

A valid authorization must contain at least the following elements and must be written in plain language:

1. A description of the information to be used or disclosed that identifies the information in a specific and meaningful fashion.
2. The name or other specific identification of the person or class of persons, authorized to make the requested use or disclosure.
3. The name or other specific identification of the person or class of persons, to whom UTMB may make the requested use or disclosure.
4. Description of each purpose of the requested use and disclosure. The statement "at the request of the individual" is sufficient description when an individual initiates the authorization and does not, or elects not to, provide a statement of purpose.
5. An expiration date that does not exceed 180 days from the date the authorization is signed.
6. Signature of the individual and the date.
7. If a personal representative of the individual signs the authorization, a description of individual's authority to act for the individual.
8. A statement of the individual's right to revoke the authorization in writing and the exceptions to the right to revoke, together with a description of how the individual may revoke the authorization.
9. The ability or inability to condition treatment, payment, enrollment or eligibility for benefits on whether the individual signs the authorization.
10. A statement that the information used or disclosed pursuant to the authorization may be subject to re-disclosure by the recipient and no longer be protected by the HIPAA Privacy Regulations.

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