signature and two of the following: medical record number, social security number*, account number, and/or date of birth; and ▪ Confirm that no restrictions exist on releasing child's information to parent. 	<ul style="list-style-type: none"> ▪ Need to have a signed authorization from the patient & verify the patient's signature; or, ▪ For other circumstances: see supervisor, i.e., if required by law, subpoena. 	<ul style="list-style-type: none"> ▪ If an insurance company is requesting the PHI, confirm the relationship in the chart. ▪ If still uncertain, ask for the request via fax on company's official letterhead. ▪ If further verification is needed, call back the number listed on fax. ▪ Independently coordinate and follow-up via a phone call with the receiver of the information if sensitive information is sent.

Identity Verification

Phone	<ul style="list-style-type: none"> ▪ Voice recognition is an acceptable form of verification when there is familiarity with the patient; or, ▪ Ask for a combination of any two of the following: medical record number, account number, date of birth, social security number*, and/or mother's maiden name; or, ▪ A Pre-arranged code (question and answer or code word) is an acceptable form of identity verification between the patient and staff. 	<ul style="list-style-type: none"> ▪ Verify the parent's name in the chart, if possible, ask for two of the following: medical record number, date of birth account number, social security number*; and/or mother's maiden name; and ▪ Confirm that no restrictions exist on releasing child's information to parent (e.g., child abuse, court order) 	<ul style="list-style-type: none"> ▪ Need to have a signed authorization from the patient and verify the patient's signature; or, ▪ For other circumstances: see supervisor, i.e., if required by law, subpoena. 	<ul style="list-style-type: none"> ▪ Ask for identifying information about the patient, this may include the patient's medical record number, date of birth, date of service and/or policy number; and, ▪ Establish relationship to patient. ▪ If still uncertain, ask for the request via fax on company's official letterhead.
Email	<ul style="list-style-type: none"> ▪ Use secure email. 	<ul style="list-style-type: none"> ▪ Use secure email; and ▪ Confirm that no restrictions exist on releasing child's information to parent (e.g., child abuse, court order) 	<ul style="list-style-type: none"> ▪ Use secure email; and, ▪ Need to have a signed authorization from the patient and verify the patient's signature. 	<ul style="list-style-type: none"> ▪ Use secure email.

* Note: The disclosure of a Social Security Number by an individual cannot be required.

** TPO – Treatment, payment, and healthcare operations

*** Exceptions: An authorization from the minor may be required if the information to be released falls within one of the categories below:

- General Med/Surg treatment consented to only by minor, age 15 and up (Permissive for provider to share PHI with parent)
- Mental Health treatment consented to only by minor, age 14 and up (caveats see ORS 109.685)
- Birth control (any age)
- Venereal Disease (any age)

Other Helpful Suggestions:

- Sensitive health information (e.g., HIV, abuse) may require a higher degree of verification.
- If at anytime it becomes uncertain if health information should be given out, do not release it, but rather refer the request to a supervisor or provider.
- Always refer to the medical record to confirm that no holds, restrictions or other circumstances are in effect that may prohibit the release of the health information.