HIPAA CHECKLIST FOR PATIENT AUTHORIZATIONS

Complete this checklist to ensure that a non-MHS patient authorization complies with the HIPAA privacy regulations regarding the use and disclosure of our patients' protected health information (PHI). Check off each element that is contained in the patient authorization you have received before accepting the authorization.

Note: The required elements may be listed in a different order from in the checklist, but if any of the required elements are missing, you must deny the request for PHI and give the requesting party the reason for the denial.

- ❑ The authorization is written in plain language (is easy to read and understand.)
- ❑ The authorization describes in detail the PHI that is being requested (for example, lab reports.).
- ❑ The authorization says who (the name of our organization or a person at our organization) is permitted to make the requested use or disclosure of PHI.
- ❑ The authorization says to whom (the name of the person or organization and address) the PHI may be disclosed.
- ❑ The authorization includes an expiration date or expiration event, which has not yet passed. Note: In Nebraska, an authorization is not valid for more than 180 days.
- ❑ The authorization states that the individual who signed it has the right to revoke the authorization, in writing.
- ❑ The authorization describes the exceptions to that revocation right (for example, no revocation if authorization has already been relied upon, or if authorization was obtained as a condition of getting insurance and insurance law gives the right to contest a claim).
- ❑ The authorization describes how the individual may revoke it.
- ❑ The authorization states that the PHI, once disclosed to others, may be redisclosed to individuals or organizations not subject to HIPAA and may no longer be protected by HIPAA.
- ❑ The authorization is either signed by the individual or signed and dated by the individual's personal representative, and describes that person's authority to act for the individual.
- ❑ The authorization is dated.

Patient Name: _____
(Last) (First) (Middle)

Medical Record #_____