HIPAA Compliance Checklist - Authorization
(The following is a list of items required of a written Authorization to copy records)

☑ **Information** 45 CFR 164.508 (c)(1)(i) A description of the information to be disclosed that identifies the information in a specific and meaningful fashion.

☑ **Disclosing Entity** 45 CFR 164.508 (c)(1)(ii) The name or other specific identification of the person(s), or class of persons, authorized to make the disclosure.

☑ **Recipient** 45 CFR 164.508 (c)(1)(iii) The name or other specific identification of the person(s), or class of persons, to whom the covered entity may make the requested disclosure.

☑ **Purpose** 45 CFR 164.508 (c)(1)(iv) 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 an does not, or elects not to, provide a statement of the purpose.

☑ **Expiration Date** 45 CFR 164.508 (c)(1)(v) An expiration date or an expiration event that relates to the use or disclosure.

☑ **Signature** 45 CFR 164.508 (c)(1)(vi) Signature of the individual and date. A copy of a signature is sufficient if the document states “a copy shall be considered as original”.

☑ **Right to Revoke** 45 CFR 164.508 (c)(2)(i) The exceptions to the right to revoke and a description of how the individual may revoke the authorization.

☑ **No Conditions** 45 CFR 164.508 (c)(2)(ii) The covered entity may not condition treatment, payment, enrollment or eligibility for benefits on whether the individual signs the authorization.

☑ **Potential for Redisclosure** 45 CFR 164.508 (c)(2)(iii) The potential for information disclosed pursuant to the authorization to be subject to redisclosure by the recipient and no longer protected.

☑ **Plain Language** 45 CFR 164.508 (c)(3) Authorization is written in plain language

☑ **Copy to Individual** 45 CFR 164.508 (c)(4) If a covered entity seeks an authorization from an individual for use or disclosure of protected health information, the covered entity must provide the individual with a copy of the signed authorization. **This is not applicable to copy services.**

Go to [http://www.getrecords.com/HIPAA.asp](http://www.getrecords.com/HIPAA.asp) for additional information

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