

HIPAA Authorization Checklist

Required Elements		
The following elements/statements <u>must</u> appear in a HIPAA authorization form.		
164.508(c)(1): Core Elements: An authorization must include the following:	Notes	Check-off
(1) Description. A description of the information to be used or disclosed that identifies the information in a specific and meaningful fashion		
(2) Name of disclosing person/entity. The name (or other specific identification) of the person (or class of persons) authorized to use or disclose information.		
(3) Name of receiving person/entity. The name (or other specific identification) of the person (or class of persons) authorized to receive or use information		
(4) Purpose. A description of the purpose for the use or disclosure. The statement “at the request of the individual” is sufficient if the individual initiates the authorization and does not provide additional information regarding the purpose.		
(5) Expiration date/event. The statement, “end of the research study,” “none,” or similar language is sufficient if the authorization is for a use or disclosure of PHI for research.		
(6) Date/Signature. The date and signature of the individual providing the authorization. If signed by an authorized representative, it must also include a description of the representative’s authority to act on behalf of the individual.		
164.508(c)(1): Required Statements. The authorization must include a statement describing:	Notes	Check-off
(1) The right to revoke. Must state that the individual has a right to revoke the authorization in writing and either: (A) the exceptions to the right to revoke and a description of how the individual may revoke the authorization; or (B) if exceptions to the right to revoke are addressed in the Notice of Privacy Practices, a reference to such Notice.		
(2) Ability/Inability to condition services on authorization. Must state either: (A) the CE may not condition treatment, payment, enrollment or eligibility for benefits on whether the individual signs an authorization; or (B) the consequences to the individual of a refusal to sign the authorization.		
(3) Redisclosure. The potential for information disclosed to be subject to a redisclosure by the recipient and no longer protected by the Privacy Rule.		
Other requirements	Notes	Check-off
(1) Plain Language. The authorization must be written in plain language.		
(2) Copy. CE must provide the individual with a copy of the signed authorization.		
(3) Compound authorizations. The authorization is not combined with any other document unless: (1) the authorization is for use and disclosure of PHI		

Required Elements

The following elements/statements must appear in a HIPAA authorization form.

for a research study, and it is combined with another type of written permission for the same or another research study (provided such compound authorization clearly differentiates between any conditioned and unconditioned research components on the provision of such authorization); (2) the authorization is for a use or disclosure of psychotherapy notes and is combined with another authorization for a use or disclosure of psychotherapy notes; (3) the authorization is combined with another authorization (other than an authorization for a use or disclosure of psychotherapy notes), provided a CE has not conditioned the provision of treatment, payment, enrollment in health plan, or eligibility for benefits on the signing of one of the authorizations (unless such authorization is for number (1) above).		
(4) Marketing. If the authorization is for marketing, and the marketing involves financial remuneration to the CE from the third party, the authorization must state that such remuneration is involved.		
(5) Sale of PHI. If the authorization is for sale of PHI, the authorization must state that the disclosure will result in remuneration to the CE.		