

DURHAM COUNTY EMERGENCY MEDICAL SERVICES

Verification Requirements for the Authorization to Use and Disclose Protected Health Information Form

This form provides instructions regarding the verification requirements of the Durham County Emergency Medical Services (DCEMS) Authorization to Use and Disclose Protected Health Information form. The verification requirements outlined below apply to all authorizations to use and disclose Protected Health Information (PHI).

VERIFICATION REQUIREMENTS:

In accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) DCEMS must verify the identity, and for requestors other than the possible patient their authority to act on the patient's behalf, of the individual requesting access to the protected health information. Methods of verification include obtaining the individual's name, address, social security number (SSN), date of birth (DOB), and a copy of a government-issued photo identification such as a Driver's License, State-issued ID, passport, or Military ID. Please provide the appropriate method of verification based on the options below.

1. By Patient:

- a. Verification of identity: DCEMS requires this information and items to verify the identity of the requestor as being the patient:
 - i. Name and address verification (required)
 - ii. SSN verification (required)
 - iii. DOB verification (required), and
 - iv. Government-issued photo identification. The department will make a copy of the ID to be retained with the Authorization

2. By a Personal Representative:

- a. In addition to being provided with the foregoing information about the person whose records are being requested, DCEMS must verify the identity and authority of the third party.
 - i. Verification of Identity:
 1. Name and address verification (required)
 2. Government-issued photo identification. The department will make a copy of the ID to be retained with the Authorization
 - ii. Verification of Authority: Personal Representatives shall provide a copy of the documentation that appoints them as the patient's personal representative or otherwise gives them authority to act on patient's behalf in accessing their protected health information.
 1. Examples:
 - a. Parents/Guardians of minors - birth certificate, Healthcare power of attorney, letter of guardianship, court order, or other evidence of their relationship to the minor and/or their authority to act on the minor's behalf
 - b. Other Personal Representative – document confirming the person is authorized to access medical records concerning the patient, such as Healthcare power of attorney, court orders, etc.