

Red Flag System Letter

We, the staff of Dunkirk Family Practice, PA are committed to awareness and vigilance regarding any possible occurrences of identity theft. We are committed to training and implementation of the following compliance program.

1. Identify Relevant Red Flag Risk Factors

- Employees opening or managing accounts, those with access to personal information, billing customers, providing customer service, or collecting debts.
- Outsourced service providers and their access to patient and billing information.
- Patients seeking health care using someone else's name or insurance information.
- A patient providing altered or suspicious identification documents.

2. Detect Red Flags

- Is the photograph or physical description on the ID inconsistent with what the patient looks like?
- Are employees accessing information unrelated to their job description or unassigned task?
- Is mail returned as undeliverable, even though the patient still shows up for appointments?
- Do any patients complain about receiving a bill for a service that they did not receive?
- Are there inconsistencies between a physical examination or health care history reported by the patient and the treatment records?

3. Prevent and Mitigate If red flags are identified, we are prepared to respond appropriately to prevent and mitigate the harm done.

- We require picture identification of persons seeking services or paying for services. We train staff to carefully examine any questionable forms of identification and ask for secondary identification.
- We add provisions to our outsourced, contracted providers requiring that they have procedures in place to detect Red Flags and either report them or respond appropriately to prevent and mitigate the crime themselves.
- We are vigilant in heeding warnings from others that identity theft may be ongoing such as website or association newsletters and bulletins.

4. Update our Program

- Keep our program current.
- Provide ongoing education and training.
- Provide annual report of instances, and actions taken.

Patient Signature

Date

Patient Name (Please Print)

Patient's Date of Birth