

**COMMUNITY MENTAL HEALTH CENTER  
OF EAST CENTRAL GEORGIA  
POLICY**

**SUBJECT:** Verification of Identity and Authority of Requestor  
**POLICY NUMBER:** PIM 3.09  
**EFFECTIVE DATE:** April 29, 2003  
**RESCISSION DATE:**

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<b>SUPERSEDES:</b> Policy # IM-31	<b>REVIEWED DATE:</b> <b>LAST REVISION DATE:</b> November 7, 2003
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**POLICY:**

It is the policy of the Community Mental Health Center of East Central Georgia (CMHC) to protect the privacy of individually identifiable health information in compliance with federal and state laws governing the use and disclosure of protected health information. To accomplish the policy, and to establish uniformity in the verification process, prior to disclosing individually identifiable health/protected health information to third parties, the Privacy Officer shall verify the identity of the requestor and ensure the requestor has the proper authority to request such information.

**DEFINITIONS:**

- I. Protected Health Information (PHI): Individually identifiable health information that is transmitted or maintained in any form or medium, by a covered entity, health plan or clearinghouse as defined under HIPAA administration simplification standards.
- II. Individually Identifiable Health Information: Any information, including demographic information, collected from an individual that –
  1. Is created or received by a healthcare provider, health plan, employer, or healthcare clearing house; and
  2. Related to the past, present, or future physical or mental health or condition of an individual; the provision of healthcare to an individual; or the past, present, or future payment for the provision of healthcare to an individual, and
    - a. Identified the individual, or
    - b. With respect to which, there is reasonable basis to believe that the information can be used to identify the individual.
- III. Verification-Process to verify the identity of a person requesting protected health information and the authority of any such person to have access to protected health information under this subpart, if the identity or any such authority of such person is not known to the covered entity; and must include obtaining any documentation, statements, or representations, whether oral or written from the person requesting the protected health information when such documentation, statement or representation is a condition of the disclosure under this subpart.

**Subject: Verification of Identity and Authority of Requestor**

**Policy PIM 3.09**

**Page 2**

- IV. Privacy Officer: The person officially designated to oversee all ongoing activities related To the development, implementation, maintenance of, and adherence to the CMHC pertaining to the privacy of, and access to, consumer health information in compliance with federal and state laws and the CMHC's notice of privacy practices.
- V. Public Official: A person who has been legally elected or appointed and who has been empowered by law/regulation to exercise the duties and functions of their office for the public good.

**PROCEDURES:**

- I. The client or personal representative must sign a valid authorization for the disclosure of confidential protected health information before such PHI can be released, except in accordance with existing HIPAA requirements.
- II. All requests for disclosure shall be forwarded to the Privacy Officer or designee including the following:
  - A. The name of the requesting party or parties and
  - B. Any documentation, statements or representations from the person requesting the PHI of his/her authority to request such information (i.e., legal representative of client, law enforcement official, etc.).
- III. The client must present identification prior to receipt of any records regarding themselves.
- IV. The Privacy Officer or designated staff may rely on the following information to demonstrate identity:
  - A. Presentation of agency identification, credentials, or other proof of government status (a badge, identification card, etc.).
  - B. A written request on agency letterhead or an oral statement if a written statement would not be possible (a natural disaster, other emergency situations, etc.);
  - C. If the disclosure is requested by a person acting on behalf of a public official, a written statement on government letterhead that the person is acting under the government's authority, or a contract or purchase order evidencing the same; or
  - D. A court order.
- V. The Privacy Officer or designee shall verify identity of any phone requests from all individuals, including law enforcement officers and others who have an official need for PHI by using a callback phone number before releasing information.
- VI. The Privacy Officer or designee shall verify facsimile number of any faxed requests. The main number of the sending agency shall be called, and the fax number verified. CMHC facility shall set its fax machines to imprint the origin. All incoming faxes shall be reviewed for imprint origin.

**Subject: Verification of Identity and Authority of Requestor**

**Policy PIM 3.09**

**Page 3**

- VII. Privacy Officer or designated staff shall verify e-mail address by calling requestor. The general number for the sending agency shall be called, and then a request shall be made to be transferred to the specific individual who made the contact.
- VIII. The Privacy Officer or designated personnel are responsible for copying verification information or obtaining badge number, etc., and for maintaining it in the client's health information file located in the CMHC's records rooms.
- IX. The Privacy Officer or designated staff must review the forwarded information and determine if he or she is satisfied that the documents verify the identity of the requestor and also demonstrate that the requestor has authority to request the information under state and Federal law.
- X. The Privacy Officer or designed staff may disclose information to the requestor if all requirements for use and disclosure are met.
- XI. The Privacy Officer or designated staff shall contact agencies or other entities for further verification of identity or authority to receive PHI, if necessary.
- XII. The Privacy Officer or designated staff may deny access to information, if verification of identity or authority is not accomplished.
- XIII. The Privacy Officer shall assure that a mechanism is in place which tracks disclosure of both written and verbal protected health information. One format shall be utilized for all facilities.
- XIV. Review Process: The Central Office Privacy Officer will collect information during the month of April each year beginning in 2004 for the purpose of providing feedback to the Executive Director and the Leadership Team to assure that the verifications procedures outlined in this policy has been implemented.
- XV. Failure of staff to comply or assure compliance with the policy may result in disciplinary action, including dismissal.

**REFERENCES:**

- I. Public Law 104-191, 104<sup>th</sup> Congress.

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Acting Executive Director

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Date

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CSB Chair

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Date