

Checklist - HIPAA Compliant Authorization (45 CFR 164.508)

If all of the following elements are included in the non-MDCH authorization form, then the authorization is HIPAA compliant.

	√	#	Description
Required Core Elements		1.	A description of the information to be used or disclosed that identifies the information in a specific and meaningful fashion. Can be "entire medical record", "complete patient file", "all paid claims from date of accident forward". "Any and all information" might not be sufficiently precise. 164.508(c)(1)(i).
		2.	The name of who is allowed to release the PHI. Can be a category or class of persons, e.g. "all medical sources". 164.508(c)(1)(ii)
		3.	The name of who will receive the information. Can be a category or class of persons, e.g. "employees of XYZ division of the ABC Corp.". 164.508(c)(1)(iii)
		4.	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 and does not, or elects not to, provide a statement of the purpose. 164.508(c)(1)(iv)
		5.	An expiration date or an expiration event that relates to the individual or the purpose of the use or disclosure. The statement "end of the research study," "none," or similar language is sufficient if the authorization is for a use or disclosure of protected health information for research, including for the creation and maintenance of a research database or research repository. Or "until I am no longer enrolled in Medicaid". 164.508(c)(1)(v)
		6.	Individual's signature and date . If a personal representative of the individual signs the authorization, a description of such representative's authority to act for the individual must also be provided. 164.508(c)(1)(vi)
Required Statements (to place individual on notice)		7.	Contains information stating the individual's right to revoke the authorization in writing, and either: The exceptions to the right to revoke and a description of how the individual may revoke the authorization; 164.508(c)(2)(i)(A) or A reference to the covered entity's Notice of Privacy Practices that explains the exceptions to the right to revoke and how to revoke. 164.508(c)(2)(i)(B)
		8.	Contains information that states the ability or inability to condition treatment, payment, enrollment or eligibility for benefits on the authorization, with an explanation of why or why not. 164.508(c)(2)(ii)(A) or (B)
		9.	Contains information that states the potential for information disclosed pursuant to the authorization is subject to redisclosure by the recipient and no longer is protected. 164.508(c)(2)(iii)
		10.	If information is being released for marketing and the organization releasing the information is being paid, then the authorization must state that payment is involved. (Michigan law prohibits the sale of information for marketing purposes under MCL 750.410.) 164.508(a)(3)
		11.	Authorization must be in plain language . 164.508(c)(3)
MDCH		12.	"I understand that this information may include, when applicable, information relating to sexually transmitted disease, Human Immunodeficiency Virus (HIV Infection, Acquired Immune Deficiency Syndrome or AIDS Related Complex) and any other communicable disease. It may also include information about behavioral or mental health services, and referral and/or treatment for alcohol and drug abuse (as permitted by MCL 330.1748, P.A. 258 of 1974 and 42 CFR Part 2)."

A **compound authorization** (combined with another document) is not allowed - there are exceptions - forward to Privacy Office for review. 164.508(b)(3)

Request a photocopy of the individual's driver's license or other identification with the individual's signature when practicable.

**A current MDCH HIPAA Compliant authorization can be found on MDCH's web site
<http://www.Michigan.gov/mdch/> under "Providers" or "Health Care Coverage".**