Attachment 2: Required Elements of an Authorization to Release Protected Health Information

Authorization forms may not be combined with any other document (e.g., consent for treatment forms) to create a "compound authorization."

The authorization form must be must be on 8 ½ x 11-inch paper and the font size must be at least 14 points. If the SBC is seeking the execution of the authorization form, a copy of the executed authorization form must be given to the client.

HIPAA, State law, and SBC policy require that each patient's authorization include certain core elements as follows:

A. Client's name and date of birth

B. Name of the disclosing entity/facility

C. Name and address of the facility/individual to receive the protected health information

D. Description of the information to be disclosed

E. Description of the purpose of the disclosure

F. Expiration date or the condition upon which authorization is terminated

G. The client's initials next to the types of PHI being released in a "protected classes" section for release of:

1. mental health information,
2. substance abuse information,
3. HIV/AIDS information,
4. developmental disabilities,
5. sexually transmitted disease information.

H. Completed statements where client/patient acknowledges the following:

1. I understand that authorizing the disclosure of this health information is voluntary. I may refuse to sign this authorization.
2. I understand that I may not be denied treatment, payment, enrollment in a health plan or eligibility for benefits if I refuse to sign.
3. I understand that I have a right to receive a copy of this authorization.
4. I understand that my authorization to use or disclose protected health information expires on_____ or until _____condition is met.
5. I understand that I may cancel my authorization at any earlier time by writing a note of cancellation and giving it to_____. I also understand that when I give or cancel my authorization, it is effective from that date forward, and will not impact any disclosure already given with your permission.
6. I understand that information disclosed as a result of this authorization could be re-disclosed by the recipient. Such re-disclosure is in some cases not protected by Minnesota law and may no longer be protected by federal confidentiality law.

I. Signature & Dates

1. Client
2. Parent/Guardian/Conservator if client is unable to sign /unauthorized to sign
3. Witness, if client is unable to sign