

Bronx RHIO Use Only:

Case Number:
Delivery Method:
Delivery Date:
Initials:



Identity Verification Form

This form is used by Bronx RHIO staff or member organizations as proof that a patient's identity was verified in the event that a patient requests an audit report or universal deny consent update from the Bronx RHIO.
Please note that audits that show no activity still require identity verification.

Please select a reason for Identity Verification:

- Universal Consent (Requires separate Universal Deny consent form)
 - Access Audit Request
- Preferred Delivery Method (choose one):
- Paper – Mailed to Address below
 - Paper – Pick up at Bronx RHIO
 - Electronic (Secure Email)

To be completed by patient:

First Name: _____	Last Name: _____	Middle Name: _____
Date of Birth: _____		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender (Birth Gender: _____)		
Social Security Number: _____ - _____ - _____		
Email Address: _____ @ _____		
Primary Phone: _____		
Address: _____		
City: _____ State: _____ Zip: _____		
Location(s) where care was provided and Date of Service (if known): _____		

Patient Signature: _____ Date: _____

To be completed by identity proofer only:

Government Issued ID provided by patient: <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Other: _____
Does name match ID? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, why not: _____
Does photo match patient? <input type="checkbox"/> Yes <input type="checkbox"/> No Note: ID used for Verification MUST have a photo.

Reviewer Information:

First Name: _____ Last Name: _____

Primary Phone: _____

Location of Verification: Bronx RHIO Member Organization: _____

Reviewer Signature: _____ Date: _____