

SAMPLE IDENTITY THEFT DETECTION AND RESPONSE POLICY AND PROCEDURES

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 Flag Rules (“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, including the professional, administrative, and clerical staff,

II. Red Flags that May Indicate Identity 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; [include this in your program only if the practice obtains credit reports in connection with providing patient services]
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 oral health care services provided by the practice;

III. Responding to Red 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 any visits to 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 practice will receive a copy of this Policy and will be instructed as to its procedures. We will ask each employee to sign an acknowledgement of receipt and understanding. We will evaluate our Program annually and update it in light of experience. Any questions about this Policy should be addressed to _____.

IMPORTANT NOTE: While this model Policy attempts to provide dentists with the tools needed to comply with the Red Flag Rules, it has not been approved by the Federal Trade Commission (“FTC”). It should not be treated or considered as legal advice or as applicable to each dental practice. Rather, each practice should adapt this model Policy in light of its own experience and the advice that it receives from its counsel. We will provide updates as new information becomes available.

ACKNOWLEDGEMENT (to be completed by all staff members who interact with patients)

I, _____, have read the practice's Identity Theft Detection and Response Policy and Procedures 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 _____.

By: _____

Print name

Date: _____

Approved by: _____

Name: _____

Title: _____

Effective date: _____

Review date: _____