

HIPAA Authorization

Essential 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 patient 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, who are authorized to receive the information
- 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 statement "end of the above-referenced Yale School of Medicine 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
- 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.

Required Statements

- The individual's right to revoke the authorization in writing, and either:
 - The exceptions to and limitations on the right to revoke and a description of how the individual may revoke the authorization;
 - or
 - To the extent that an explanation of the right to revoke (with applicable exceptions) is included in Notice of Privacy Practices, a reference to the covered entity's NOPP.
- The ability or inability to condition treatment, payment, enrollment or eligibility for benefits on the authorization, by stating either:
 - The covered entity may not condition treatment, payment, enrollment or eligibility for benefits on whether the individual signs the authorization;
 - or
 - The consequences to the individual of a refusal to sign the authorization if, but only if the covered entity is allowed to condition treatment on the authorization; i.e. when requiring authorization as a condition of providing research-related treatment
- The potential (if any) for information disclosed pursuant to the authorization to be subject to re-disclosure by the recipient and no longer be protected by the HIPAA privacy regulation

Other Requirements

- The authorization must be written in plain language
- If a covered entity seeks an authorization from an individual for a use or disclosure of protected health information, the covered entity must provide the individual with a copy of the signed authorization

For Disclosure of Information Relating to Mental Health Treatment

Add:

- The name of the specific individual or agency that will receive the information
- An specific explanation of how the information will be used
- A statement that present or future treatment may not be conditioned on authorization

For Disclosure of Information to, or Authorized by a Legal Surrogate

Add:

- The printed name of the surrogate
- A description of the surrogate's legal authority
- [Documentation of present legal authority]
- [Review and verification of legal authority by Deputy Privacy Officer or Office of General Counsel]