I. 11.1.13 Verification Requirement Prior to Disclosure of Protected Health Information

Chapter 11 - Patient Privacy	Original Effective Date: March 2004
Section: 11.1 General and Oversight Policies	Date Last Reviewed: August 2026
Responsible Entity: Chief Compliance and Privacy Officer	Date Last Revised: August 2026

II. Purpose

UT Health San Antonio (UTHSA) will make reasonable attempts to verify the identity of persons and entities requesting protected health information (PHI) and the authority of such persons or entities having access to PHI prior to disclosing information.

III. Scope

This policy applies to all Workforce Members—including faculty, staff, students, healthcare providers, contractors, and researchers—who have direct or indirect access to PHI. This includes all PHI maintained by UTHSA and its controlled affiliates, such as clinics, hospitals, and research facilities.

IV. Policy

A. Verification

1. If a workforce member receives a document request for disclosure of PHI, the workforce member may accept such documents, statements, or representations from the individual and rely that, on face value, the document meets the verification requirement, provided that such reliance is reasonable under the circumstances.
2. An administrative subpoena or summons, a civil or an authorized investigative demand, or similar process authorized under law may be satisfied by the subpoena or similar process or by a separate written statement that, on face value, demonstrates applicable requirements have been met. For additional guidance, see IHOP policy 11.2.1 Use and Disclosure of Protected Health Information Without Authorization.
3. IRB documentation of a waiver approval of disclosure for research purposes may be satisfied by written statements, provided the waiver is appropriately dated and signed by an IRB representative.

4. Workforce members are expected to exercise professional judgment when responding to any request to use or disclose PHI. Specifically, when using or disclosing information for which the individual has a right to have the opportunity to agree to or restrict the use or disclosure, as discussed in IHOP policy 11.2.14 Uses or Disclosures Requiring the Opportunity to Agree or Object.
5. Workforce members must also use professional judgment when acting in good faith to use or disclose PHI for a purpose intended to prevent a serious threat to the health or safety of a person or the public, as described in IHOP policy 11.2.1, Uses and Disclosures of Protected Health Information Without Authorization.
6. Workforce members who handle routine requests for disclosure of PHI should refer non-routine requests, such as those described in this policy, to their supervisor for guidance and oversight.

B. Identification of Public Officials

UTHSA may rely on the following to verify identity when a disclosure of PHI is to a public official or person acting on behalf of the public official:

1. If the request is made in person, presentation of any agency identification badge, other official credentials, or other proof of government status.
2. If the request is in writing, the request is on appropriate government letterhead; or
3. If the disclosure is to a person acting on behalf of a public official, a written statement on appropriate government letterhead stating the person is acting under the government's authority or other evidence of documentation of agency, such as a contract for services, memorandum of understanding, or purchase order, that establishes the person is acting on behalf of the public official.

C. Authority of Public Officials

Workforce members may rely on any of the following to verify authority when the disclosure of PHI is to a public official or person acting on behalf of the public official

1. A written statement of the legal authority under which the information is requested, or, if a written statement would be impracticable, an oral statement of such legal authority; or
2. A request made regarding a legal process, warrant, subpoena, order or other legal process issued by a grand jury or judicial or administrative tribunal is presumed to constitute legal authority.

V. Definitions

Terms used in this document have the meaning set forth in the Patient Privacy Policies Glossary *unless a different meaning is required by context.*

VI. Related References

For questions regarding this policy, contact the Privacy Program Director at 210-567-2014 or email compliance@uthscsa.edu.

Health Insurance Portability and Accountability Act (HIPAA) of 1996
HIPAA Privacy Rule, 45 CFR Part 160 and Subparts A and E of Part 164
HIPAA Security Rule, 45 CFR Part 160 and Subparts A and C of Part 1644

VII. Review and Approval History

The approving authority of this policy is the University Executive Committee.

Effective Date	Action Taken	Approved By	Approved Date
03/2003	Policy Origination		
04/2010	Policy Revision		
03/2013	Policy Revision		
01/2023	Policy Review	ICPO	01/05/23
08/2026	Policy Review/Discretionary Edits	ICPO	08/24/2026