

# Checklist For “Release of Protected Health Information/Authorization Forms”

Customer-owner’s name: \_\_\_\_\_ Case# SCF \_\_\_\_\_ Date: \_\_\_\_\_

Each of the following core elements identified must be present for an authorization form to be valid. If there are any missing elements or statements, they must be completed prior to the release of information.

Core elements	Definitions	Check if listed on authorization form
Whose information is being released	The first and last name of the customer-owner whose information is to be released.	<input type="checkbox"/>
Who is permitted to make the release	Name of the organization (i.e. SCF) or department (i.e. SCF Optometry, SCF Dental,) that is authorized to release the information.	<input type="checkbox"/>
Who is permitted to receive the information	Name and contact information of the organization or person authorized to receive the information. If an organization is receiving information, the disclosure may be limited to a specific department, job title or name of person authorized to receive information.	<input type="checkbox"/>
Description of Information to be released	Describes: How much information may be released (i.e. Entire record, records from 1/1/14 to 6/18/14, only records from 8/8/12, etc...) What type of information can be released (i.e. Medical, Behavioral Health, etc...). May identify the program or location where the information may be released from. (i.e. VNPCC, McGrath, Pathway Home,)	<input type="checkbox"/>
Purpose	Why the information is being released (i.e. personal, legal, continuation of care))	<input type="checkbox"/>
Expiration date/event	The date, event or condition upon which the authorization expires. (i.e. immediately upon release, for a set period of time or an event, such as upon discharge)	<input type="checkbox"/>
Signature *	The signature of the person completing the form and date signed. *If someone other than the customer-owner is signing and authorizing the information to be released, the person must also print their name and relationship/authority to sign for the customer-owner (i.e. parent; legal guardian ,)	<input type="checkbox"/>
Statements describing Customer-Owner Rights	Statement the individual has a right to revoke the authorization in writing.	<input type="checkbox"/>
	Statement if a customer-owner refuses to sign the ROI it will/will not affect treatment, payment, enrollment or eligibility for benefits. <b>(Exception: Statement not required if request is limited to information from an Alcohol or Drug Treatment program)</b>	<input type="checkbox"/>
	Statement there is the potential for information to be re-disclosed by the person receiving the information and no longer protected by privacy laws. <b>(Exception: Statement not required if request is limited to information from an Alcohol or Drug Treatment program)</b>	<input type="checkbox"/>

Invalid Authorizations - Do not release information if the authorization submitted has any of the following defects:		
Has expired	The date, event or condition authorizing the release has already passed	<input type="checkbox"/>
Known to be revoked	The customer-owner submitted in writing requesting the authorization be revoked	<input type="checkbox"/>
Does not meet requirements	One or more required elements or statements are not present .	<input type="checkbox"/>
False Information	The form is known to contain false information	<input type="checkbox"/>

Health Insurance Portability and Accountability Act (HIPAA) - [45 CFR, subpart 164.508(c)(1-2) and 164.508(b)(2)(i-v)]  
Confidentiality of Alcohol and Drug Abuse Patient Records – [42 CFR, part 2, subpart 2.31(a)(1-9) and (c)(1-4)]