

Person and Identity Verification

Person to Identify	In-Person Encounter	Telephone Encounter	Request in Writing (Fax, mail, hand-delivered)
Attorney	<ul style="list-style-type: none"> ▪ Presents with business card and photo identification (i.e. drivers license or organization ID badge) and: 	<ul style="list-style-type: none"> ▪ It would be difficult to verify identity and authority by phone. Verification in person or in writing may be required 	<ul style="list-style-type: none"> ▪ Supplies business card, photo identification (i.e. driver's license or org ID badge), letterhead. Confirmation call is required.
Facility Directory:	<ul style="list-style-type: none"> ▪ Verify identity 	<ul style="list-style-type: none"> ▪ Verify identity 	<ul style="list-style-type: none"> ▪ Verify identity
Patient	<ul style="list-style-type: none"> ▪ Patient provides name, address, and date of birth and/or social security number; or ▪ Acquainted with patient 	<ul style="list-style-type: none"> ▪ Patient provides name, address, and date of birth and/or social security number; or ▪ Acquainted with patient 	<ul style="list-style-type: none"> ▪ Patient provides name, address, and date of birth and/or social security number. Verify patient's signature with that on file or on driver's license.
Personal Representative (Legal Guardian) for the Patient	<ul style="list-style-type: none"> ▪ Personal Rep provides patient's name, address, and date of birth and/or social security number, and verifies (via legal docs) relationship to patient; or, ▪ Acquainted with personal Rep as such. 	<ul style="list-style-type: none"> ▪ Personal Rep provides patient's name, address, and date of birth and/or social security number, and verifies (via legal docs) relationship to patient; or, ▪ Acquainted with Personal Rep as such. 	<ul style="list-style-type: none"> ▪ Personal Rep provides patient's name, address, and date of birth and/or social security number. Verify the Personal Rep's signature with signature on file or on driver's license.
Persons Involved in the Patient's Immediate Care (<i>PHI relevant only to the patient's current care (164.510(b)).</i>) <ul style="list-style-type: none"> ▪ Blood Relative ▪ Spouse ▪ Domestic Partner ▪ Roommate ▪ Boy/Girl Friend ▪ Neighbor ▪ Colleague 	<ul style="list-style-type: none"> ▪ Patient actively involves this person in his/her care; or ▪ In your best professional judgment, the disclosure is in the patient's best interest. 	<ul style="list-style-type: none"> ▪ Patient actively involves this person in his/her care; or ▪ In your best professional judgment, the disclosure is in the patient's best interest. ▪ Use call-back. 	<ul style="list-style-type: none"> ▪ N/A
Power of Attorney For the Patient	<ul style="list-style-type: none"> ▪ Presents with a photo ID and a copy of the POA. 	<ul style="list-style-type: none"> ▪ Previously obtained a copy of the POA and verified the 	<ul style="list-style-type: none"> ▪ Obtain a copy of the POA and verify the patient's

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	Verify patient's signature with one on file. <ul style="list-style-type: none"> Acquainted with power of attorney as being such 	patient's signature with one on file. <ul style="list-style-type: none"> Acquainted with power of attorney as being such 	signature with one on file
Provider From Another Facility	<ul style="list-style-type: none"> Acquainted with provider as a treatment provider; Provider is wearing a photo badge from his/her facility; or, Patient/personal representative introduces provider to you. 	<ul style="list-style-type: none"> Acquainted with provider as a treatment provider; or; Call requestor back through main switchboard number (not via a direct number). 	<ul style="list-style-type: none"> Recognize name of facility and address on letterhead as a treatment facility; or Call requestor back through main switchboard number (not via a direct number).
Public Official <ul style="list-style-type: none"> CIA Court Order FBI Law Enforcement Officer OCR OIG Public Health Agency Official Other 	<ul style="list-style-type: none"> Presents an agency I.D. badge; Presents with a written statement of legal authority; Presents with a written statement of appointment on approp. govt. letterhead; Presents with warrant, court order, or legal process issued by a grand jury, or a judicial or admin. tribunal; Presents with a contract for services or purchase order; or, Official states release is necessary to prevent or lessen the threat to the health/safety of a person/public. 	<ul style="list-style-type: none"> Official states release is necessary to prevent or lessen the threat to the health/safety of a person/public. 	<ul style="list-style-type: none"> Written statement of legal authority; Written statement of appointment on appropriate government; Warrant, court order, or other legal process issued by a grand jury or a judicial or administrative tribunal; or Contract for services or purchase order
Vendor Who Helps Assists with Treatment, Payment, or Health Care	<ul style="list-style-type: none"> Recognize requestor/organization; or Photo identification 	<ul style="list-style-type: none"> Recognize requestor or organization 	<ul style="list-style-type: none"> Recognize requestor/organization; or Call requestor back

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Operations Examples Include, But Are Not Limited to the Following: <ul style="list-style-type: none"> ▪ Accreditation Org. ▪ Insurance Co. ▪ Software Vendor 	with organization		through main switchboard number (not via a direct number).
1. Workforce Member of Our Organization	<ul style="list-style-type: none"> ▪ Acquainted with individual as a workforce member; or, ▪ Workforce member is wearing an I.D. badge. 	<ul style="list-style-type: none"> ▪ Acquainted with individual as a workforce member; or, ▪ Workforce member is calling from an in-house extension. 	<ul style="list-style-type: none"> ▪ Request is sent from/through our own computer system; or ▪ Request is on our own letterhead.