

Verification of Information Requests

Adopted & Effective: April 2003

POLICY STATEMENT:

It is the policy of Children's Aid and Family Services (CAFS) to ensure the security and privacy of each client's health information, by protecting such information from unauthorized disclosure.

Any workforce member processing a client health information request of any sort shall take appropriate steps to verify the identity and/or authority of any requestor of client health or billing information (including demographic information) by any person not known to the workforce member, or by any person whose authority to obtain such information is not certain. Workforce members should refer to the guidelines for verifying identity and/or authority set forth below:

1. Information authorized by the client, or by the client's legal representative, to be disclosed, may only be disclosed to the person or business entity specifically named on the signed Authorization form.
2. Where the identity of the requestor is unknown to the workforce member, the workforce member should request proof of identification from the requestor. If the requestor is a workforce member or agent of an unknown business entity, including but not limited to health care providers and/or law firms authorized by the client to receive such information, it is sufficient for the Organization workforce member to mail the requested information to the business' address, as listed in the telephone directory or on the business' website, or to otherwise verify the identity of the business entity.
3. If the signature upon an Authorization form does not appear to be that of the client or the client's legal representative, the client or the client's legal representative should be contacted by telephone, or otherwise, for confirmation.
4. Where an Authorization has been signed by the legal representative of the client, the workforce member processing the request should verify that a copy of the legal representative's authority (as indicated in the chart below) has been attached to the Authorization or is otherwise maintained in the client's chart.

Guardian of an Incapacitated Client: Guardianship Order

Legal Guardian of Minor (Non-Parent): Guardianship Order

Attorney-in-Fact of Client:	Power of Attorney
Executor/Executrix of Deceased Client's Estate:	Letters Testamentary or Short Certificate (copy of Will is not sufficient)
Administrator of Deceased Client's Estate:	Letters of Administration or Short Certificate

5. The workforce member processing a health information request is responsible for assuring that any documentation, statements or representations are obtained from the requestor, if required as a condition of the disclosure pursuant to the applicable Authorization, or by State or federal law.
6. Wherever possible, all warrants, court orders, or other legal process issued by a judge, grand jury or administrative judge, and any subpoenas of an unusual nature, shall be forwarded to the Vice-President of Administration for review by the Agency's Attorney prior to processing.
7. If reasonable under the circumstances, the Agency will rely upon any of the following as verification of the identity of a public official or person acting on behalf of a public official:
 - (a) An agency identification badge, official credentials, or other proof of government status;
 - (b) A written request on the appropriate government letterhead;
 - (c) A written statement on the appropriate government letterhead that the person to whom the disclosure is to be made is acting under the government's authority; or
 - (d) A contract for services, memorandum of understanding, or purchase order that establishes that the person is acting on behalf of a public official.

Such verification shall be charted and/or a copy of such verification shall be placed in the chart with documentation of the request.

8. All health information requests of any sort (including requests for demographic or billing information) shall be documented in the client's chart, with a copy of all applicable documents.