

Exhibit A

Identity and Procedure Verification

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance

PRIVACY POLICY OPERATIONS MANUAL

POLICY NUMBER: VII.25

SECTION TITLE: VII. STANDARD PROCEDURES

CHAPTER: 25. Standard Procedure—Identity and Authority Verification

POLICY TITLE: Standard Procedure—Identity and Authority Verification

EFFECTIVE DATE: April 14, 2003

LAST REVISION: Sept. 23, 2013

PURPOSE: The purpose of this policy is to provide the standard forms of identification and authority required to verify the identity and authority of persons whose identity is unknown or known to an employee of the Department of Health Care Finance (“DHCF”) and who requests protected health information (“PHI”) of a Medicaid recipient.

APPLICABILITY: This policy and its related procedures apply to the workforce of DHCF.

AUTHORITY: 45 C.F.R. § 164.510 (h)(1)(2)

DEFINITION(S): “*Unknown Person*” means a person whose identity is not documented in the secured HIPAA file cabinet maintained by the HIPAA coordinator in each respective business unit or the DHCF Privacy Office. Once these locations have documentation of a person’s identity and authority to receive PHI pursuant to Section VII.25- Identity and Authority Verification, the person is no longer unknown. In all cases, DHCF staff must continue to ask both known and unknown persons to present and/or confirm their identity and authority at the time of the PHI request. However, DHCF staff only needs to photocopy verification of identity and authority for unknown persons.

POLICY: When obtaining an authorization from a Medicaid recipient that is unknown the workforce member, identification is required of the Medicaid recipient. When obtaining an authorization from a person other than the Medicaid recipient and prior to any PHI disclosure, DHCF must verify by photocopying the identity and authority of an unknown person and/or organization receiving the PHI. DHCF must obtain

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documentation, statements, or representations, whether oral or written, from the unknown person. If a person is known, DHCF staff do not need to photocopy, but must visually inspect and/or verbally ask questions regarding the requestor's identity and authority to request PHI without the prior authorization of the individual as further described in the accompanying procedure.

RESPONSIBILITY: The DHCF Privacy Office has the responsibility to implement this policy.

PROCEDURE:

1. DHCF must respond to all requests for PHI when the requestor is physically present, the requestor asks in writing (via letter, email, facsimile, or other medium), or verbally over the telephone. All written PHI requests will be routed to the DHCF Privacy Office for identity and authority verification.
2. When fielding a telephone call or talking to a PHI requestor in person, follow the identity and authority verification documentation requirements for each particular communication media type presented in Table 1: Communications Media.
3. If the requestor is unknown to the workforce member, obtain evidence of identification. Examples of appropriate identification include:
 - Photographic identification card.
 - Government identification card or badge.
 - Appropriate document on government letterhead
4. If the requestor is *not* the individual who is the subject of the PHI sought, obtain evidence of authority. Examples of appropriate authority include, if reasonable for the situation:
 - a) Identification as parent, guardian, or person acting in loco parentis with respect to minors; executor or administrator with respect to a deceased individual or an estate; power of attorney or other evidence of legal authority to act on behalf of an individual with respect to health care; or other evidence of appropriate relationship with the individual with respect to health care.

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- b) A warrant, subpoena, order or other legal process issued by a grand jury, a court, or an administrative tribunal.
- c) A written statement of legal authority or, with respect to a properly identified government official, an oral statement of authority, if reliance on such oral statement is reasonable for the situation. You must document the oral statement on FORM 9- Identity and Authority Verification.

In all cases, follow the documentation requirements for each particular communication media type presented in Table 1.

- 5. If the requestor does not possess the authority to request the individual's PHI, the requestor must complete FORM 1-Family or Notification Disclosure or FORM 3 – Authorization, and the Medicaid recipient or their legal personal representative must sign, date, and enter an expiration date for authorization to be valid. See Section I.2- Informal Permission and Section I.3-Authorization Requirements. Document on FORM 1 or FORM 3 the type of identification the requestor presents such as their driver's license, government letterhead, or knowledge of Medicaid recipient's personal information following the criteria for the different communications media listed in Table 1.
- 6. If the requestor has the authority to request the individual's PHI, use FORM 9. Complete FORM 9 with the type of identification the requestor presents such as their driver's license, government letterhead, or knowledge of Medicaid recipient's personal information following the criteria for the different communications media listed in Table 1.
- 7. Note that if an authorization is required, the authorization must be entered into the Disclosure Manager Module. Select the Requestor Type when recording the authorization into the Disclosure Manager Module.
- 8. If the person is an unknown person, photocopy the documentation presented to verify the unknown person's identity and authority and attach these copies to the relevant FORM.
- 9. Fax and send via interoffice mail the FORM and its attachments to

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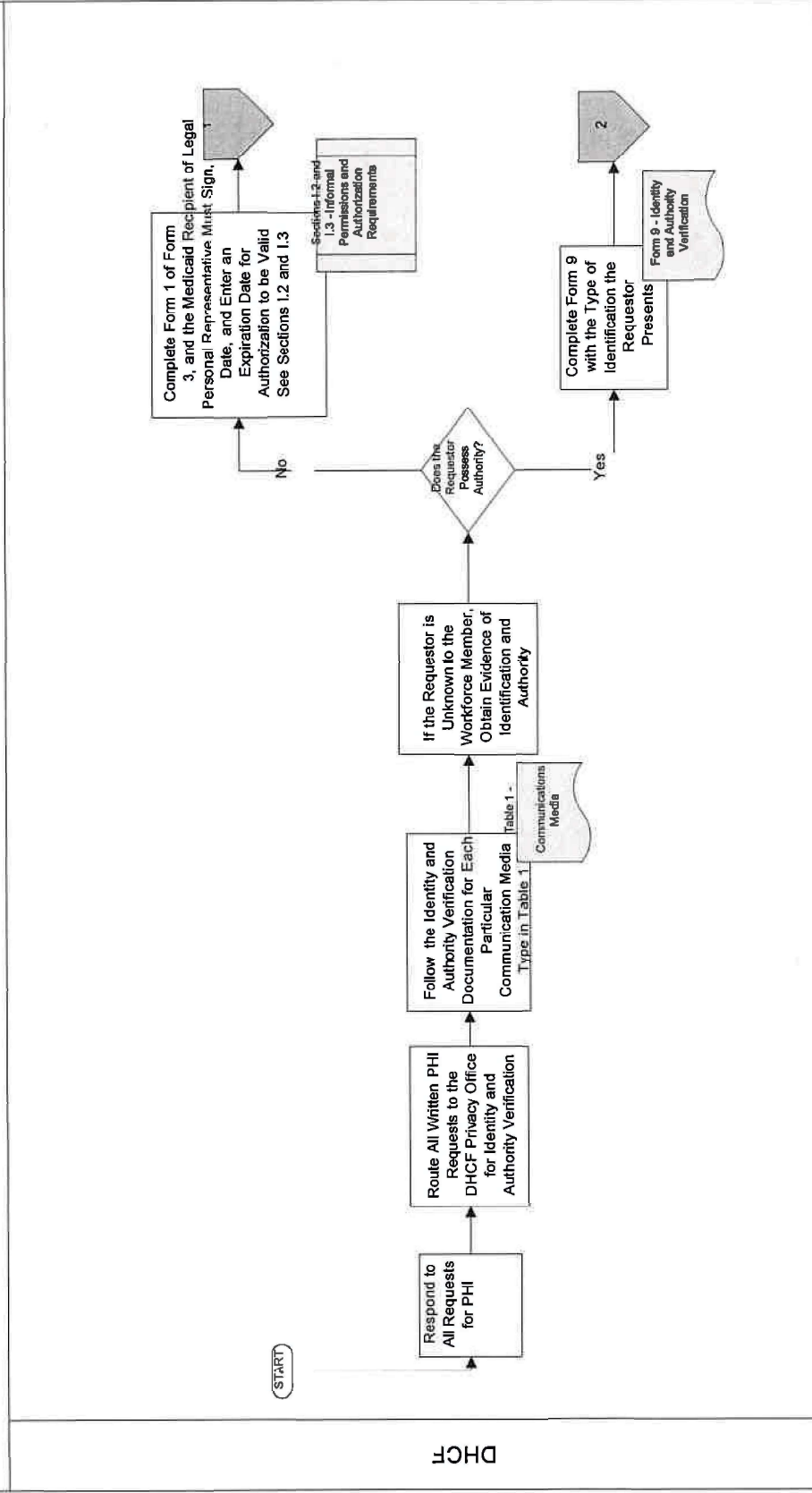
the DHCF Privacy Office and another copy to the secured HIPAA file cabinet maintained by the HIPAA coordinator in each business unit.

EXHIBIT(S): Procedure for Identity and Authority Verification
Table 1: Communications Media
FORM 9–Identity and Authority Verification

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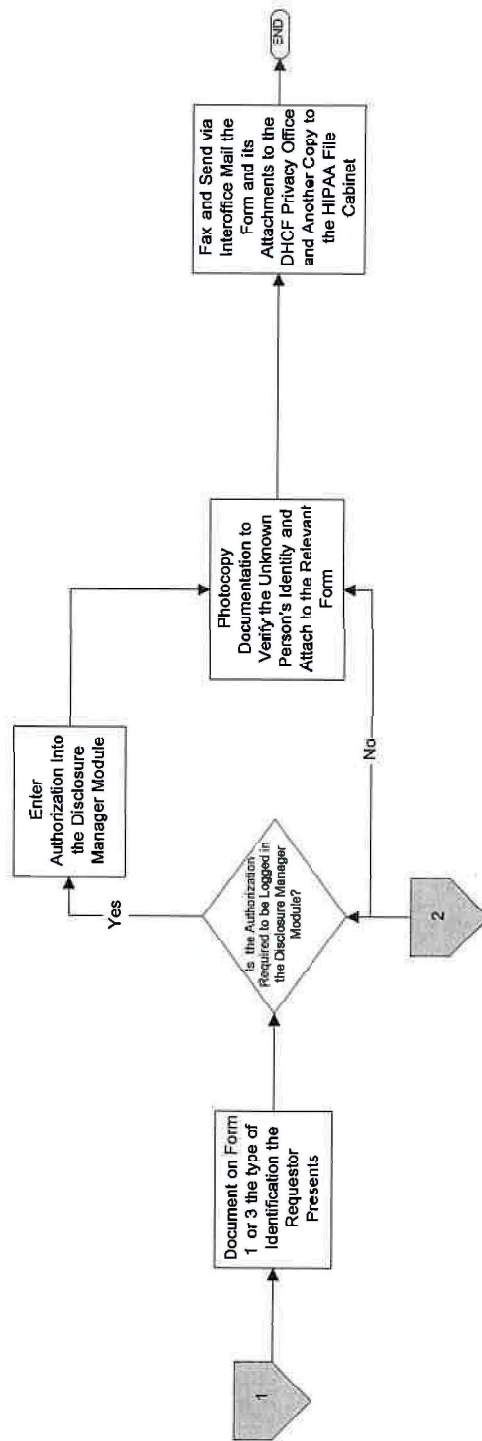
Policy VII.25 Chapter 25: Procedure for Identity and Authority Verification



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Policy VII.25 Chapter 25: Procedure for Identity and Authority Verification



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Table 1: Communications Media

*The bolded PHI elements are mandatory to ask/receive before releasing recipient's PHI regardless of the purpose of the PHI request. ALL of these scenarios assume that the "PHI Request Handler" has access to MMIS.			
PHI Requester Type	Phone	In Person	Fax/Mail
Individual/Recipient:	Individual/Recipient must state the following bolded PHI elements and one other PHI elements from the list below.	"Send the Person to the DHCF Privacy Office, if they insist on being served at the current location, the Individual/Recipient should present one form of ID. Make a copy and send to the DHCF Privacy Office."	"Forward the Fax/Mail to the DHCF Privacy Office, which will verify the following PHI elements on MMIS, Individual/Recipient's:"
	Name	Government-Issued Picture ID	Call back the Individual/Recipient and verify:
	Medicaid #	Recite the Recipient's Medicaid #	Name
	DOB	If government ID cannot be produced ask Recipient to verify these PHI elements on MMIS :	Medicaid #
	SS#	Name	DOB
	Address	Medicaid #	SS#
	Last Date of Service	DOB	Address
	"If still in doubt, contact the DHCF Privacy Officer before disclosing or responding to the Recipient"	SS#	Last Date of Service
		Address	"If still in doubt, contact the DHCF Privacy Officer before disclosing or responding to the Recipient"
		Last Date of Service	
		"If still in doubt, contact the DHCF Privacy Officer before disclosing or responding to the Recipient"	
Personal Representative:	"Upon Initial Request, Fax/Mail proof of legal status and then follow the	"Send the person to the DHCF Privacy Office, if they insist on being served at the current	"Upon Initial Request, Fax/Mail proof of legal status and then follow the Individual/Recipient

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*The bolded PHI elements are mandatory to ask/receive before releasing recipient's PHI regardless of the purpose of the PHI request. ALL of these scenarios assume that the "PHI Request Handler" has access to MMIS.				
PHI Requester Type	Phone	In Person	Fax/Mail	Email
	Individual/Recipient verification procedure stated above. Below are the types of PRs and what is the "proof" that each type must present to be considered valid. If unsure, please consult with the DHCF Privacy Office."	location, the PR must show proof of legal status and one form of government-issued ID, then follow the individual/recipient verification procedure."	verification procedure stated above. Below are the types of PRs and what is the "proof" that each type must present to be considered valid. If unsure, please consult with the DHCF Privacy Office."	verification procedure stated above. Below are the types of PRs and what is the "proof" that each type must present to be considered valid. If unsure, please consult with the DHCF Privacy Office."
	Natural/Adoptive Parent: Follow the procedure for Individual/Recipient verification	Natural/Adoptive Parent: Follow the procedure for Individual/Recipient verification	Natural/Adoptive Parent: Follow the procedure for Individual/Recipient verification	Natural/Adoptive Parent: Follow the procedure for Individual/Recipient verification
	Incompetent Individual: Court Order	Incompetent Individual: Court Order	Incompetent Individual: Court Order	Incompetent Individual: Court Order
	Foster Parents: Authorization or Notarized Letter from the Natural Parents	Foster Parents: Authorization or Notarized Letter from the Natural Parents	Foster Parents: Authorization or Notarized Letter from the Natural Parents	Foster Parents: Authorization or Notarized Letter from the Natural Parents
	Descendent: Probate Order	Descendent: Probate Order	Descendent: Probate Order	Descendent: Probate Order
	Family Member: Valid Authorization Form	Family Member: Valid Authorization Form	Family Member: Valid Authorization Form	Family Member: Valid Authorization Form
	"If the person does not have proof of legal status, send them a DHCF Authorization Form to be completed, signed, and dated, to be returned to the DHCF Privacy Office. DO NOT release any PHI unless legal proof of status is presented."	"If the person does not have proof of legal status, send them a DHCF Authorization Form to be completed, signed, and dated, to be returned to the DHCF Privacy Office. DO NOT release any PHI unless legal proof of status is presented."	"If the person does not have proof of legal status, send them a DHCF Authorization Form to be completed, signed, and dated, to be returned to the DHCF Privacy Office. DO NOT release any PHI unless legal proof of status is presented."	"If the person does not have proof of legal status, send them a DHCF Authorization Form to be completed, signed, and dated, to be returned to the DHCF Privacy Office. DO NOT release any PHI unless legal proof of status is presented."
	Make notation in the case management module on MMIS after initial request	Make notation in the case management module on MMIS after initial request	Make notation in the case management module on MMIS after initial request	Make notation in the case management module on MMIS after initial request
Provider (TPO):	Provider Number Required	"Send the person to the DHCF Privacy Office, if they insist	Official Provider Letterhead	"Email back the Provider, and them to fax/mail the PHI request on

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*The bolded PHI elements are mandatory to ask/receive before releasing recipient's PHI regardless of the purpose of the PHI request. ALL of these scenarios assume that the "PHI Request Handler" has access to MMIS.				
PHI Requester Type	Phone	In Person	Fax/Mail	Email
		on being served at the current location, Provider should present one government-issued ID. Make a copy and send to the DHCF Privacy Office."		official letterhead. Ask within the fax/mail, that the PHI Requester include a photocopy of the employee's ID."
	Provider Address	Government-issued picture ID	Provider Number Required	Official Provider Letterhead
	Provider Telephone Number	Provider Number Required	Provider Address	Provider Number Required
	Recipient's Medicaid Number	Provider Address	Provider Telephone Number	Provider Address
	Last Date of Service	Provider Telephone Number	Recipient's Medicaid Number	Provider Telephone Number
	"If in doubt, call back the Provider"	Recipient's Medicaid Number	Last Date of Service	Recipient's Medicaid Number
	"If still in doubt, contact the DHCF Privacy Officer before disclosing or responding to the Provider."	Last Date of Service	"If in doubt, call back the Provider"	Last Date of Service
		"If still in doubt, contact the DHCF Privacy Officer before disclosing or responding to the Provider."	"If still in doubt, contact the DHCF Privacy Officer before disclosing or responding to the Provider."	"If in doubt, call back the Provider"
				"If still in doubt, contact the DHCF Privacy Officer before disclosing or responding to the Provider."
Government Agency (State or Federal):	"Fax/Mail to the DHCF Privacy Office proof of government status (i.e. photocopy government ID card/badge) and the PHI request on official government letterhead to	"Send the person to the DHCF Privacy Office, if they insist on being served at the current location, request proof of Government Status (i.e. government ID card/badge) and the PHI Request on	"Forward the Faxed/Mailed PHI Request to the DHCF Privacy Office, and the DHCF Privacy Office will check the following: photocopy government ID card/badge, and PHI Request on official Government Letterhead to	"Email back the Government Agency and inform them to fax/mail the PHI request on official government letterhead to the DHCF Privacy Office. Ask within the fax/mail, that the PHI Requester include a photocopy of

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Table 1: Communications Media

*The bolded PHI elements are mandatory to ask/receive before releasing recipient's PHI regardless of the purpose of the PHI request. ALL of these scenarios assume that the "PHI Request Handler" has access to MMIS.				
PHI Requester Type	Phone	In Person	Fax/Mail	Email
	include: Medicaid recipient's name and Medicaid #, PHI to be disclosed, purpose of PHI, whether this is a one-time request, or the Agency would like this PHI sent repetitively, date, and signature.) "	official Government Letterhead to include: Medicaid Recipient's Name and Medicaid #, PHI to be disclosed, purpose of PHI, whether this is a one-time request, or the Agency would like this PHI sent repetitively, date, and signature.)"	include: Medicaid Recipient's Name and Medicaid #, PHI to be disclosed, purpose of PHI, whether this is a one-time request, or the Agency would like this PHI sent repetitively, date, and signature."	employee's government ID."
	DHCF Privacy will log the PHI disclosure on the Disclosure Manager system	Photocopy IDs shown and log the PHI disclosure onto the Disclosure Manager	DHCF Privacy will log the PHI disclosure on the Disclosure Manager system	DHCF Privacy will log the PHI disclosure on the Disclosure Manager system
		If in doubt whether the PHI requester has the authority to request the Recipient's PHI check with the DHCF Privacy Officer before		
Law Enforcement:	"Fax/Mail to the DHCF Privacy Office proof of law enforcement status (i.e. photocopy law enforcement ID card/badge) and the PHI request on official law enforcement letterhead to include: Medicaid recipient's name and Medicaid #, PHI to be disclosed, purpose of PHI, whether this is a one-time request, or the Agency would like this PHI sent repetitively, date, and signature.) "	"Send the person to the DHCF Privacy Office, if they insist on being served at the current location, request proof of law enforcement Status (i.e. law enforcement ID card/badge) and the PHI Request on official law enforcement Letterhead to include: Medicaid Recipient's Name and Medicaid #, PHI to be disclosed, purpose of PHI, whether this is a one-time request, or the Agency would like this PHI sent repetitively, date, and signature.)"	"Forward the Faxed/Mailed PHI Request to the DHCF Privacy Office, and the DHCF Privacy Office will check the following: photocopy law enforcement ID card/badge, and PHI Request on official law enforcement Letterhead to include: Medicaid Recipient's Name and Medicaid #, PHI to be disclosed, purpose of PHI, whether this is a one-time request, or the Agency would like this PHI sent repetitively, date, and signature."	"Email back the law enforcement Agency and inform them to fax/mail the PHI request on official law enforcement letterhead to the DHCF Privacy Office. Ask within the fax/mail, that the PHI Requester include a photocopy of the employee's law enforcement ID."
	DHCF Privacy will log the PHI disclosure on the	Photocopy IDs shown and log the PHI disclosure onto	DHCF Privacy will log the PHI disclosure on the Disclosure	DHCF Privacy will log the PHI disclosure on the Disclosure

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PHI Requester Type	Phone	In Person	Fax/Mail	Email
	Disclosure Manager system	the Disclosure Manager	Manager system	Manager system
		If in doubt whether the PHI requester has the authority to request the Recipient's PHI check with the DHCF Privacy Officer before		

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IDENTITY AND AUTHORITY VERIFICATION
(Internal Form 9 – Page 1 of 2)

Purpose: This form is used to document verification of the identity and authority of a person or entity unknown to you, before you use with or disclose to that person or entity protected health information.

Section A: Individual whose information is to be disclosed.

Name: _____

Address: _____

Telephone: _____ E-mail: _____

Identification Number: _____ Social Security Number: _____

Section B: Identity of person to whom information is to be disclosed.

Always try to obtain a copy of what you relied upon to identify the person. Attach it to this form.

Name: _____

Company, Organization or Government Agency with which the person claims affiliation:

Address: _____

Telephone: _____ E-mail: _____

If person is a personal representative, describe relationship to individual:

How did you verify the person's identity and relationship to the individual or to the company, organization or government agency?

... Person is known to me. Explain how you know the person:

... Personal identification (e.g., driver's license, photo ID). Attach a copy, or describe what you saw:

... Government credentials (e.g., badge, identification card, appropriate document on government letterhead). Attach a copy, or describe what you saw:

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IDENTITY AND AUTHORITY VERIFICATION

(Internal Form 03 - Page 2 of 2)

Entities Authorized to Receive and Use: Name or specifically Section C: Authority of person to receive the information.

Always try to obtain a copy of what you relied upon as the authority of the person. Attach it to this form.

... Authority is known to me. Explain basis of your knowledge:

... Personal representative status (e.g., identification as parent, guardian, executor, administrator, power of attorney). Attach a copy, or describe what you saw:

... Warrant, subpoena, order, summons, civil investigation demand or other legal process. Attach a copy, or describe what you saw:

... Appropriate document on government letterhead. Attach a copy, or describe what you saw:

... Government Officer's oral representation. State what you were told and why your reliance on it was reasonable in the circumstances.

... Proper documentation from an Institutional Review Board, other appropriate privacy board or the researcher relating to research. Attach a copy of the documentation.

SIGNATURE.

I attest that the above information is correct.

Signature: _____ Date: _____

Print name: _____ Title: _____

Include completed form in the individual's records.

Keep a copy for your business unit and send copy to the DHCF Privacy Office