

IDENTITY THEFT DETECTION AND RESPONSE POLICY AND PROCEDURES
-FOR MEDICAL/DENTAL-

I. Policy

This office has adopted an Identity Theft Detection and Response Policy and Procedures Program ("Program") pursuant to the Federal Trade Commission's "Red Flags Rule" ("Rules"). The purpose of the Program is to assist in detecting, preventing, and mitigating instances of possible identity theft in connection with patients in our practice. It does so by (a) requiring us to verify the identity of all new patients, (b) establishing certain "Red Flags" that could indicate possible identity theft, and (c) requiring follow up on any incident which triggers a Red Flag. The Program must be observed by all employees of this (practice/business), including the professional, administrative, and clerical staff.

II. Red Flags that May Indicate Identify Theft:

1. An individual falsely claiming to be someone else who is known to the office staff.
2. Unexplained discrepancies between the patient's medical records and the patient's physical condition.
3. A discrepancy between the address contained in the patient's consumer credit report and the address provided by the patient
4. A report by a patient known to the office staff that he or she has been the victim of identity theft in connection with services provided by the practice;
5. Alerts, notifications, or warnings from a consumer reporting agency;
6. Suspicious documents;
7. Suspicious personally identifying information;
8. Suspicious activity relating to a covered account, such as undeliverable mail or returned checks; or
9. Notices from customers, victims of identity theft, law enforcement authorities, or other entities about possible identity theft in connection with covered accounts.

III. Responding to Flags

Any employee of this practice who encounters a Red Flag situation or any other activity that may indicate identity theft should report the situation to _____. That person will follow up as appropriate and will record the incident and its handling in a Red Flags Log kept in this office.

Possible responses to a Red Flag Situation include the following:

a. Patient Notification

The practice may notify the patient if a Red Flag is encountered that involves that patient's identity. Notification may be provided by mail, by telephone, or in-person -- as the practice deems appropriate. The notification may include verification that the patient has not been victimized by identity theft in connection with the provision of any goods or services provided by the practice.

In some instances, additional specific action will be required:

- If notice of an actual identity theft is received, we will immediately cease any collection efforts that are related to the identity theft.
- If a consumer credit report contains an address different from the address provided by the patient, the correct address will be verified with the patient. If the verified address is different from the address in the credit report, we may report the verified address to the credit reporting agency.

b. Notification of Legal Authorities

If the practice obtains specific information pertaining to a person committing identity theft, we will provide that information to law enforcement to the extent permitted under HIPAA and other privacy rules. We may seek advice of legal counsel on the issues involved.

Of course, if a Red Flag is triggered but we determine that there clearly has been no identity theft, no action will be taken.

IV. Plan Administration and Updates

All employees of this will receive updated copies of this Policy when available, and will be instructed as to its procedures. Each employee will sign an acknowledgement of receipt and understanding as incorporated in this handbook. We will evaluate our Program annually and update it in light of experience. Any questions about this Policy should be addressed with _____.

ACKNOWLEDGMENT AND AGREEMENT

I acknowledge receipt of the _____ Employee Handbook dated April 2009. I understand and agree that I am bound by the policies, terms and conditions of employment set forth in this Handbook, specifically including but not limited to the Policy Prohibiting Discrimination, Harassment and Retaliation on Pages _____ of this Employee Handbook and the Computer/System, E-Mail, Voice Mail and Internet Access and Usage Policy on Pages _____ this Employee Handbook.

Furthermore, I have read the practice's Identity Theft Detection and Response Policy and Procedures, found on Pages _____ of this Employee Handbook, and understand the contents. I have been instructed regarding situations that may suggest possible identity theft as described in the Identity Theft Detection and Response Policy and Procedures. If I discover a possible instance of identity theft, I will immediately bring the matter to the attention of _____.

I understand and agree that this Employee Handbook supersedes and cancels any prior contrary verbal or written policies, statements, understandings or agreements concerning the terms and conditions of my employment with _____.

Employee Name (Printed): _____

Employee Signature: _____

Date: _____