

	Ethics & Compliance Department	
	Policy No.: 38	Created: 01/2018
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	Revised:	

HIPAA: VERIFICATION OF PERSON(S) REQUESTING PHI

SCOPE:

All Envision Healthcare teammates. For purposes of this policy, all references to “teammate” or “teammates” include temporary, part-time and full-time employees, independent contractors, clinicians, officers and directors.

PURPOSE:

Envision Healthcare Operating, Inc. and its subsidiaries and affiliates (“Envision” or “the Company”) has adopted this Verification of Person(s) Requesting PHI policy to establish that the Company will not release information to unknown individuals.

POLICY:

For each disclosure of PHI to an individual or organization that is not known by the Company, the Company will take reasonable steps to verify the identity and authority of the individual or organization to which PHI is disclosed.

Requests made in person

Reasonable steps may include a request to see positive identification of a person (e.g., driver’s license or other government issued photo identification).

Requests made over the telephone

Reasonable steps may include verification of identity thru information that would only be known to an authentic personal representative (e.g., social security number – last four digits, date of birth, telephone number, maiden name, spouse’s name).

POLICY REVIEW

The Ethics & Compliance Department will review and update this Policy, when necessary, in the normal course of its review of the Company’s Ethics & Compliance Program.