

**BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY  
POLICIES AND PROCEDURES MANUAL**

<b>Chapter: 4</b>	<b>Care and Treatment</b>		
<b>Section: 1</b>	<b>Continuum of Care</b>		
<b>Topic: 5</b>	<b>Identification of Persons Served</b>		
<b>Page: 1 of 2</b>	<b>Supersedes:</b> <b>Pol:</b> <b>Proc:</b>	<b>Approval Date:</b> <b>Pol: 5-20-04</b> <b>Proc: 5-20-04</b>	<hr/> <i>Board Chairperson Signature</i> <hr/> <hr/> <i>Chief Executive Officer Signature</i>
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**Policy**

It is the policy of Bay-Arenac Behavioral Health Authority (BABHA) that a person’s identity will be verified before treatment is provided.

**Purpose**

This policy and procedure was developed to describe the processes to verify a person’s identity.

**Education Applies to**

- All BABHA Staff
- Selected BABHA Staff, as follows: Clinical Staff
- All Contracted Providers:  Policy Only  Policy and Procedure
- Selected Contracted Providers, as follows: Primary Care Providers  
 Policy Only  Policy and Procedure
- Other:

**Definitions**

N/A

**Procedure**

Prior to initiating services to an individual, staff will verify the person’s identity. A person’s identity will be initially established by reviewing documentation the person has at the time of his/her appointment.

Forms of identification that might be used for an adult include items such as a driver’s license, State of Michigan ID, birth certificate, mailed envelopes going to the individual’s home, etc.

In cases where services are provided to a child, forms of identification that might be used include items such as a birth certificate, birth parent of the child verifying the identity of the child, possession of a Medicaid or insurance card in the child’s name, or custody papers for the child.

In an active case, the person’s identity will be verified by staff via referring to the individual by name and observing if the person responds and by asking at least one personal information question, e.g., what is your date of birth, what is your mother’s name, tell me your middle name. In cases of medication administration, refer to the Medication Administration Policy and Procedure in Chapter 6.

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**Attachments**

N/A

**Related Forms**

N/A

**Related Materials**

N/A

**References/Legal Authority**

N/A

<b>SUBMISSION FORM</b>				
<b>AUTHOR/ REVIEWER</b>	<b>APPROVING BODY/COMMITTEE/ SUPERVISOR</b>	<b>APPROVAL /REVIEW DATE</b>	<b>ACTION (Deletion, New, No Changes, Replacement or Revision)</b>	<b>REASON FOR ACTION - If replacement list policy to be replaced</b>
D. Breyer	D. Breyer	08/24/10	No Changes	Review only – updated with BABHA acronym – no changes to policy/procedure
K. Withrow E. Albrecht	E. Albrecht	09/30/13	Revision	Triennial review: updated with Person First Language including title change.
J. Pinter	J. Pinter	06/17/15	Revision	Move from Chapter 4 Care and Treatment, Section 4, Eligibility for Services to Section 1, Continuum of Care
J. Hahn	J. Hahn	10/1/18	No changes	Triennial Review
J. Hahn	J. Hahn	10/1/2021	No changes	Triennial Review