



ADMINISTRATIVE PRACTICES MANUAL

Identity Verification Policy

PURPOSE

To ensure that prior to any disclosure of Protected Health Information (PHI) permitted by state or federal law, Dane County verifies the identity of a requesting party and the authority of any such party to have access to PHI.

PROCEDURE

If the identity or authority of an individual is not known to Dane County, then Dane County will verify the identity of that individual requesting PHI and the authority of the person to have access to the PHI. Verification of identity and authority will include obtaining documentation, statements, or representations, either oral or written from the requester. Consult the Dane County HIPAA Privacy & Security Officer or request further verification before making any disclosure if uncertain whether or not sufficient verification has been obtained. If needed, verify that appropriate **Authorization for Use and Disclosure of Health Information** is completed.

The below grid is provided as a guideline for establishing a verification procedure in a variety scenarios.

Person to Identify	In-Person	Telephone	Request in Writing (Fax, mail, hand-delivered)
Attorney	Presents with business card or Wisconsin state bar membership and photo identification (i.e., driver's license or organization ID badge).	Ask individual to make written request.	Supplies business card, photo identification (i.e., driver's license or organization ID badge), or letterhead. A confirmatory phone call regarding the requester may be required.
Client/patient	Client/patient provides at least three pieces of information (e.g., name, date of birth, address, telephone number) or Workforce Member acquainted with parent.	Client/patient provides at least three pieces of information (e.g., name, date of birth, address, telephone number) or Workforce Member acquainted with client/patient	Client/patient provides at least three pieces of information (e.g., name, date of birth, address, telephone number)
Parent of minor child (if there are concerns regarding custody of the minor child, contact the	Parent provides client/patient name, address, and date of birth; or	Parent provides client/patient name, address, and date of birth; or	Parent provides client/patient name, address, and date of birth.

Person to Identify	In-Person	Telephone	Request in Writing (Fax, mail, hand-delivered)
Dane County HIPAA Privacy & Security Officer)	Workforce Member acquainted with parent	Workforce Member acquainted with parent	
Power of Attorney	Power of Attorney provides client's/patient's name, address, date of birth, and verifies (via appropriate legal documentation) relationship to client/patient; or Acquainted with Power of Attorney (see F00085)	Power of Attorney provides client's/patient's name, address, date of birth, and verifies (via appropriate legal documentation) relationship to client/patient; or Acquainted with Power of Attorney (see F00085)	Power of Attorney provides client/patient's name, address, date of birth, and verifies (via appropriate legal documentation) relationship to client/patient; or Acquainted with Power of Attorney (see F00085)
Persons involved in the client/patient immediate care	Client/patient actively involves this person in their care.	Client/patient actively involves this person in their care	N/A
Health care provider from another facility	Acquainted with Health Care Provider as a Treatment Health Care Provider; Health Care Provider is wearing a photo badge from their facility.	Acquainted with Health Care Provider as a Treatment Health Care Provider; or Call the requestor back through the main number at that facility (instead of through the direct number)	Recognize name of facility and address on letterhead as a Treatment facility; or Call the requestor through the main switchboard number at that facility (instead of through the direct number).
Law enforcement	Please contact Dane County HIPAA Privacy & Security Officer	Please contact Dane County HIPAA Privacy & Security Officer	Please contact Dane County HIPAA Privacy & Security Officer
Company involved with payment or health care operations	Recognize requestor/ organization; or Photo identification with organization.	Recognize requestor or call the requestor back through the main number at that facility (instead of through the direct number); or Ask individual to make written request	Recognize name of facility and address on letterhead; or Call the requestor back through the main number at that facility (instead of through the direct number)

DOCUMENTATION

Dane County will maintain the documentation associated with this policy for a minimum of seven years.

ROLES & RESPONSIBILITIES

The HIPAA Privacy & Security Officer is responsible for the implementation, maintenance, and adherence to this policy.

RELATED DOCUMENTS

Definitions

Authorization for Use and Disclosure of Health Information

[Department of Health Services F00085](#)

DOCUMENT VERSION HISTORY

Original: 07/2023