

Checklist to Validate Authorization Forms

An authorization to use or disclose protected health information (PHI) must contain the following:

Core Elements:

A description of the information to be used or disclosed, that identifies the information in a specific and meaningful fashion. Examples: “laboratory results from July, 1998” or “all laboratory results” or “results of MRI performed in July, 1998” or “entire medical record.” The description must be specific enough so that the patient has a clear understanding of how much information will be used or released.

The name or other specific identification of who is authorized to use or disclose the information. Examples: “Campus Health Services” or “research project title.”

The name or other specific identification of the person or organization to which Northern Arizona University is authorized to make the disclosure. Examples: “ABC Life Insurance Co.” or “John Smith, JD, attorney.”

A description of each purpose of the requested use or disclosure. The statement “at the request of the individual” is a sufficient description of the purpose when a patient/client initiates the authorization and does not, or elects not to, provide a statement of the purpose.

An expiration date, or an expiration event that relates to the patient or to the reason for the use or disclosure. Examples: “December 31, 2015” or “one year from the date of this form” or “as long as enrolled in the health plan authorized to receive the information.” The statement “end of the research study,” “none,” or similar language is sufficient if the authorization is for a use or disclosure of protected health information for research, including for the creation and maintenance of a research database or research repository. For litigation it could read “until completion of the litigation”.

The patient’s signature, or the signature of the patient’s personal representative, with a description of the representative’s authority to act for the patient. Example: “power of attorney.”

The date of the signature.

Required Statements:

A description of how the patient may revoke the authorization in writing.

The exception to the right to revoke an authorization if it has been acted upon.

A statement that the covered entity cannot condition the provision to an individual of treatment, payment, enrollment in the health plan or eligibility for benefits on the provision of an authorization, except:

If the treatment is research-related, provision of treatment may be conditioned on receipt of an authorization to use and disclose PHI related to this treatment as necessary for the research; or

If the purpose of the treatment services is to create PHI for disclosure to a third party, provision of the services may be conditioned on receipt of an authorization to disclose the PHI to that third party.

The covered entity will not condition payment, enrollment in the health plan, or eligibility for benefits on the receipt of an authorization to use or disclose psychotherapy notes.

A statement that information that is disclosed in accordance with the authorization may be disclosed further by the recipient, and that the information may no longer be protected by federal privacy rules regarding protected health information.

If the authorization is for the use or disclosure of PHI for marketing, and the use or disclosure will involve direct or indirect remuneration to covered entity from a third party, the authorization must state that such remuneration is involved.

A statement that the individual has a right to receive a copy of the authorization