

Bronx RHIO Use Only:

Case Number:
Received 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, access to electronic health data or universal deny consent update from the Bronx RHIO.

Please note that audits that show no activity still require identity verification.

Please select reason(s) for Identity Verification:

- Universal Consent (Requires separate Universal Deny consent form)
- Access Audit Request
 - Delivery Method (choose one):
 - Paper – Mail to Address below
 - Paper – Pick up at Bronx RHIO
 - Electronic (Secure Email)
- Patient Access to Electronic Health data
 - Preferred Format (choose one):
 - CCD summary document
 - Other: _____
 - Delivery Method (choose one):
 - Electronic: Secure email
 - Electronic: phone integration
 - Paper: Mail to Address selected
 - Paper: Pick up at Bronx RHIO

To be completed by patient:

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

Send Report to:

- Email/Address listed above
- Different Email/Address **If Different populate below:**
 - Name: _____
 - Address: _____
 - City: _____ State: _____ Zip: _____
 - Email Address: _____ @ _____

Preferred Identity Proofing Method:

- Web-Meeting with Photo ID (with Camera on)
- In-Person with photo ID
- No photo ID option

Patient Signature: _____

Date: _____

Bronx RHIO Use Only:

Case Number: _____

Received Date: _____

Initials: _____



To be completed by identity proofer only:

Government Issued ID provided by patient: Driver's License Passport Other: _____

Does name match ID? Yes No If No, why not: _____

Does photo match patient? Yes No

Note: ID used for Verification MUST have a photo.

Was identity verified without photo-ID? Yes No

Reviewer Information:

Reviewer Name: _____

Primary Phone: _____

Location of Verification: Bronx RHIO Member Organization: _____

Reviewer Signature: _____

Date: _____