Indiana University Health

Release of Information:
Verbal Patient Authorization

Qualification:
- Applies to team members obtaining verbal authorization from patients
- Typically utilized for any verbal request for records by a patient
- Is confirmed by validating appropriate demographic information

Note: This document reflects the best practice currently approved for this process. If users determine that there is information missing or incorrect, the process has changed or updates are needed please escalate the concern to management. Managers can request updates to the process document.

Procedure:
- If receiving a request to verbally authorize release of information, verify the relationship of the requester to the patient. Appropriate requesters include:
  - Patient/guardian
  - Legal representative
    - If the caller is a Legal Representative, we must have appropriate documentation of this in the medical record before completing a request
    - Please do not process the request until documentation is received
- Verbally verify at least three of the following identifiers (most of these identifiers are required on the authorization form):
  - Name
  - DOB
  - Address on file
  - Phone number on file
  - Last 4 of SSN (if documented in the EMR). The SSN can be found in conversation launcher or in the insured tab
- Also, verbally verify at least one of the below special identifiers in addition to the above:
  - PCP listed (if documented in the EMR)
  - The last date of service
  - Driver's license number (please confirm this with identification scanned into the EMR)
- Once an appropriate relationship and identity have been established, you will need to complete the Authorization to Release and Disclose Patient Information form, while the requester is on the phone. All required elements of the authorization form must be completed.
  - Note: If you need to complete the Spanish version of the Authorization to Release and Disclose Patient Information form, please make sure to connect with the

Reach out to your team lead or manager with questions. To ensure the most current version of this document is in use, please refer to the electronic version and print when necessary.

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Language Services Department to have an interpreter on the line while completing the form.

- For the Patient/Legal Guardian Signature, you will input "Verbal Consent" as well as your name, and the date and time of the call. Also, indicate in this box which special identifier you confirmed with the requester (i.e. verified PCP; verified last DOS; verified DLN)
- Once authorization is complete, please process the request as appropriate
- If unable to establish appropriate identification verbally, please direct the requester to complete the authorization form on paper, with appropriate signature on the authorization form to match with identification, or signatures in the EMR
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References:

- Source: HIPAA – 45 CFR 164.508(b)   As of: 03/25/2020
  https://www.govregs.com/regulations/expand/title45_chapterA_part164_subpartE_section164.508#title45_chapterA_part164_subpartE_section164.508

- IN State Law – IC 16-39-1-4   As of: 03/25/2020
  http://iga.in.gov/legislative/laws/2019/ic/titles/016/#16-39-1-4

- Indiana University Health Authorization to   As of: 03/25/2020
  Release and Disclose Patient Information
  https://cdn.iuhealth.org/resources/Authorization_to_Release_and_Disclose_Patient_Information.pdf?mtime=20180119115734

- Indiana University Health Privacy Program   As of: 03/25/2020

- Final- ROI Patient Authorization Requirements   As of: 03/25/2020

- Final- ROI Appropriate Patient Information to Verbally Release   As of: 03/25/2020

Key Areas / Terms / Systems:

- Release of Information: Verbal Patient Authorization, ROI, Authorization, Verbal, Phone

Effective Period & Review History

Effective Period:	03/25/2020-03/25/2023
Reviewed by:	RCS Process Documentation Team
Revision History:	
Approved by:	RCS Directors

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