

# Protecting Verbal PHI: a Plan

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by Cassi Birnbaum, RHIA, CPHQ

Does your organization have a policy in place for protecting patient health information (PHI) over the phone?

This article will discuss how a workgroup at Children's Hospital and Health Center (CHHC) in San Diego, CA, implemented a policy to protect verbal PHI and how your organization can do the same.

## Room for Improvement

Last spring, the privacy workgroup at CHHC identified the need to make sure outside callers were appropriately identified prior to sharing sensitive patient information. Safeguards were already in place—the center's condition of admission and treatment document contained explicit wording and an initial box that made patients or parents of patients aware that their agreement resulted in inclusion in the hospital directory. Yet the privacy workgroup felt the possibility existed for inappropriate sharing of information with someone posing as a concerned parent or guardian.

The workgroup identified several possible verification methods such as using the account number, medical record number, and date of birth, as opposed to the current method of leaving the judgment to the nurse caring for the patient. To learn from the experiences of others, the group decided to take this issue to the San Diego Regional HIPAA Readiness Council, an organization designed to foster collaboration for facilitating compliance with all aspects of HIPAA.

During discussions with the council, it was immediately apparent that CHHC was not alone in the concern for dependable identification of outside callers prior to release of PHI. Only one organization of the 17 represented had a defined policy and process in place. The process involved verifying the identity of callers who had legitimate access to the patient's condition by using the patient account number. The existing policy was freely shared with permission granted to use any applicable portions.

## A Policy Is Born

The policy was customized for CHHC, taking into consideration local adaptation. (See "[Sample Policy: Protecting Patient Privacy from Outside Callers](#)".)

We chose not to use the account number for ambulatory patients as a way of screening callers. Ambulatory patients are not given ID bands and do not have a readily accessible account number to share with select individuals. Members of the privacy workgroup from the ambulatory setting were concerned that it would serve as a barrier. Instead, the workgroup opted for the combination of full legal name and date of birth.

A second issue was related to the scope of involvement of social workers. The social services department was concerned that some patients might not understand the process. This interfered with a legitimate need to verify the condition of the child. With input from the social work council, the present policy was determined to be acceptable and the role of the social worker would be one of parent advocate to facilitate understanding the process. The privacy task force validated this concern and advised that the need be addressed by the judgment of the patient's nurse, involving the social workers as appropriate.

Next steps for CHHS include finalization of the policy through approval by the center's HIPAA steering committee, policy steering committee, and operations council. Registration and clinical personnel will be educated during upcoming training sessions.

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