

Required elements. Every authorization must meet each of the following. (All answers must be "yes.")		
1. Information to be used or disclosed		
Yes	No	a. Is there a description of the information? §508(c)(1)(i)
Yes	No	b. Is it sufficient to identify the information? §508(c)(1)(i)
2. Requestor:		
Yes	No	a. Is the name of the person or entity making the request listed? §508(c)(1)(ii)
3. Discloser:		
Yes	No	a. Is the name of the person or entity from whom the information is requested listed? §508(c)(1)(iii)
4. An expiration date:		
Yes	No	a. Is there an expiration date or event? §508(c)(1)(iv)
Yes	No	b. Has it expired? §508(b)(2)(i)
5. The individual's right to revoke the authorization:		
Yes	No	a. Is there a statement of the individual's right to revoke the authorization? §508(c)(1)(v)
Yes	No	b. Is there a description of how the individual may revoke the authorization? §508(c)(1)(v)
Yes	No	c. Is it still valid? That is, it has not been revoked (§508(b)(2)(iii)) or, if it has been, it is still valid despite its revocation? §508(b)(5)
6. Redisclosure:		
Yes	No	a. Is there a statement that the information may be redisclosed by the recipient? §508(c)(1)(vi)
7. Signature:		
Yes	No	a. Is it signed? §508(c)(1)(vii)
Yes	No	b. Is it dated? §508(c)(1)(vii)
Yes	No	c. If signed by a personal representative, is there a description of his authority? §508(c)(viii)
8. Form:		
Yes	No	a. Is it written in plain language? §508(c)(2)
Yes	No	b. Is all of the information true as far as is known? §508(b)(2)(vi)
9. Additional information (Optional):		
Yes	No	a. If there is additional information, is it consistent with the required items? §508(b)(1)(ii)

Authorizations requested by a covered entity for the use or disclosure of its own PHI:		
1. When the PHI was not created at least partially for research that includes treatment, the authorization must contain all of the following elements (§508(d)) (all applicable answers must be "yes"):		
Yes	No	a. Contain a statement that the covered entity will not condition treatment, payment, enrollment in the health plan, or eligibility for benefits on the individual's providing authorization except where conditioning is allowed: §508(d)(1)(i)
Yes	No	b. A description of each purpose of the requested use or disclosure; §508(d)(1)(ii)
Yes	No	c. A statement that the individual may inspect or copy the requested PHI as provided in § 164.524; §508(d)(1)(iii)(A)
Yes	No	d. A statement that the individual may refuse to sign the authorization; §508(d)(1)(iii)(B)
Yes	No	e. A statement that the use or disclosure of the PHI will result in remuneration to the covered entity from a third party. §508(d)(1)(iv)
2. If the PHI was created at least partially for research that includes treatment, the authorization must contain all of the following elements (§508(f)):		
Yes	No	a. Does it comply with 1, a – e, above.
Yes	No	b. Does it contain a description of the extent to which such PHI will be used or disclosed to carry out treatment, payment, or health care operations; §508(f)(1)(ii)(A)
Yes	No	c. If it contains a description of any PHI that will not be used or disclosed as allowed by §164.510 (directory and involvement in care) and 164.512 (exceptions), it doesn't try to limit disclosures required by law or when necessary to lessen a serious and imminent threat to public health or safety? §508(f)(1)(ii)(B)
Yes	No	3. If the covered entity has or will obtain a consent or provide a privacy notice, does the authorization contain a statement, that the required parts of the authorization control? §508(f)(1)(ii)(C)

Items that are "required" must exist (§508(b)(2)(iv)) and be properly completed (§508(b)(2)(ii)).

**Authorizations requested by a covered entity for another covered entity to disclose PHI to the first covered entity for treatment, payment, or health care operations (all applicable answers must be "yes"):**

Yes	No	1. Does it contain a description of each purpose of the requested disclosure; §508(e)(1)(i)
Yes	No	2. Does it contain a statement that the covered entity will not condition treatment, payment, enrollment in the health plan, or eligibility for benefits on the individual's providing the authorization, except as allowed by §508(b)(4)(iii)? §508(e)(1)(ii)
Yes	No	3. Does it contain a statement that the individual may refuse to sign the authorization? §508(e)(1)(iii)

**Compound Authorizations.** If the authorization contains any other type of document? §508(b)(3)

1. Non-Research Cases Only (Both answers must be "yes.")		
Yes	No	a. If it is a compound authorization, is the other document a consent or authorization? §508(b)(3)(i) & (iii)
Yes	No	b. If (a) is yes, do all of the combined authorizations either include or exclude psychotherapy notes? §508(b)(3)(ii)
2. Research Cases Only (i.e., when the PHI was created at least partially for research that includes treatment) (§508(f)(2)): (At least one answer must be "yes.")		
Yes	No	1. If it is a compound authorization, is the other document a consent to participate in the research; §508(f)(2)(i)
Yes	No	2. If it is a compound authorization, is the other document a consent to use or disclose protected health information to carry out treatment, payment, or health care operations under § 164.506 <sup>1</sup> ; §508(f)(2)(ii)
Yes	No	3. If it is a compound authorization, is the other document a notice of privacy practices under § 164.520 <sup>2</sup> .§508(f)(2)(iii)

**Conditioned Authorizations.** If the authorization is conditioned, one of the following must be true. (§508(b)(4)):

1. If the authorization is required in order for an individual to obtain treatment, payment, enrollment in the health plan, or eligibility for benefits, <b>ONE</b> of the following must exist:		
Yes	No	a. It must be for treatment research-related? §508(b)(4)(i) or
Yes	No	b. It must be for health care which is solely for the purpose of creating PHI for disclosure to a third party (i.e., an independent medical examination)? §508(b)(4)(i)
2. If the authorization is required by a health plan in order for the patient to be enrolled in the health plan or become eligible for benefits, <b>BOTH</b> of the following must exist:		
Yes	No	a. The PHI is sought for eligibility or enrollment determinations or for underwriting or risk rating determinations? §508(b)(4)(ii)(A)
Yes	No	b. The authorization is not for psychotherapy notes? §508(b)(4)(i)(B)
3. If the authorization is required by a health plan as a condition of payment of a specific claim, <b>BOTH</b> of the following must exist:		
Yes	No	a. The PHI is necessary to determine payment of such claim? §508(b)(4)(iii)(A)
Yes	No	b. The authorization is not for psychotherapy notes? §508(b)(4)(iii)(B)

Items that are "required" must exist (§508(b)(2)(iv)) and be properly completed (§508(b)(2)(ii)).

