

# Authorization Form Instructions

An authorization must be obtained to use or disclose PHI except for information otherwise permitted or required by HIPAA (45 C.F.R. § 164.508(a)).

**A valid authorization must contain:**

The entity to release the PHI	The entity to receive the PHI
A detailed description of the PHI	An expiration date or event
The reason for the request	Patient rights related to the authorization
Any monetary payment if applicable	<i>Some exceptions do apply</i>

**Verify that the required information is included for the type of request. An authorization is invalid (§ 164.508(b)(2)) if:**

- The patient has not completed required information.
- The expiration date has passed or an event that would trigger expiration has occurred.
- Any required notification statements or disclosures are missing.
- You are aware the patient has revoked the authorization.
- Material information in the authorization is known to be false.

**If it is a compound authorization, verify the legality of the combination (§ 164.508(b)(3)).**

- A research authorization may be combined with any other legal permission related to the research study.
- An authorization for psychotherapy notes may only be combined with another authorization for the use or disclosure of psychotherapy notes.
- An authorization may be combined with another authorization unless you are conditioning treatment upon obtaining the authorization.
- An authorization may not be combined with other types of documents such as a NPP.

**Other requirements:**

- An authorization for the release or use of PHI for marketing purposes, for which the practice will obtain a remuneration of any type, must include a notification to the patient of the remuneration.
- A research authorization does not require an expiration date or event. If there is none enter “this authorization will have no expiration date” in the appropriate field.
- Provide a copy of the authorization to the requestor if our practice initiated the request for our use.
- Verify the authority of any personal representative signing an authorization on behalf of the patient.
- Verify compliance with state laws.
- Retain authorization forms for 6 years from the date when it last was in effect.
- If information is forwarded to an entity that is not subject to the HIPAA regulations, you must include a disclosure that federal protection may no longer apply. You may add a statement that you will continue to protect the information under federal law if you are a covered entity receiving the information.
- If the patient is present, have them complete the bottom portion of the form to revoke the revoked. If the revocation is emailed or mailed, file with the original form. Revocations must be in writing.