Authorization Validation Checklist

UTMB may disclose PHI **only if** we have an authorization form that includes **all** of the elements required by HIPAA for non-TPO disclosures. The checklist below lists these required elements. Check off each element that is contained in the patient authorization you have received before accepting the authorization. If the disclosure is for treatment purposes and UTMB does not have prior knowledge of the relationship between the patient and the provider use the Verifying Treatment Relationship Checklist.

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. Additionally, this checklist may not be appropriate for authorizations related to research.

HIPAA required components ("Core elements")	
Specific and meaningful description of the PHI to be disclosed.	
Name or other specific identification of the person(s), or class of persons authorized to disclose the PHI.	
Name of person(s) or class of persons to whom the PHI is to be disclosed.	
Description of the purpose of the disclosure.	
Expiration date or event which the authorization is no longer valid. (NOTE: Validate that authorization is not expired.)	
Signature of the patient and date. If signed by a personal representative it must include a description of relationship. (e.g., parent, guardian, etc.)	
HIPAA required components	
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.	
Statement that UTMB will not condition treatment, payment, or enrollment in health plan or eligibility for benefits on whether the individual gives authorization. Or, if an exception (e.g. treatment received as participation in a research study) exists, an explanation of consequences of refusal to sign.	
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.	
Other requirements	
Authorization is written in plain language (is easy to read and understand.)	
UTMB must provide the patient with a copy of the signed authorization.	
If legally protected PHI information (Substance abuse, Psychiatric, AIDS and HIV) is in the requested materials, it must be specifically authorized and included in the written authorization.	