

Original Draft Date: January 13, 2003  
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**SUBJECT:** Verification of Identity and Authority

**HIPAA CITES:** 45 C.F.R. § 164.514(h)

**DEPARTMENT:** All Departments of Kewaunee County

**POLICY NUMBER:** 107

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**I. POLICY:**

Kewaunee County verifies the identity of a person requesting Protected Health Information and the authority of any such person to have access to Protected Health Information.

**II. PROCEDURES:**

A. Identity and Authority of Individuals

1. Kewaunee County shall verify the identity of the person requesting Protected Health Information (the “Requestor”) and the authority of the Requestor to have access to such Protected Health Information. This requirement shall only apply when the identity of the Requestor is not already known to Kewaunee County at the time of the request. Kewaunee County shall request, and the Requestor shall provide reasonable proof of a person’s identity. Verification of identity is not required if the disclosure is one which would require Kewaunee County to provide the patient with notice of the request and an opportunity to agree or object prior to such disclosure.
2. When a disclosure is conditioned on the Requestor’s production of particular documentation, statements, or representations (such as disclosures for health oversight activities, judicial and administrative proceedings, law enforcement activities and research purposes), Kewaunee County shall request, and the Requestor shall provide, such documentation, statements, or representations.

- B. Identity of Public Officials. In order to verify the identity of a public official prior to disclosing Protected Health Information, the following shall apply:
1. If the request is made in person, Kewaunee County shall require presentation of an agency identification badge, other official credentials, or other proof of government status;
  2. If the request is in writing, Kewaunee County shall verify the validity of the request by contacting the requesting agency by telephone, fax, or email.
- C. Authority of Public Officials. In order to verify the authority of a public official prior to disclosing Protected Health Information, the following shall apply:
1. Kewaunee County shall require a written statement of the legal authority under which the information is requested, or, if a written statement would be impracticable, an oral statement of such legal authority; or
  2. A request made pursuant to legal process, warrant, subpoena, order, or other legal process issued by a grand jury or a judicial or administrative tribunal is presumed to constitute legal authority.
- D. Exercise of Professional Judgment; Good Faith Belief
1. The Department Privacy Officer receiving a request for Protected Health Information shall exercise professional judgment in making a use or disclosure to a third party as set forth below, and no specific verification is required as otherwise set forth in this policy, for uses or disclosures of Protected Health Information:
    - a. For involvement in the patient's care pursuant to Policy #104
    - b. For notification of the patient's location, general condition, or death pursuant to Policy # 104 and
    - c. For disaster relief pursuant to Policy # 104.
  2. The Department Privacy Officer receiving a request for Protected Health Information may act on a good faith belief of identity in making a use or disclosure to avert a serious threat to the health or safety of the patient, another person or the public, under the specific circumstances described in Policy # 103.