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Department: UW Medicine Compliance

Subject: PP-11 Verifying the Identity & Authority of Individuals Requesting Disclosure of Protected Health Information

Policy Number: 11

Established Date: November 21, 2002

Revised Date: May 22, 2006

Review Date: January 31, 2003, March 12, 2009

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**Policy:**

The purpose of this policy is to assure the proper identification and authority of individuals who request protected health information (PHI) from UW Medicine<sup>1</sup>. Verification requirements are considered met if professional judgment is used to determine appropriate authority.<sup>2</sup>

**I. Verification Requirements For Disclosures of PHI**

- A) For any disclosures of PHI, UW Medicine:
  - 1) Verifies the identity of any person who is not known and determines the authority for access to PHI.
  - 2) Obtains any required documentation, statement or representations (verbal/written) from the requestor. Any information received verbally is documented in the designated record set for future reference.
- B) If a disclosure is conditioned on particular documentation, statements or representations from the requesting person, UW Medicine may rely on the documentation, statements, or representations received or provided:
  - 1) With respect to disclosures for law enforcement purposes, UW Medicine may rely upon a judicial or administrative request, including subpoena or summons, a civil or authorized investigative demand, or similar process as authorized by law demonstrating:

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<sup>1</sup> For the purposes of HIPAA, UW Medicine includes the following entities: University of Washington Medical Center and Clinics; Harborview Medical Center and Clinics; UW Medicine Neighborhood Clinics (University of Washington Physicians Network); UW Physicians Sports Medicine Clinic; UW Physician's Eastside Specialty Center; Hall Health Primary Care Center; and University of Washington Physicians.

<sup>2</sup> See separate related policies: Use & Disclosure of Protected Health Information (PHI) Related to Facility Directories, Use & Disclosure of Protected Health Information (PHI) for Involvement in Individual's Care and Notification, and Use & Disclosure of Protected Health Information (PHI) Without Authorization. Also, please refer to the UW Medicine Security Program Documents for the User Access Policy and the Access Guide.

- a) The information sought is relevant and material to a legitimate law enforcement inquiry,
- b) The request is specific and limited in scope to the purpose for which it is being sought, **and**
- c) It is unreasonable to use de-identified information.

See UW Medicine Privacy Policy: *PP-16h Use & Disclosure of Protected Health Information (PHI) Permitted for Law Enforcement Purposes*

- 2) With respect to disclosures for research purposes, a valid IRB waiver is provided. (See UW Medicine Privacy Policy: PP-18 Use & Disclosure of Protected Health Information for Research)
- C) UW Medicine must verify the identity of public officials requesting PHI. The following are appropriate methods to verify requests made by a public official or person acting on behalf of a public official:
- 1) If presenting request in person: Presentation of an agency identification badge, other official credentials, or proof of government status.
  - 2) If request is in writing: Appropriate government letterhead, **or**
  - 3) A written statement on appropriate government letterhead if the person presenting is acting under the government's authority or some other evidence or agency documentation (e.g., contract for services, MOU, PO) that establishes that the person is acting on behalf of the public official.
- D) To verify that the public official, or a person acting on their behalf of a public official, has the authority to access PHI, UW Medicine accepts the following documentation:
- 1) A written statement of legal authority or if a written statement is impracticable, an oral statement of such authority, **or**
  - 2) A request pursuant to a warrant, subpoena, order, or other legal process issued by a grand jury or a judicial or administrative tribunal.

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**References:**

- I. 45 CFR Part 164; Section 164.514(h) "Other Requirements Relating to Uses And Disclosures of Protected Health Information – Verification Requirements"

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UW Privacy Officer: \_\_\_\_\_ Date: \_\_\_\_\_

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