

PATIENT AUTHORIZATION TO DISCLOSE PHI: A CHECKLIST OF ELEMENTS REQUIRED FOR HIPAA COMPLIANCE¹

When a hospital receives a patient's authorization to disclose "protected health information" (PHI), the hospital may disclose this requested information **only if** the authorization form includes **all** of the elements required by the HIPAA medical privacy rule. The checklist below lists these required elements. General hospital personnel can use the checklist easily to determine if any authorization form presented is in compliance with the federal requirements of the HIPAA medical privacy rule.

Note: The HIPAA medical privacy rule requires that an authorization for research purposes include some additional elements. This checklist, therefore, may not be adequate to determine whether a patient authorization for research purposes is HIPAA-compliant. Hospitals may want to give additional consideration to these research-related authorizations to ensure that they are HIPAA compliant. Hospitals may, for example, choose to designate staff specifically trained to be responsible for evaluating all research-related authorizations for compliance with the HIPAA requirements.

-
- What health information will be disclosed
 - Who will disclose the information
 - Who will receive the information
 - The purpose(s) for disclosing the information
 - A statement informing the patient of (1) his or her right to revoke the authorization in writing, (2) how to revoke the authorization, and (3) any exceptions to the right to revoke
 - A statement that the hospital cannot require the patient to sign the authorization in order to receive treatment or payment or to enroll or be eligible for benefits
 - A statement that information disclosed pursuant to the authorization may be redisclosed by the recipient and no longer protected by the federal privacy regulations
 - A statement that the authorization will expire: (1) on a specific date, (2) after a specific amount of time (e.g., 5 years), **or** (3) upon the occurrence of some event related to the patient
 - The signature of the patient and the date. **Note:** If the patient's personal representative signs the authorization, the authorization also **must** include a description of that person's authority to act for the patient.

If the authorization is for marketing purposes and the hospital will receive direct or indirect remuneration from a third party, the authorization also must include, in addition to all of the elements listed above:

- A statement that the hospital will receive direct or indirect remuneration in connection with the use or disclosure of the patient's information for marketing.

¹ This authorization checklist may not be adequate for research purposes.