Caller Verification Training: Design Document

Nov 13, 2026 · @Lazarus Cain

Project overview

A performance support and training package that teaches patient access agents to verify callers and limit disclosures before sharing health information, as the HIPAA Privacy Rule requires. *Scenario-based concept project: the organization, audit findings and people are fictional.*

Element	Detail
Organization	Meridian Health Partners, a regional hospital network (fictional)
Audience	60 patient access agents: scheduling, billing and records-request calls; mixed tenure, high turnover
Trigger	Internal HIPAA compliance audit flagged disclosures of protected health information to unverified callers
Business goal	Reduce improper disclosures and the holds and escalations agents use when unsure
Stakeholders	Compliance Officer (SME), Call Center Operations Manager, Team Leads, LMS Administrator
Deliverables	Verification and disclosure job aid (flowchart), branching scenario eLearning (10 to 15 min), scored assessment, case study write-up

Constraints

- Agents must decide in real time, mid-call, without leaving the caller.
- Training must fit a 20-minute huddle slot or a self-paced block.
- Compliance needs auditable proof of completion, so the module runs in the LMS with tracked scores.

- The SME thinks in regulation citations; the design must translate them into call-floor language.

Performance analysis

Agents don't lack awareness of the rule; they lack a fast way to apply it to ambiguous callers. That makes this mainly a performance support problem, with training to build judgment around the tool.

Observed behavior (audit)	Likely root cause	Solution type
Disclosed test results to a caller who said "I'm her husband"	Belief that family members are automatically entitled	Training: who counts and what they may receive
Shared a full balance and visit history with an adult child paying one bill	No grasp of "directly relevant" limits	Job aid: disclosure-scope step
Refused all information to a legitimate healthcare proxy	Over-correction from fear of penalties	Training + job aid: personal representative path
Told a parent about a 16-year-old's confidential visit	Assumed parents always have access	Job aid: minor-patient branch with escalation
Gave in to a caller who got angry or claimed urgency	No script for holding the line	Training: practice scenario + de-escalation lines
Put callers on hold to find a lead	No quick reference at the desk	Job aid

The gray areas the design must cover

- **Caller is the patient** but fails verification.
- **Personal representative** (parent of a minor, legal guardian, healthcare power of attorney), who stands in the patient's shoes.
- **Family, friend or caregiver involved in care or payment**, who may receive only what's relevant to that involvement.
- **Minor patients**, where state law and confidential-care exceptions can override parental access.
- **Pressure tactics**: urgency, anger, claimed authority.

Open question for the SME: which verification identifiers does Meridian policy require (for example, full name, date of birth, address, account number), and how many must match?

Learning objectives

Terminal objective: Given a live or simulated inbound call requesting patient information, the agent will verify the caller, identify their relationship to the patient, and disclose only permitted information, with zero improper disclosures on the assessment.

Enabling objectives. The agent will be able to:

1. Verify a caller's identity against the required identifiers before discussing any patient information.
2. Classify a caller as the patient, a personal representative, a person involved in care or payment, or an unrelated third party.
3. Limit a disclosure to what is directly relevant to the caller's involvement.
4. Recognize the three minor-patient situations that require escalation instead of disclosure.
5. Decline a request using approved language while keeping the caller calm.
6. Use the job aid to reach a disclosure decision in under 60 seconds.
7. Document the verification and decision in the call record.

Objective	Bloom's level	Assessed by
1. Verify identity	Apply	Scenario items 1, 4
2. Classify caller	Analyze	Scenario items 2, 3, 5
3. Limit disclosure	Apply	Scenario items 3, 6
4. Minor-patient escalation	Analyze	Scenario item 7
5. Decline and de-escalate	Apply	Scenario item 8
6. Job aid speed	Apply	Timed practice call
7. Document	Apply	Item 9 + QA call review

Regulatory basis

Four HIPAA Privacy Rule provisions drive every decision on the flowchart. Each is translated here into the call-floor rule an agent actually follows.

Provision	What it says	Call-floor rule
Verification, 45 CFR 164.514(h)	Verify the identity and authority of a requester before disclosing, if not already known	"Verify first, every time, even if they sound sure."
Minimum necessary, 45 CFR 164.502(b)	Limit disclosures to the minimum needed for the purpose	"Answer the question asked, not the whole chart."
Personal representatives, 45 CFR 164.502(g)	Treat a personal representative as the individual, with exceptions; parents of minors generally qualify, but not when the minor consented to care on their own under law, a court directed care, or the parent agreed to confidentiality	"Guardians and proxies count as the patient. Minors' confidential care goes to a lead."
Family and others involved, 45 CFR 164.510(b)	Family, friends and others involved in care or payment may receive information directly relevant to that involvement, if the patient doesn't object; non-family need reasonable assurance the patient identified them	"Involved callers get only what relates to their role."

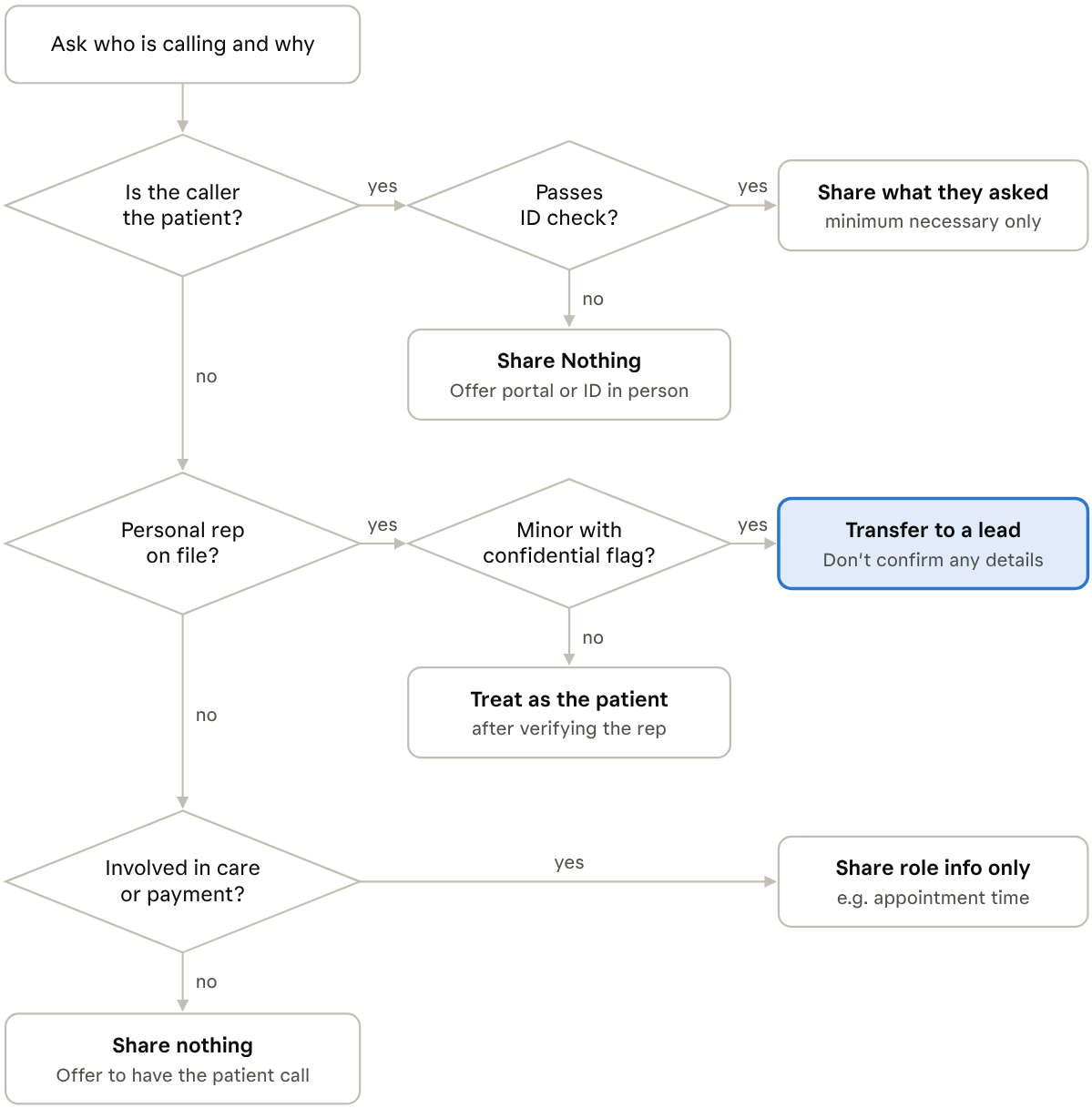
State law can be stricter than HIPAA, especially for minors, so the minor branch routes to a lead rather than asking agents to know every statute.

Design note: citations stay in the SME review copy and the module's "Why?" pop-ups. The job aid itself uses only the call-floor rules.

Job aid: verification and disclosure flow

The agent answers at most three questions to reach a decision, and only one path sends the call to a lead: a minor's confidential care.

Verify first, then disclose only what the caller role allows



caller verification and disclosure flow · 5 decisions, 6 outcomes

Every "share" outcome assumes the caller passed verification first. The printed version adds the approved script line under each outcome box.

Branching eLearning: call scenarios

Learners take four simulated calls, each with three choices at the key moment. Wrong choices play out realistically (an audit flag, an upset patient, a complaint) instead of showing a red X, then loop back for another try. The job aid is available on screen throughout, as it would be on the floor.

Call 1: "I'm calling for my mom." An adult daughter asks about her mother's upcoming procedure. The mother's chart lists the daughter as her emergency contact and driver.

Choice	Consequence
Share the full procedure details and recent test results	Over-disclosure: test results aren't relevant to driving. Compliance flag.
Confirm the appointment time and pre-procedure arrival instructions	Correct: relevant to her role in the patient's care.
Refuse everything because she isn't the patient	Over-correction: patient misses arrival instructions and the procedure is delayed.

Call 2: The healthcare proxy. A man says he holds healthcare power of attorney for his father, who has advanced dementia, and needs to discuss a billing dispute.

Choice	Consequence
Discuss the bill because he sounds credible	Unverified authority. Compliance flag.
Check the chart for proxy documentation; if on file, verify him and treat him as the patient	Correct: a personal representative stands in the patient's shoes.
Tell him only the patient can discuss billing	Over-correction: legitimate representative blocked; complaint filed.

Call 3: The parent of a 16-year-old. A mother asks why there's a clinic visit on her daughter's explanation of benefits. The visit is flagged as confidential minor-consent care.

Choice	Consequence
Explain the visit; parents have rights to a minor's records	Improper disclosure of confidential care. Serious compliance flag.
Don't confirm or deny details; use the approved script and transfer to a lead	Correct: confidential-care exception applies; leads handle it.
Say "That's private, I can't help you" and end the call	Right outcome, poor handling: parent escalates, and the call gets QA review.

Call 4: The pushy caller. A caller claiming to be the patient fails two identifiers, then gets angry: "It's my own information. I'll report you."

Choice	Consequence
Give in to avoid the complaint	Possible disclosure to an impostor. Compliance flag.
Hang up	Patient may be legitimate; complaint escalates.
Acknowledge frustration, restate the verification requirement, offer alternatives (patient portal, in-person with ID)	Correct: protects the record, keeps the relationship.

Module structure (12 to 15 min): a 90-second hook (an audit-finding scenario), a 3-minute walkthrough of the job aid, the four calls, and a summary that sends learners to download the job aid.

Open question for the SME: confirm the approved decline script and transfer process for confidential minor care.

Assessment and audit evidence

A 10-item scenario-based assessment, separate from the practice calls, decides pass or fail and produces the compliance record.

- **Format:** each item is a short call transcript with a decision question ("What may you tell this caller?"), not a definition to recall.

- **Pass rule:** 80% overall, plus 100% of items tagged *critical* (improper disclosure) must be correct. A single critical miss means retake, because one wrong disclosure is a total failure under audit.
- **Retakes:** unlimited, drawing from a pool of 25 items so learners can't memorize answers.
- **Annual refresh:** new scenarios each year, with the same objectives.

What the LMS records for auditors: learner name and ID, module version, completion date, score, critical-item results, and attempts. Compliance can export it by team and date range.

Sample item (critical):

> A caller verifies as the patient's brother. He says he's picking her up after surgery tomorrow and asks what her biopsy showed.
>
> What may you share?
>
> A. The biopsy result, because he's family B. **Pickup time and location only** C. Nothing, because he isn't the patient D. The biopsy result, if he can give her date of birth

Evaluation plan

Success means fewer improper disclosures on the floor, not just passing scores, so the plan measures all four Kirkpatrick levels and holds a baseline from the original audit.

Level	Measure	Source	When
1. Reaction	Job aid usefulness rating; open comments	Post-module survey	At completion
2. Learning	Assessment score, critical-item pass rate	LMS	At completion
3. Behavior	Verification steps completed on sampled calls; disclosure errors per 100 audited calls	QA call review	30 and 90 days

Level	Measure	Source	When
4. Results	Audit findings vs. baseline; holds and escalations on records calls; privacy complaints	Compliance audit, phone system data	Next quarterly audit

Portfolio note: this is a concept project, so the case study presents these as the planned measures, not results. If the module is pilot-tested with real learners, report what that test showed.

Build notes and next steps

Deliverable	Suggested tool	Portfolio presentation
Job aid flowchart	Figma, Lucidchart or draw.io; export a print PDF and a one-screen version	Full-size image plus a cropped hero of the minor-patient branch
Branching eLearning	Articulate Storyline or Rise; Twine as a free fallback	Playable link, plus a 60-second walkthrough video
Assessment	Built into the eLearning tool; publish as SCORM	Two sample items with rationale
Case study	Portfolio site	Same structure as the Husqvarna piece

- [ ] Build the job aid first; it anchors the module.
- [ ] Ask someone with patient access or compliance experience to review the flowchart logic and scripts.
- [ ] Script the four calls; record or synthesize caller audio.
- [ ] Build the module and assessment.
- [ ] Run two or three people through it and note where they hesitate.
- [ ] Write the case study, labeled as a concept project.

Sources

- HHS: Personal Representatives guidance, 45 CFR 164.502(g)

- HHS FAQ: Communicating with family, friends and others involved in care, 45 CFR 164.510(b)
- HHS FAQ: Disclosures to a person who calls a health plan