	<b>The Johns Hopkins Health System</b> <b>Policy &amp; Procedure</b>	<i>Policy Number</i>	<b>CUS005</b>
	<i>Subject</i>	<i>Effective Date</i>	<b>4/14/03</b>
	<b>HIPAA – Verifying Identification</b>	<i>Page</i>	<b>1 of 4</b>
		<i>Revised</i>	<b>10/29/08</b>

**POLICY**

This policy applies to the Johns Hopkins Health System (JHHS) Patient Financial Services (PFS) Division and the following entities: The Johns Hopkins Hospital (JHH), Johns Hopkins Bayview Medical Center (JHBMC), and Howard County General Hospital (HCGH).

**PURPOSE**

To describe the procedure the Customer Service staff must follow to verify the identity of any individual requesting Protected Health Information (PHI), to ensure that the person requesting the PHI is either the individual owner of the PHI (i.e., the patient), or some other person who is authorized access to this information, or an authorized personal representative of the patient.

**RESPONSIBILITY**

Patient Financial Services Representatives

**PROCEDURE**

1. All Customer Service staff will follow the process outlined below to determine if the individual on the telephone is the patient, the parent of a minor-child patient, or a bona fide representative of the patient.
2. Customer Service staff will use the following script to verify the identification of callers:

*“Due to new Federal privacy regulations, I am required to verify your identity and to verify that you have authorization to access the patient’s protected health information.”*

Caller	Verify	Release
<b>The patient</b>	Verify the patient’s full name (not including middle name or initial) <i>and one of the following</i> : account number, health plan member number or MA number, date of birth, or Social Security Number	Any and all patient PHI— <i>except the diagnosis</i>
<b>Parent of a minor-child patient</b>	Verify that the caller’s name matches the parent’s name in the system. Verify the child’s full name <i>and one of the following</i> : account number, health plan member number or MA number, date of birth, or Social Security Number	All requested PHI— <i>except</i> PHI related to drug abuse, alcoholism, venereal disease, pregnancy, termination of pregnancy, contraception other than sterilization, physical examination and treatment of injuries from an alleged rape or sexual offense or physical examination to obtain evidence of an alleged rape or sexual offense— <i>unless the minor has specifically authorized the release of such information to the parent</i>



**The Johns Hopkins Health System**

**Policy & Procedure**

Subject

**HIPAA – Verifying Identification**

*Policy Number*

CUS005

*Effective Date*

4/14/03


*Page*

2 of 4

*Revised*

10/29/08

Caller	Verify	Release
<p><b>Patient Representative other than a parent of a minor child</b> (e.g., a health care agent/ holder of a medical power of attorney, a legally appointed guardian of the patient, a personal representative of a deceased patient, or a kinship care relative—if the appropriate paperwork is on file)</p>	<p>Verify that the caller's name matches the Patient Representative's name in the system. The Patient Representative must verify the patient's full name <i>and one of the following</i>: account number, health plan member number or MA number, date of birth, or Social Security Number</p>	<p><b>A copy of the appropriate legal documentation is required to be on file as follows:</b></p> <ul style="list-style-type: none"> <li>(i) <i>if health care agent/medical power of attorney</i>: legal document appointing the agent</li> <li>(ii) <i>if a guardian</i>: the court order appointing the guardian</li> <li>(iii) <i>if a personal representative</i>: the letters of administration or other court document appointing the personal representative</li> <li>(iv) <i>if a kinship care relative</i>: the affidavit filed with the Dept. of Social Services prior to the release of any PHI.</li> </ul> <p>The Patient Representative may have access to any and all of the patient's PHI—except the diagnosis.</p>
<p><b>Patient who is a minor child</b></p>	<p>Verify the patient's full name (not including middle name or initial) <i>and one of the following</i>: account number, health plan member number or MA number, date of birth, or Social Security Number</p>	<p>Requested PHI on him- or herself related to his or her drug abuse, alcoholism, venereal disease, pregnancy, termination of pregnancy, contraception other than sterilization, physical examination and treatment of injuries from an alleged rape or sexual offense, physical examination to obtain evidence of an alleged rape or sexual offense.</p> <p><b>Note:</b> We will not release this information to the parent—<i>unless the minor has provided a written authorization permitting disclosure</i>. Parent should be directed to the provider of PHI related to these services.</p>

	<b>The Johns Hopkins Health System</b> <b>Policy &amp; Procedure</b>	<i>Policy Number</i>	<b>CUS005</b>
	<i>Subject</i>	<i>Effective Date</i>	<b>4/14/03</b>
	<b>HIPAA – Verifying Identification</b>	<i>Page</i>	<b>3 of 4</b>
		<i>Revised</i>	<b>10/29/08</b>


Caller	Verify	Release
<b>Spouse/Domestic Partner of the patient</b>	Verify the caller's full name (not including middle name or initial) <i>and one of the following</i> : account number, health plan member number or MA number, date of birth, or Social Security Number for the patient	An authorization clearly authorizing the release of PHI to the caller <b>OR</b> documentation that the participant verbally approved the disclosure during the same telephone call must be on file prior to the release of any PHI.  The spouse/domestic partner may have access to any and all of the patient's PHI—except the diagnosis.
<b>Other health care provider</b>	Verify the provider's name and the provider's number or tax I.D. number  Verify the caller's name, the call-back number, and the patient's full name (not including middle name or initial)  <i>Either 1 or 2 will work:</i>  1. Patient number <i>and</i> date of birth (if provider gives both, no additional information is required)  2. Patient account number <i>or</i> DOB <i>and</i> one additional piece of information, such as address, phone number, effective date of insurance coverage	Minimum PHI necessary to address the provider's inquiry on behalf of the patient
<b>Emergency Contact</b>	Verify the patient's full name (not including middle name or initial) <i>and one of the following</i> : account number, health plan member number or MA number, date of birth, or Social Security Number	Only minimum information necessary to assist in emergency situation

3. If the caller is not able to provide the correct verifying information, no PHI will be released to the caller.

Customer Service staff will use the following script when denying inappropriate requests for PHI:

*“Due to Federal privacy regulations, I am unable to release any information at this time. Once you provide us with the correct information, we will be more than happy to assist you.”*

or

	<b>The Johns Hopkins Health System</b>	<i>Policy Number</i>	CUS005
	<b>Policy &amp; Procedure</b>	<i>Effective Date</i>	4/14/03
	<i>Subject</i>	<i>Page</i>	4 of 4
	<b>HIPAA – Verifying Identification</b>	<i>Revised</i>	<b>10/29/08</b>

*“Due to Federal privacy regulations, I am unable to release any information at this time. Please submit an authorization form to JHHS Customer Service so that the patient may designate a representative to discuss their issues on their behalf. Once we have that information on file, we will be more than happy to assist you on the patient’s behalf.”*

Response to *providers* who have not given appropriate information:

*“I’m sorry, but based on the information you have provided to me, I do not have enough information to accurately identify the patient in our system.”*

4. If the caller indicates that information in our system is incorrect, staff should ask the caller to provide documentation of the correct information in order to change the information in our system. If the caller indicates that they cannot provide documentation, staff may not provide the requested PHI to the caller.
5. If a patient requests an authorization form, the form can be faxed or mailed to him or her.

If the patient *mails* the form back, it should be returned to the attention of the **Customer Service Department/HIPAA**.

**SPONSOR**

Senior Director, Patient Financial Services, JHHS

**REVIEW CYCLE**

Three (3) years

**APPROVAL**

\_\_\_\_\_  


Senior Director, JHHS

\_\_\_\_\_  
12/15/08

Date

\_\_\_\_\_  


Director, PFS Operations, JHHS

\_\_\_\_\_  
12/11/08

Date