CONNECTICUT VALLEY HOSPITAL
OPERATIONAL PROCEDURE MANUAL

SECTION II: **ORGANIZATION-FOCUSED FUNCTIONS**
POLICY 10:   **Management of Information**
PROCEDURE 10.21:   **Verification Requirements for Use and Disclosure**

Purpose:

To inform all Health Information Management (HIM) staff who, in the course of their work, disclose Protected Health Information (PHI) that they need to verify the identity and authority of those requesting PHI.

Definitions:

1. *Disclosure:* The release, transfer, provision of access to, or the divulging in any other manner of information outside the agency holding the information.

2. *Individually Identifiable Health Information:* Information that is a subset of health information, including demographic information collected from an individual, and that: (1) is created or received by a health care provider, health plan, employer, or health care clearinghouse; and (2) relates to the past, present, or future physical or mental health or condition of an individual, the provision of health care to an individual, or the past, present, or future payment for the provision of health care to an individual, and (3) which identifies the individual, or (4) with respect to which there is a reasonable basis to believe that the information can be used to identify the individual. Note: Individually identifiable health information is to be treated as protected health information.

3. *Protected Health Information (PHI):* Individually identifiable information relating to past, present or future physical or mental health or condition of an individual, provision of health care to an individual, or the past, present or future payment for health care provided to an individual.

4. Use: With respect to individually identifiable health information, the sharing, employment, application, utilization, examination, or analysis of such information within an entity that maintains such information.

Procedure:

1. HIM staff implement one of the following methods of verification of identity and determination of authority based on the entity/person making the request as illustrated below:

Entity/Person Making Request	Method
Patient	**In Person:** Identification (i.e., driver's license, passport, birth certificate or state issued identity card) **On Phone:** Caller is sent an authorization form to complete prior to disclosure of PHI. Upon receipt of authorization form, HIM staff verify signature with signed documents on file.
Patient's personal representative, (i.e., Conservator, Guardian, Executor of Estate)	Copy of legal appointment.
For request made pursuant to legal process	Warrant, subpoena, court order, or other legal process issued by a grand jury, judicial or administrative tribunal.

2. HIM staff records all disclosures as follows:

   a. HIM records to whom the disclosure is made and how the requestor's identity was verified on the cover letter (CVH-269).

   b. HIM records what information was disclosed and the purpose for the disclosure on the Authorization for Use and Disclosure of Protected Health Information (CVH-184).

3. HIM staff files CVH-269 and CVH-184 in the patient's medical record to ensure that this information is in a readily retrievable format.

Illustration/Example:

Example: A *Release of Information Form* from one Outpatient Clinic is received by the Medical Records Department of another Outpatient Clinic requesting a copy of a Discharge Summary for a former client. The Medical Records staff processing the request reviews the release form to make sure that it is on the letterhead of the requesting agency and that is contains the required signatures. The Medical Records staff then logs the request, noting: the form of verification was agency letterhead, who the disclosure was to; what information was disclosed; when it was disclosed; and, why the information was disclosed.