

# PATIENT AUTHORIZATION FORM

## A Checklist for Providers

*The HIPAA Privacy regulation requires healthcare providers to obtain the Authorization of the individual for any uses or disclosures of protected health information (PHI) not otherwise permitted or required by the regulation. An Authorization is a specific, written permission for these purposes.*

**The regulation establishes the following requirements for the content of Authorization forms.**

**Authorization forms must:**

\_\_\_\_\_ Be in writing.

\_\_\_\_\_ Be in plain language.

**Authorization forms must contain at least the following core elements:**

\_\_\_\_\_ A description of the information to be used or disclosed that identifies the information in a specific and meaningful fashion.

\_\_\_\_\_ The name or other specific identification of the person(s), or class of persons, authorized to make the requested use or disclosure.

\_\_\_\_\_ The name or other specific identification of the person(s), or class of persons, to whom the covered entity may make the requested use or disclosure.

\_\_\_\_\_ 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 an individual 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 individual or the purpose of the use or disclosure.

\_\_\_\_\_ The signature of the individual.

\_\_\_\_\_ The date.

\_\_\_\_\_ If the authorization is signed by a personal representative of the individual, a description of such representative’s authority to act for the individual.

**In addition to the core elements, the authorization must contain statements adequate to place the individual on notice of all of the following:**

\_\_\_\_\_ The individual's right to revoke the Authorization in writing, and either:

- The exceptions to the right to revoke and a description of how the individual may revoke the Authorization; or
- To the extent that the information about revocation is included in the notice of privacy practices, a reference to the provider's notice.

\_\_\_\_\_ The provider may not condition treatment on whether the individual signs the Authorization, unless:

- The treatment is research related and the Authorization is for the use or disclosure of protected health information for such research; or
- The treatment is solely for the purpose of creating protected health information for disclosure to a third party on provision of an Authorization for the disclosure of the protected health information to such third party.

\_\_\_\_\_ The potential for information disclosed pursuant to the authorization to be subject to redisclosure by the recipient and no longer be protected.

**Authorization forms for MARKETING must adhere to the following rules:**

\_\_\_\_\_ A specific Authorization is required for use or disclosure of PHI for marketing, except if the marketing communication is in the form of a face-to-face communication or a promotional gift of nominal value.

\_\_\_\_\_ If the marketing involves direct or indirect remuneration to the provider from a third party, the Authorization must state that remuneration is involved.

**Compound authorizations must adhere to the following rules:**

\_\_\_\_\_ An Authorization for the use or disclosure of protected health information for a research study may be combined with any other type of written permission for the same research study, including consent to participate in the study.

\_\_\_\_\_ An Authorization for a use or disclosure of psychotherapy notes may only be combined with another Authorization for a use or disclosure of psychotherapy notes.

\_\_\_\_\_ Other than an Authorization for psychotherapy notes, an Authorization for a use or disclosure of protected health information may be combined with any other such Authorization, except when a provider has conditioned the provision of treatment on the provision of one of the Authorizations.

\_\_\_\_\_ In other situations, an Authorization for use or disclosure of protected health information may not be combined with any other document to create a compound Authorization.

**The regulation establishes the following requirements for the maintenance and distribution of Authorization forms.**

\_\_\_\_\_ The provider must provide the individual with a copy of the signed Authorization when the Authorization is requested by the provider to use or disclose PHI.

\_\_\_\_\_ Signed Authorization forms must be retained for six years from the date of creation or the date they were last in effect, whichever is later.

***THIS DOCUMENT SHOULD BE CONSIDERED ONE EXAMPLE OF HOW AN ORGANIZATION CAN START THEIR COMPLIANCE EFFORTS-IT IS INTENDED TO BE USED SOLEY AS A VEHICLE FOR DISCUSSION TO HELP COMPANIES DEVELOP THEIR OWN COMPLIANCE MATERIAL. THIS DOCUMENT IS PROVIDED AS GENERAL GUIDANCE AND DOES NOT CONSTITUTE LEGAL ADVICE. COMPANIES SHOULD CONTACT THEIR OWN LEGAL COUNSEL TO TAILOR THE DOCUMENT TO MEET THEIR SPECIFIC NEEDS.***