VERIFICATION REQUIREMENTS PRIOR TO DISCLOSURE OF PROTECTED HEALTH INFORMATION

Policy

The Health Science Center will make reasonable attempts to verify the identity of persons and entities requesting protected health information and the authority of such persons or entities having access to protected health information prior to disclosing information.

Verification

If the requested disclosure requires some type of document for the Health Science Center to honor the request, the Health Science Center staff may accept such documents, statements, or representations from the individual, and rely that, on their face, they meet the requirement, provided that such reliance is reasonable under the circumstances.

An administrative subpoena or summons, a civil or an authorized investigative demand, or similar process authorized under law, as described in Section 11.2.1 of the Handbook of Operating Procedures (HOP), “Use and Disclosure of Protected Health Information Without Authorization” may be satisfied by the subpoena or similar process or by a separate written statement, that, on its face, demonstrates that the applicable requirements have been met.

IRB documentation of the waiver approval for research purposes may be satisfied by written statements, provided that the waiver is appropriately dated and signed by the IRB representative.

Health Science Center staff are expected to exercise professional judgment when responding to any request to use or disclose protected health information. Specifically, the Health Science Center must use professional judgment in using or disclosing information for which the individual has a right to have the opportunity to agree to or restrict the use or disclosure, as discussed in Section 11.2.14 of the HOP, "Uses and Disclosures Requiring the Opportunity to Agree or Object". Staff must also use professional judgment when acting in good faith belief when using or disclosing protected health information for a purpose intended to avert a serious threat to health or safety, as described in Section 11.2.1 of the HOP, “Use and Disclosure of Protected Health Information Without Authorization”.

Staff who handle routine requests for disclosure of protected health information should refer non-routine requests, such as the ones described in this policy, to the supervisor for guidance and oversight.

The Health Center may rely on the following to verify identity when the disclosure of protected health information is to a public official or a person acting on behalf of the public official:

1. If the request is made in person, presentation of any agency identification badge, other official credentials, or other proof of government status;

2. If the request is in writing, the request is on the appropriate government letterhead; or,

3. If the disclosure is to a person acting on behalf of a public official, a written statement on appropriate government letterhead that the person is acting under the government’s authority or other evidence or documentation of agency, such as a contract for services, memorandum of understanding, or purchase order, that establishes that the person is acting on behalf of the public official.

The Health Science Center may rely, on any of the following to verify authority when the disclosure of protected health information is to a public official or person acting on behalf of the public official.

1. A written statement of the legal authority under which the information is requested, or, if a written statement would be impracticable, an oral statement of such legal authority; or,

2. If a request is made pursuant to legal processes, warrant, subpoena, order, or other legal process issued by a grand jury or a judicial or administrative tribunal is presumed to constitute legal authority.