

VALID AUTHORIZATION CHECKLIST

Please use this checklist to determine the validity of an Authorization under the requirements of the Health Insurance Portability and Accountability Act (HIPAA). Refer to the Privacy Rule at 45 C.F.R. § 164.508 for more information.

An Authorization must contain at least the following elements:

<input type="checkbox"/>	A description of the information to be used or disclosed that identifies the information in a specific and meaningful fashion.
<input type="checkbox"/>	The name or other specific identification of the person(s), or class of persons, authorized to make the requested use or disclosure.
<input type="checkbox"/>	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.
<input type="checkbox"/>	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 purpose.
<input type="checkbox"/>	An expiration date or an expiration event that relates to the individual or the purpose of the use or disclosure. 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 (PHI) for research, including for the creation and maintenance of a research database or a research repository.
<input type="checkbox"/>	The signature of the individual and 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 must also be provided.
<input type="checkbox"/>	A statement adequate to place the individual on notice that he/she has a right to revoke the authorization in writing AND EITHER:
<input type="checkbox"/>	<input type="checkbox"/> A statement indicating the exceptions to the right to revoke and a description of how the individual may revoke the authorization; OR
<input type="checkbox"/>	<input type="checkbox"/> A statement referring the individual to the covered entity's Notice of Privacy Practices (NPP) if the NPP includes the information that would be contained in a statement indicating the exceptions to the right to revoke and a description of how the individual may revoke the authorization
<input type="checkbox"/>	A statement adequate to place the individual on notice of the covered entity's ability or inability to condition treatment, payment, enrollment, or eligibility for benefits on the authorization by EITHER:
<input type="checkbox"/>	<input type="checkbox"/> A statement that the covered entity may not condition treatment, payment, enrollment, or eligibility for benefits on whether the individual signs the authorization: this statement should be used when a covered entity has determined that none of the exceptions in 45 C.F.R. § 164.508(b)(4) apply to it; OR

<input type="checkbox"/>	A statement explaining the consequences to the individual of a refusal to sign the authorization: this statement should be used when a covered entity has determined that one of the exceptions in 45 C.F.R. § 164.508(b)(4) applies to it and allows it to condition treatment, enrollment in the health plan, or eligibility for benefits on failure to obtain such an authorization.
<input type="checkbox"/>	A statement adequate to place the individual on notice of the potential for information disclosed pursuant to the authorization to be subject to redisclosure by the recipient and no longer protected by the Privacy Rule.
<input type="checkbox"/>	Be written in plain language.

A valid authorization may contain elements or information in addition to the elements in the checklist above, provided that such additional elements or information are not inconsistent with the elements required in 45 C.F.R. § 164.508.