
PURPOSE

To establish an identity verification process for the Michigan Department of Health and Human Services (MDHHS).

REVISION HISTORY

Issued: 04/14/2003
Revised: 01/01/2016
Reviewed: 01/01/2017
Next Review: 01/01/2018

PROCEDURE

Obtain any documentation, statements, or representations, whether oral or written, from the person requesting the protected health information when such documentation, statement, or representation is a condition of the disclosure or processing.

When requests are made in person, ask for a picture ID and Medicaid ID card, and if personal representative, the related document granting that authority. Document the verification.

Written requests must have name, relationship to individual if personal representative, a copy of the related documentation if a personal representative, ID number, signature, and preferably, address and phone number.

For requests made via phone or email, document the requester's answers to the following applicable questions:

The Individual

Ask for Medicaid ID number, date of birth, last four digits of social security number, and complete address and phone number.

A Family Member, Guardian, Foster Parent, Patient Advocate, Personal Representative, etc.

Ask for relationship to individual, individual's Medicaid ID, date of birth, last four digits of social security number, and complete address and phone number. Verify the authority of the representative on the Beneficiary Provider Communication Tracking System or related database. Or, if available, request that the individual verbally authorize MDHHS to speak to the representative on the individual's behalf. If the individual is unavailable, or the representative is not documented on the Bridges or related database, refer the representative to the Compliance Office to

document the authority of the representative on the designated database for future reference.

A Provider

Ask for Medicaid Provider ID number or other identifiable number such as the NABP for pharmacy, the beneficiary's ID number, and beneficiary's address.

A Legislator

A legislator must submit a signed HIPAA compliant authorization. If agency is not familiar with the legislator, they must submit the request in writing on letterhead. Faxes are acceptable.

Public Official*

Request to see the badge, identification card, or other credentials. If requested in writing, official letterhead is acceptable.

To verify authority, a written statement of the legal authority under which the information is requested or if a written statement would be impracticable.

Any warrants, subpoenas, orders, or other legal process, must be issued by a grand jury, or a judicial or administrative tribunal.

**Other applicable privacy or confidentiality laws can be more restrictive than HIPAA. Laws that provide the individual with greater privacy protection or rights must be complied with. (Examples of state and federal laws are: Medicaid, Substance Abuse, Public Health Code, HIV/AIDS/STDs, and Mental Health Code). When in doubt, contact the Compliance Office or the Legal Affairs Administration for assistance.*

REFERENCES/FORM

45 CFR §164.514(h), §164.512(a), §164.512(f), §164.502(f), §164.510(b)

CONTACT

For additional information concerning this procedure, contact the MDHHS Compliance Office.