

# Partners In Recovery

POLICY AND  
STANDARDS

*Applicable Arizona Department of Health Services Behavioral Health Rule(s):*  
R9-20-211 *Client Records* and R9-21-209 *Records*

**Policy Name: Verification**

**Policy Number: REC - 0001**

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H.M. Gilbert Jr., Executive Director, PIR

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Date

### ***Cross Reference(s)***

*Uses and Disclosures of Private Health Information (PHI) Requiring Prior Legal Review; Research Policy; Uses and Disclosures of PHI for Judicial & Administrative Proceedings; Triage & Referral; Member Representation; Authorization to Use and Disclose PHI.*

### ***Policy Statement***

Partners In Recovery, its subsidiaries and affiliates Direct Care Clinics (DCC) make efforts to verify the identity of people requesting protected health information (PHI) and the authority of any such person to have access to PHI prior to making any disclosures.

### ***Purpose***

The purpose of this policy is to describe the requirement for verification of the identity and authority of a person requesting PHI before disclosing such PHI.

### ***Scope***

Partners In Recovery Direct Care Clinics.

### ***Key Terms***

Should the reader need to inquire as to the definition of a term used in this policy, the Partners In Recovery Key Term Glossary can be found in the back of the Policy and Procedure Manual.

### ***Standards***

- I. Prior to making any disclosure of PHI permitted by Partners In Recovery policies, DCC make a reasonable effort to:
  - A. Verify the *identity* of a person requesting PHI if the identity of the person is not known to DCC;
  - B. Verify the *authority* of the person to have access to PHI, if the authority of the person is not known to DCC; and
  - C. Obtain any documentation, statements, or representations, whether oral or written, from the person requesting the PHI when such documentation, statement, or representation is a condition of the disclosure.
- II. When talking with members on the telephone, DCC staff verifies the identity of the member before releasing any PHI by asking the member for certain elements of their demographic data, and confirming this information in the clinical system.
  - A. DCC staff will always ask for, at a minimum:
    1. Member full name;
    2. Member date of birth; and
    3. Member ID or social security number.

Each area and/or operating unit may set more stringent standards and ask for additional verification as is deemed necessary.

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- B. DCC staff may listen to a caller without first verifying the identity of the caller, and may provide PHI without verification in emergency circumstances on the exercise of professional judgment or acting in good faith, such as where the member is incapacitated and needs emergency treatment, or in order to avert a serious and imminent threat to the health or safety of a person or the public.
  - C. DCC may allow the individual to request a password as an additional level of verification to prevent unauthorized persons from accessing the individual's PHI, in compliance with the member's right under HIPAA to request that DCC restrict uses and disclosures of PHI about the individual to carry out our operations and services.
    - If the member requests use of a password, DCC staff ask the individual for the password in addition to the three standard verification elements described above.
- III. If a disclosure of PHI is conditioned on the submission of particular documentation, statements, or representations by the person requesting the PHI and DCC may rely on documentation, statements, or representations that, on their face, meet the necessary requirements for such disclosures, if reliance is reasonable under the circumstances.
- IV. For administrative requests to obtain PHI (an administrative subpoena or summons, a civil or an authorized investigative demand, or similar process authorized by law), DCC may rely on the administrative request itself, or on a separate written statement that, on its face, demonstrates that the applicable requirements for disclosures of PHI pursuant to administrative requests have been met (see *Uses and Disclosures of PHI for Judicial & Administrative Proceedings*).
- V. Verification of identity of public officials. DCC may rely, if reliance is reasonable under the circumstances, on any of the following to verify identity when the disclosure of PHI is to a public official or person acting on behalf of the public official:
- A. If the request is made in person accompanied by the presentation of an agency identification badge, other official credentials, or other proof of government status;
  - B. If the request is in writing, the request is on the appropriate government letterhead; or
  - C. 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.
- VI. Verification of authority of public officials. DCC may rely, if reliance is reasonable under the circumstances, on any of the following to verify authority when the disclosure of PHI is to a public official or a person acting on behalf of the public official:
- A. 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

- B. A request made pursuant to legal process, warrant, subpoena, order, or other legal process issued by a grand jury or a judicial or administrative tribunal is presumed to constitute legal authority.
- VII. Verification of Provider Identity and Authority.
- A. If the request for PHI is received in written form, the correspondence must be on the provider's letterhead.
  - B. If the request for PHI is received over the phone, DCC staff verify the identity of the provider by asking for the following verification information: provider name, provider ID, address, and phone number. The provider should also know the full name and ID number of the member about whom they are requesting PHI.
  - C. DCC staff verifies the authority of the provider by confirming that the request for PHI is related to treatment, payment, or healthcare operations, or that the member has submitted a written authorization form permitting DCC to disclose to the provider (see *Authorization to Use and Disclose PHI*).
- VIII. Documentation/Record Retention
- A. Copies of all written or electronic communications or forms are maintained in the designated record set.
  - B. All statements verifying identity or authority for any action or activity identified in this policy that requires verification are documented in the designated record set.
  - C. All statements supporting professional judgment determinations for any action or activity identified in this policy that addresses professional judgment are documented in the designated record set.

***Associated Partners In Recovery Direct Care Clinic Forms & Attachments***

*None*

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