


<b>Name of Policy:</b> <u>Patient Identification</u> <b>Policy Number:</b> 3364-137-SH-06 <b>Department:</b> Therapy Services <b>Approving Officer:</b> Chief Operating Officer - UTMC <b>Responsible Agent:</b> Director, Therapy Services <b>Scope:</b> Rehabilitation Services	 <b>Effective Date:</b> 12/1/2022 Initial Effective Date: 7/20/2004
<input type="checkbox"/> New policy proposal <input type="checkbox"/> Major revision of existing policy	<input type="checkbox"/> Minor/technical revision of existing policy <input checked="" type="checkbox"/> Reaffirmation of existing policy

**(A) Policy Statement**

Each patient receiving rehabilitation services will be properly identified, prior to receiving any care, treatment, or services. The two identifiers used for inpatients are the name and medical record number. The two identifiers used for outpatients receiving services are their name and birth date.

**(B) Purpose of Policy**

To ensure that the services performed by the Rehabilitation Services Department are provided to the correct patient.

**(C) Procedure**

1. Procedure for Outpatient Rehabilitation Services

- a. The clerical staff will verify each patient’s identity, using the patient’s name and date of birth, at the time of check in for initial treatment. If the patient receives subsequent treatment on an ongoing basis, name verification only is necessary upon check-in by the clerical staff
- b. Each clinician, upon the initial evaluation/treatment of a particular patient, will verify the patient’s identity prior to treating the patient, confirming the patient’s name and date of birth with the medical record information. If the patient receives treatment on an ongoing basis with the same clinician, only name confirmation is necessary.
- c. Identity verification of name and birth date must be completed by any clinician treating the patient for the first time, even if the patient has already been receiving services from the department.

2. Procedure for Acute Care Hospital

- a. The clinician will verify each patient’s identity upon initial session, utilizing two patient identifiers listed on the identification band: patient name and medical record number.
- b. Staff will ask the patient to verbally state their name (if able) and compare the patients name and medical record number on their name band to the printed work list, order, medical chart, etc. If the patient receives treatment on an ongoing basis with the same clinician, name confirmation only is necessary.

- c. Identity verification of name and medical record number must be completed by any clinician treating the patient for the first time, even if the patient has already been receiving services from the department.

<p><b>Approved by:</b></p> <p><u>/s/</u> <u>12/01/2022</u>          Alison Matson PT, DPT, NCS          Director of Therapy Services          Date</p> <p><u>/s/</u> <u>12/01/2022</u>          Christine Stesney-Ridenour, COO          Date</p>	<p><b>Review/Revision Date:</b>          2/2005          8/2006          1/10/2010          7/2013          7/2014          7/2015          12/2019          12/2022</p>
<p><b>Next Review Date:</b> 12/2025</p>	
<p><b>Policies Superseded by This Policy:</b> 23-SH-06</p>	

*It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.*