Verifying Identity and Authority of Persons Seeking Disclosure of a Patient’s Protected Health Information

RATIONALE

The Health Insurance Portability and Accountability Act (HIPAA), requires the identity and authority of persons seeking disclosure of a patient’s protected health information (PHI) be verified.

Palmer College of Chiropractic (College) is dedicated to maintaining patient privacy in accordance with the HIPAA Privacy Rule. The identity and authority of any person outside of the Palmer College of Chiropractic Health Care Component (PCC HCC) or the Palmer College of Chiropractic Affiliated Covered Entity (PCC ACE) seeking disclosure of a patient’s protected health information (PHI) will be verified prior to release of PHI.

PURPOSE

The Verifying Identity and Authority of Persons Seeking Disclosure of a Patient’s Protected Health Information policy (Policy) establishes and describes the College’s expectations regarding verifying the identity and authority of persons seeking disclosure of a patient’s PHI prior to release.

SCOPE

This Policy applies to the entire College community, which is defined as including the Davenport campus (Palmer College Foundation, d/b/a Palmer College of Chiropractic), West campus (Palmer College of Chiropractic West) and Florida campus (Palmer College Foundation, Inc., d/b/a Palmer College of Chiropractic Florida) and any other person(s), groups, or organizations affiliated with any Palmer campus.

DEFINITIONS

For the purposes of this Policy, the following terms shall have the meanings specified below:

> The term “authority” refers to the basis upon which the requester claims to have the right to access the requested PHI.
> The term “College” refers to Palmer College of Chiropractic, including operations on the
Davenport campus; West campus; and Florida campus.

> The term “College community” refers to all students, faculty, staff (including administration),
and any other person(s), groups, or organizations affiliated with any Palmer campus.

> The acronym “HIPAA” refers to the Health Insurance Portability and Accountability Act of
1996.

> The term “Palmer College of Chiropractic Affiliated Covered Entity” (PCC ACE) refers to
The Palmer College of Chiropractic Affiliated Entity (PCC ACE) consists of the following;
Palmer College Foundation d/b/a Palmer College of Chiropractic, Palmer College
Foundation, Inc. d/b/a Palmer College of Chiropractic Florida and Palmer College of
Chiropractic West. Palmer College Foundation and Palmer College Foundation, Inc. are one
legal entity. Palmer College of Chiropractic West is a separate legal entity. PCC ACE is a
hybrid entity. The combination of units within PCC ACE designated as part of the Palmer
College of Chiropractic Health Care Component (PCC HCC) comprise the Palmer College of
Chiropractic Affiliated Covered Entity (PCC ACE).

> The term “Palmer College of Chiropractic Health Care Component” (PCC HCC) refers to
those health care units of Palmer College Foundation and Palmer College of Chiropractic West
that have been designated as part of its health care component. For more information, refer to
the Institutional Policy, Designation of the Palmer College of Chiropractic Health Care
Component.

> The term “protected health information” (PHI) refers to information, including demographic
information, which relates to the individual’s past, present or future physical or mental health
or condition; the provision of health care to the individual; or the past, present or future
payment for the provision of health care to the individual, and that identifies the individual or
for which there is a reasonable basis to believe can be used to identify the individual. PHI
includes many common identifiers (e.g. name, address, birthdate, Social Security number)
when such can be associated with the health information listed above. PHI does not include
student records held by educational institutions or employment records held by employers.
However, this information is still treated confidentially under other applicable laws.

> The term “requester” refers to the individual who is making a request for the College to
disclose a patient’s PHI.
ADMINISTRATIVE RULES

The College will verify the identity and confirm the authority of any individual outside the PCC HCC or PCC ACE requesting PHI.

When the Requester is the Patient

Verification of identity may be accomplished by asking for photo identification (e.g. driver’s license) if the request is made in person. If the request is made over the telephone or in writing, verification may be accomplished by requesting identifying information (e.g. address, telephone number, birth date, and/or medical record number) and confirming that this information matches what is in the patient’s record.

When the Requester is the Patient’s Legally Authorized Representative

Verification of identity may be accomplished by asking for photo identification (e.g. driver’s license) if the request is made in person. Once identity is established, authority in such situations may be determined by confirming the person is named in the medical record as the person’s legally authorized representative. Or, if there is no person listed in the medical record as the patient’s legally authorized representative, authority may be established by the person presenting a copy of a valid power of attorney for health care or a copy of a court order appointing the person guardian of the person (or guardian ad litem) of the patient. If the patient has no health care power of attorney and no guardian, authority may be established by following the applicable clinic policy establishing when next-of-kin becomes the legally authorized representative.

When the Requester is a Public Official or law office (e.g., attorneys, law enforcement officers, state or federal surveyors, medical examiners, coroners)

Requests submitted to the College by a public official or attorney whether in person, or in writing, shall be received and/or responded to only by Designated Officials set forth by the College as outlined below.

Employees, students, administrators, other college officials or any other representatives of the College who are directly presented with; advised of; or become aware of such requests are to immediately advise (without exception) their supervisor and forward the request to one of the designated individuals outlined below.
**DESIGNATED OFFICIALS**

*Davenport, Ia. Campus*

> Chancellor/CEO; or

> Vice Chancellor for Administration

*West Campus, San Jose, Calif.*

> Campus President

*Florida Campus, Port Orange, Fla.*

> Campus President

Note that local law enforcement officials (e.g., city police, county sheriff) are not generally entitled to PHI without a court order or written patient authorization. There are exceptions for reporting and investigation of child abuse/neglect and for reporting gunshot wounds, certain other wounds and burns to local law enforcement officials.

When in doubt about the authority of local law enforcement officials to obtain PHI, immediately contact the Designated Official for each campus (listed above in this Policy under “Designated Officials”).

**EXAMPLE**

A police officer unknown to a staff member submits a request for a patient’s PHI. The employee immediately notifies their supervisor and forwards the request to the College’s Designated Official. The officer’s authority to have access may be established by the officer’s written (or oral) statement of the legal authority under which the information is requested, such as investigation of suspected child abuse (which, under state law, permits a police officer access to PHI without patient authorization).

**Other Requesters**

Procedures for verifying the identity and/or authority of other unknown requesters of PHI will vary according to the circumstances. For example, if a person who is not known or recognized presents a written authorization by the patient as the basis for obtaining PHI, the person should be requested to present identification to verify that he/she is the person named in the authorization to receive the PHI.
Questions About How to Verify Identity or Authority

If there are any questions concerning if and/or how to verify identity or authority in particular circumstances, contact the PCC HIPAA Privacy Officer.

Documentation Requirements

Any documentation, statements, or representations, which are relied upon to make a disclosure under this Policy should be filed or noted in the patient’s medical record.

For documentation of authority to disclose PHI according to a governmental administrative process, such as from a state agency hearing body, the request must be in writing.

For documentation of disclosures of PHI pursuant to a waiver of authorization by an Institutional Review Board (IRB), the requestor should provide a copy of the IRB waiver.

STANDARD INSTITUTIONAL POLICY PROVISIONS

Institutional policies are supplemented by provisions that are applicable to all institutional policies. It is the responsibility of all employees and students to know and comply with these standards.

> Standard Provisions Applicable to All Institutional Policies

Additional Information

ASSOCIATED POLICIES, PROCESSES AND/OR PROCEDURES

This Policy is supplemented below. It is the responsibility of all employees and students to know and comply with policies and procedures as supplemented.

POLICIES

> Designation of the Palmer College of Chiropractic Health Care Component

> Uses and Disclosures of Protected Health Information Not Requiring Patient Authorization or an Opportunity to Agree or to Object
> Uses and Disclosures of Protected Health Information That Require Patient Authorization

> Uses and Disclosures of Protected Health Information That Require Patient Authorization or an Opportunity to Agree or to Object

**Processes and/or Procedures**

> N/A

**Forms/Instructions**

> N/A

**Other Related Information**

> 45 CFR 164.514(h) (HIPAA Privacy Rule)

**Contacts**

*Privacy Officers*

> Davenport Clinics  
Shayan Sheybani, D.C., M.B.A., FACO  
1000 Brady Street  
Davenport, IA  52803  
(563) 884-5701  
shayan.sheybani@palmer.edu

> San Jose, Clinics  
Gregory Snow, D.C.  
90 E. Tasman Drive  
San Jose, CA  95134  
(408) 944-6062  
gregory.snow@palmer.edu

> Port Orange Clinics  
Shane Carter, D.C.  
4705 S. Clyde Morris Blvd.

IP Verifying Identity and Authority of Persons Seeking Disclosure of a Patient’s PHI Policy
HISTORY

Responsible Officer: Dan Weinert, M.S., D.C., Ph.D.
Provost
Palmer College of Chiropractic
1000 Brady Street
Davenport, Iowa
Phone: (563) 884-5761
dan.weinert@palmer.edu

Issuing Office: Office of Compliance
Earlye Julien, PHR, M.S.Ed., CQIA
Senior Director for Compliance
Palmer College of Chiropractic
1000 Brady Street
Davenport, Iowa
Phone: (563) 884-5476
Fax: (563) 884-5883
earlye.julien@palmer.edu