

DHHR Checklist to Validate Authorization Forms

An authorization to use or disclose protected health information (PHI) must contain the following 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 to indicate 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: “Department of Health and Human Resources (DHHR)” or “any health care provider.”
- The name or other specific identification of the person or organization to which DHHR is authorized to make the disclosure. Examples: “ABC Life Insurance Co.” or “John Smith, JD, Attorney.” If the authorization is intended to permit DHHR to use PHI internally, and does not authorize any disclosure of PHI to other parties, the correct entry is “DHHR.” An entry of “not applicable” or “NA” is not valid.
- 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 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, 2002” 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. [CAUTION: State laws may set limits on the duration of certain types of authorization, such as those required by insurance companies. The expiration date must comply with any applicable state laws regarding the maximum duration of an authorization.]
- A statement that the patient has the right to revoke the authorization in writing, and that the revocation does not apply:
- To the extent that DHHR has taken action in reliance on the authorization; and
- If the authorization is to permit disclosure of PHI to an insurance company, as a condition of obtaining coverage, to the extent that other law allows the insurer to contest claims or coverage.
- A description of how the patient may revoke the authorization.

- A statement that the patient does not have to sign the authorization as a condition of receiving treatment from DHHR, 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.
- A statement that the individual does not have to sign the authorization as a precondition to payment, enrollment in the health plan, or eligibility for benefits, except:
 - If the information for which the authorization is sought is for purposes of determining an individual's eligibility for benefits or enrollment, the benefits or enrollment may be denied if the individual does not provide an authorization; or
 - If the information for which the authorization is sought is for underwriting or risk rating determinations, enrollment in the health plan or eligibility for benefits may be denied if the individual does not provide an authorization.
- DHHR 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 DHHR from a third party, the authorization must state that such remuneration is involved.
- 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.

NOTE: Consents to use or disclose PHI for treatment, payment or health care purposes do not require all of the above elements.