

HIPAA Privacy Policy #9
Verification of Entities or Persons to Whom
Protected Health Information May Be Disclosed

Effective Date: January 22, 2020	Refer to Privacy Rule Sections: 164.514(h)
Authorized by: Equinox Board of Directors	Version #:

Policy: It is the Policy of Equinox, Inc. to verify the identity and authority of a person or entity before disclosing Protected Health Information to such person or entity.

The exceptions to the verification requirements are:

- Disclosures for disaster relief purposes; and
- Disclosures for the involvement in the patient’s care and notification purposes.

Purpose: The purpose of this Policy is to ensure that Equinox, Inc. complies with applicable rules regarding verification of the identity and authority of third parties to receive Protected Health Information.

Procedures:

1. **Verification:** Equinox, Inc. must verify the identity and authority of an entity or person requesting Protected Health Information if the identity or authority is unknown to Equinox, Inc.. If any member of Equinox, Inc.’s Workforce is uncertain whether the identity or the authority of an entity or person is legitimate, such Workforce member shall immediately notify the Privacy Officer. The Privacy Officer shall investigate and resolve whether the person or entity has the authority to receive the Protected Health Information requested. In the event that the identity and legal authority of an patient or entity requesting Protected Health Information cannot be verified, and when the patient has no opportunity to agree or object to the disclosure, personnel will refrain from disclosing the requested Protected Health Information and report the case to the Privacy Officer as soon as possible.
2. **Professional Judgment:** Equinox, Inc. shall exercise professional judgment when verifying the identity or authority of:
 - a. A person involved in the patient’s care;
 - b. A person responsible for the care of the patient; and
 - c. A public or private entity authorized by law to assist in disaster relief efforts.
3. **Documentation:** Equinox, Inc. may rely on documentation, statements, or representations to verify the identity and authority of an entity or person, provided Equinox, Inc.’s reliance on such information is reasonable under the circumstances.
4. **Identity of Public Officials:** Equinox, Inc. may rely, if reasonable under the circumstances, on any of the following to verify the identity of a public official:

- a. If the request is made in person, presentation of an agency identification badge, other official credentials, or 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 that establishes that the person is acting on behalf of the public official.
5. Authority of Public Officials: Equinox, Inc. may rely, if reasonable under the circumstances, on any of the following to verify the authority of a public official:
- a. A written statement attesting to such legal authority or an oral statement when provision of a written statement is impracticable; or
 - b. A request made pursuant to legal process, warrant, order, or other legal process issued by a judicial or administrative tribunal.
6. Qualified Persons: Where a person requests Protected Health Information as a designated or personal representative of a patient (also called a "Qualified Person" under Mental Hygiene Law § 33.16 and Public Health Law § 18), Equinox, Inc. will request identity verification:
- a. Identity Verification: Approved methods of identity verification are any ***one*** of the following three options:
 - i. Valid State/Federal Issued Photo ID (*i.e.*, passport, government ID, driver's license); or
 - ii. Requestor is able to provide a **minimum of three** information items from the following list of acceptable identifiers (The information may be provided verbally or in writing as applicable); or
 - Patient Social Security Number, or at least the last 4 digits (required) **and**
 - Patient Date of Birth (required) **and**
 - Any **one** of the following:
 - Account Number
 - Street Address
 - Insurance Carrier Name
 - Insurance Policy Number
 - Medical Record Number
 - Birth Certificate
 - Insurance Card
 - iii. The positive match of signature to a signature on file (e.g., request received from patient via fax or mail and the signature is compared to patient signature on forms); or

iv. **Unacceptable** forms of identification for purposes of this Policy:

- Employment Identification Card (ID)
- Student ID
- Membership ID Cards
- Generic Billing Statements (utility bills)
- Supplemental Security Income (SSI) Card
- Credit Cards (photo or non-photo)

b. **Authority Confirmation:** Confirming documentation of authorization to obtain Protected Health Information such as copies of a court order appointing a guardian or other relevant documentation confirming the appropriateness of access.

7. **Violations:** Knowledge of a violation or potential violation of this Policy must be immediately reported directly to the Privacy Officer.

REFERENCES

Health Insurance Portability and Accountability Act of 1996; 45 CFR §164.514(h); 65 FR 82462, Dec. 28, 2000, as amended at 67 FR 53182, Aug. 14, 2002; 78 FR 5566, Jan. 25, 2013.