



Policy: HH.3003
Title: **Verification of Identity for Disclosure of Protected Health Information**

Department: Office of Compliance
Section: Privacy

CEO Approval: /s/ Michael Hunn 11/19/2024

Effective Date: 04/01/2003

Revised Date: 10/01/2024

Applicable to: ☒ Medi-Cal
☒ OneCare
☒ PACE
☐ Administrative

I. PURPOSE

This policy defines the steps necessary for verification of identity of a person requesting Protected Health Information (PHI) prior to Disclosure.

II. POLICY

A. CalOptima Health, and its programs, shall make every reasonable effort to verify the identity and legal authority of a person requesting Disclosure of PHI.

III. PROCEDURE

A. Verification of a Member:

1. Telephone: A person representing him or herself to be a Member can be verified using the following method:
 - a. Demographic information that is confirmed in FACETS™ (Member number, address, or date of birth);
 - b. The use of confirming data in the system such as prior entries regarding services; or
 - c. The Member is known to CalOptima Health staff from prior contact.
2. In person: A person representing him or herself to be a Member can be verified by:
 - a. Presentation of identification (ID) such as a valid driver license, CalOptima Health identification card, or other valid, government-issued identification.
 - b. Verbal statements of address, date of birth, or other data confirmed in FACETS™; or
 - c. The Member is known to CalOptima Health staff from prior contact.

3. Written request: A person representing him or herself to be a Member in a written request can be verified by:
 - a. Submitting a copy of a government issued identification, such as a driver license, a state issued identification (ID) card, or a passport; or
 - b. A written request or authorization form with a notarized signature.
- B. Verification of a Member's Personal Representative:
1. Telephone and in-person: A Personal Representative shall provide information to identify his or her relationship to the Member in question. Accepted documents include:
 - a. Legal documents: Executed power of attorney, proof of guardianship, medical power of attorney, certified letter of conservatorship, executor of will, letters testamentary, or letters of administration, or if the Member is deceased and the Personal Representative is the next of kin or other family member, accepted documentation may be the Personal Representative's birth certificate and driver's license; or
 - b. A valid written authorization signed by the Member (signature must either be notarized, or a copy of a government issued identification must accompany the authorization) or the court.
 2. Written request made by a Personal Representative: A Personal Representative shall include legal documentation with his or her written request to verify that he or she is the parent, conservator, guardian, executor of a decedent's will, or has medical decision making-authority for the individual, along with a notarized signature, or government issued identification of the Personal Representative.
 3. Documentation of the Personal Representative's known relationship shall be documented in FACETS™ and the documentation provided by the Personal Representative shall be saved in the Customer Service Department shared files.
 4. CalOptima Health shall grant a Member's Personal Representative access to a Member's PHI, in accordance with the following CalOptima Health Policies HH.3001: Member Access to Designated Record Set, HH.3009: Access by Member's Personal Representative, and HH.3015: Member Authorization for the Use and Disclosure of Protected Health Information (PHI).
- C. Verification of a Disclosure requested by a family member, relative, close friend of the Member, or any other person identified by the Member:
1. Member is available: If the Member is available on the telephone or in person, CalOptima Health staff shall obtain the Member's consent before disclosing the PHI, or based on the circumstances, if it is inferred that the Member was given the opportunity to object and did not object to the Disclosure. Documentation of the Disclosure is required as follows:
 - a. CalOptima Health staff shall document that the Member was present and verbally agreed to the Disclosure; or
 - b. The circumstances that led the CalOptima Health staff to believe that the Member agreed to, or did not object to, the Disclosure of PHI to the family member, relative, close friend of the Member, or any other person identified by the Member.

2. Member is not available: If there is an emergency, or if the Member is incapacitated, CalOptima Health staff may use their professional judgment to determine whether the Disclosure of PHI is in the best interest of the Member. Staff may only disclose the PHI that is relevant to the person's involvement in the Member's care and shall document the emergency that supported the Disclosure of PHI to the family member, relative, close friend of the Member, or any other person identified by the Member.
 - a. CalOptima Health staff shall adhere to applicable state and federal regulations regarding minimum necessary uses and Disclosures of PHI, as well as CalOptima Health Policy HH.3002: Minimum Necessary Uses and Disclosures of Protected Health Information (PHI).

D. Written Requests for PHI:

1. A written request for copies of PHI may be accepted as valid, provided all information on the request is complete and accurate based on CalOptima Health data, subject to the verification requirements above.
2. A written request for copies of a minor's PHI may be accepted if the request is accompanied with valid legal documentation verifying that the requestor is the minor's Personal Representative.
3. A request from a Member's Personal Representative shall include either the appropriate legal documentation or written authorization from the Member to disclose the PHI, (signature must either be notarized or a copy of a government issued identification must accompany the authorization), unless otherwise permitted, in accordance with the following CalOptima Health Policies HH.3011: Use and Disclosures of Protected Health Information (PHI) for Treatment, Payment, and Health Care Operations, and HH.3010: Protected Health Information Disclosures Permitted and Required by Law.
3. Deceased Member: The PHI of a deceased Member is subject to the federal HIPAA privacy provisions for as long as CalOptima Health maintains the PHI. A Personal Representative with legal authority to act on behalf of a deceased Member or their estate may request the Member's PHI.
4. CalOptima Health shall verify the legal authority of a public official or person acting on behalf of a public official through a review of:
 - a. Documentation, statements, or presentations that, upon initial review, meet the applicable requirements for a Disclosure of PHI;
 - b. Presentation of an agency identification badge, other official credentials, or other proof of government authority;
 - c. Other evidence or documentation from an agency which establishes that the person is acting on behalf of the public official, such as a contract for services, memorandum of understanding, or purchase order;
 - d. A written statement of legal authority under which the information is requested;
 - e. If a written statement is impracticable, an oral statement of such legal authority; or

- f. A request that is made pursuant to a warrant, subpoena, order, or other legal process issued by a grand jury, or a judicial or administrative tribunal, that is presumed to constitute legal authority.
- E. Avert Serious Threat to Health or Safety. The verification requirements are met if CalOptima Health staff acts on good faith belief in making a Disclosure as follows:
 - 1. Consistent with applicable law and standards of ethical conduct, CalOptima Health staff may Disclose PHI if staff in good faith believes the Disclosure:
 - a. Is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public; and
 - b. Is to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.
 - 2. CalOptima Health staff shall document the circumstances regarding his or her good faith belief, including whether the belief is based on staff's actual knowledge or reliance on a credible representation by a person with apparent knowledge or authority.

IV. ATTACHMENT(S)

- A. Authorization for a Person or Entity to Disclose Protected Health Information (PHI) to CalOptima Health
- B. Instruction Sheet for CalOptima Health, HIPAA Authorization for Disclosure of PHI

V. REFERENCE(S)

- A. CalOptima Health Contract with the Centers for Medicare & Medicaid Services (CMS) for Medicare Advantage
- B. CalOptima Health Contract with the Department of Health Care Services (DHCS) for Medi-Cal
- C. CalOptima Health PACE Program Agreement
- D. CalOptima Health Policy HH.3001: Member Access to Designated Record Set
- E. CalOptima Health Policy HH.3002: Minimum Necessary Uses and Disclosures of Protected Health Information (PHI) and Document Controls
- F. CalOptima Health Policy HH.3009: Access by Member's Personal Representative
- G. CalOptima Health Policy HH.3010: Protected Health Information Disclosures Permitted and Required by Law
- H. CalOptima Health Policy HH.3011: Use and Disclosures of Protected Health Information (PHI) for Treatment, Payment and Health Care Operations
- I. CalOptima Health Policy HH.3015: Member Authorization for the Use and Disclosure of Protected Health Information (PHI)
- J. Title 45, Code of Federal Regulations (C.F.R), §164.514(h)
- K. Title 45, Code of Federal Regulations (C.F.R), §164.510(b)

VI. REGULATORY AGENCY APPROVAL(S)

None to Date

VII. BOARD ACTION(S)

Date	Meeting
12/01/2016	Regular Meeting of the CalOptima Board of Directors
12/07/2017	Regular Meeting of the CalOptima Board of Directors
12/06/2018	Regular Meeting of the CalOptima Board of Directors
12/05/2019	Regular Meeting of the CalOptima Board of Directors
12/03/2020	Regular Meeting of the CalOptima Board of Directors
12/20/2021	Special Meeting of the CalOptima Board of Directors

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	04/01/2003	HH.3003	Verification of Identity for Disclosure of Protected Health Information	Medi-Cal
Revised	04/01/2007	HH.3003	Verification of Identity for Disclosure of Protected Health Information	Medi-Cal
Revised	01/01/2009	HH.3003	Verification of Identity for Disclosure of Protected Health Information	Medi-Cal
Revised	12/01/2011	HH.3003	Verification of Identity for Disclosure of Protected Health Information	Medi-Cal
Revised	01/01/2013	HH.3003	Verification of Identity for Disclosure of Protected Health Information	Medi-Cal OneCare
Revised	09/01/2014	HH.3003	Verification of Identity for Disclosure of Protected Health Information	Medi-Cal
Revised	09/01/2015	HH.3003	Verification of Identity for Disclosure of Protected Health Information	Medi-Cal
Revised	12/01/2016	HH.3003	Verification of Identity for Disclosure of Protected Health Information	Medi-Cal OneCare OneCare Connect PACE
Revised	05/01/2017	HH.3003	Verification of Identity for Disclosure of Protected Health Information	Medi-Cal OneCare OneCare Connect PACE
Revised	12/07/2017	HH.3003	Verification of Identity for Disclosure of Protected Health Information	Medi-Cal OneCare OneCare Connect PACE
Revised	12/06/2018	HH.3003	Verification of Identity for Disclosure of Protected Health Information	Medi-Cal OneCare OneCare Connect PACE
Revised	12/05/2019	HH.3003	Verification of Identity for Disclosure of Protected Health Information	Medi-Cal OneCare OneCare Connect PACE
Revised	12/03/2020	HH.3003	Verification of Identity for Disclosure of Protected Health Information	Medi-Cal OneCare OneCare Connect PACE

Action	Date	Policy	Policy Title	Program(s)
Revised	12/20/2021	HH.3003	Verification of Identity for Disclosure of Protected Health Information	Medi-Cal OneCare OneCare Connect PACE
Revised	12/31/2022	HH.3003	Verification of Identity for Disclosure of Protected Health Information	Medi-Cal OneCare PACE
Revised	09/01/2023	HH.3003	Verification of Identity for Disclosure of Protected Health Information	Medi-Cal OneCare PACE
Revised	10/01/2024	HH.3003	Verification of Identity for Disclosure of Protected Health Information	Medi-Cal OneCare PACE

IX. GLOSSARY

Term	Definition
Disclosure	Has the meaning in 45, Code of Federal Regulations Section 160.103 including the following: the release, transfer, provision of access to, or divulging in any manner of information outside of the entity holding the information.
FACETS TM	Licensed software product that supports administrative, claims processing and adjudication, membership data, and other information needs of managed care organizations.
Health Care Operations	Has the meaning given such term in Section 164.501 of Title 45, Code of Federal Regulations including activities including quality assessment and improvement activities, care management, professional review, compliance and audits, health insurance underwriting, premium rating and other activities related to a contract and health benefits, management and administration activities, customer services, resolution of internal grievances, business planning, and development and activities related to compliance with the privacy rule.
Health Insurance Portability and Accountability Act (HIPAA)	The Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, enacted on August 21, 1996. Sections 261 through 264 of HIPAA require the Secretary of the U.S. Department of Health and Human Services (HHS) to publicize standards for the electronic exchange, privacy and security of health information, as amended.
Member	A beneficiary enrolled in a CalOptima Health Program.
Payment	Has the meaning in 42 Code of Federal Regulations Section 164.501, including: activities carried out by CalOptima Health including: <ol style="list-style-type: none"> 1. Determination of eligibility, risk adjustments based on Member health status and demographics, billing claims management, and collection activities; 2. Review of health care services regarding medical necessity, coverage under a health plan, appropriateness of care, or justification of charges; and 3. Utilization review activities including pre-certification, preauthorization, concurrent, or retrospective review of services.
Personal Representative	Has the meaning given to the term Personal Representative in Section 164.502(g) of Title 45, Code of Federal Regulations. A person who has the authority under applicable law to make health care decisions on behalf of adults or emancipated minors, as well as parents, guardians or other persons acting <i>in loco parentis</i> who have the authority under applicable law to make health care decisions on behalf of unemancipated minors and as further described in CalOptima Health Policy HH.3009: Access, Use, and Disclosure of PHI to a Member's Personal Representative.

Term	Definition
Protected Health Information (PHI)	<p>Has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations. Individually identifiable health information transmitted by electronic media, maintained in electronic media, or transmitted or maintained in any other form or medium.</p> <p>This information identifies the individual or there is reasonable basis to believe the information can be used to identify the individual. The information was created or received by CalOptima Health or Business Associates and relates to:</p> <ol style="list-style-type: none"> 1. The past, present, or future physical or mental health or condition of a Member; 2. The provision of health care to a Member; or 3. Past, present, or future Payment for the provision of health care to a Member.
Treatment	<p>Has the meaning in 42 Code of Federal Regulations Section 164.501, including: activities undertaken on behalf of a Member including the provision, coordination, or management of health care and related services; the referral to, and consultation between, health care providers; and coordination with third parties for services related to the management of the Member's health care benefits.</p>