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Client Alert

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FTC Issues Guidance on Medical Identity Theft for Providers and Insurers

On February 4, 2011, the Federal Trade Commission (FTC) issued an educational document for healthcare providers and insurers on the topic of medical identity theft. The document, entitled *Medical Identity Theft FAQs for Health Care Providers and Health Plans*, provides guidance on the topics of identifying medical identity theft, responding to and mitigating medical identity theft, notifying patients when identity theft is discovered, and helping patients protect themselves from such theft. The guidance is presented in a series of frequently asked questions and answers.

The FTC defines medical identity theft as occurring when someone uses another person's name or insurance information to get medical treatment or prescription drugs, or when a person's information is used to submit false bills to insurance companies. Medical identity theft may be identified by victims by:

- Receiving a bill for medical services they did not receive;
- Being contacted by a debt collector about medical debt they do not owe;
- Seeing medical collection notices on their credit report that they do not recognize;
- Being told by their health plan that they have reached their limit on benefits; or
- Being denied insurance because their medical records show a condition they do not have.

When medical identity theft is identified, the FTC recommends that providers or insurers conduct an internal investigation, which may include assessing obligations under the Fair Credit Reporting Act and reviewing data security practices and Health Insurance Portability and Accountability Act (HIPAA) compliance (including possible breach notification). Providers and insurers are advised to assist patients with exercising their individual rights under HIPAA and filing a complaint with the FTC.

The guidance document is available here.[1]

1 http://business.ftc.gov/documents/bus75-medical-identity-theft-faq-health-care-health-plan

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