

WORKSHEET: HIPAA Authorization

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This worksheet is used to evaluate an authorization to use or disclose protected health information for <Research as Defined by HHS>.

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All criteria in 1-3 must be met

1. Core elements. The authorization must include all of the following: 45 CFR §164.508(c)(1)

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| 1.1 | <input type="checkbox"/> | A description of the information to be used or disclosed that identifies the information in a specific and meaningful fashion |
| 1.2 | <input type="checkbox"/> | The name or other specific identification of the person(s), or class of persons, authorized to make the requested use or disclosure |
| 1.3 | <input type="checkbox"/> | The name or other specific identification of the person(s), or class of persons, to whom the covered entity may make the requested use or disclosure |
| 1.4 | <input type="checkbox"/> | A description of each purpose of the requested use or disclosure |
| 1.5 | <input type="checkbox"/> | An expiration date or an expiration event that relates to the individual or the purpose of the use or disclosure (see Footnote 1) |
| 1.6 | <input type="checkbox"/> | Signature of the individual and date |
| 1.7 | <input type="checkbox"/> | If the authorization is signed by a personal representative of the individual, a description of such representative's authority to act for the individual must also be provided |

2. Required statements. The authorization must include all of the following: 45 CFR §164.508(c)(2)

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| 2.1 | <input type="checkbox"/> | The individual's right to revoke the authorization in writing |
| 2.2 | <input type="checkbox"/> | Either:
• The exceptions to the right to revoke and a description of how the individual may revoke the authorization
• A reference to the Notice of Privacy Practices if it describes exceptions to the right to revoke and how to revoke the authorization |
| 2.3 | <input type="checkbox"/> | A statement about the ability or inability to condition treatment, payment, enrollment or eligibility for benefits on the authorization, by stating either:
(A) The covered entity may not condition treatment, payment, enrollment or eligibility for benefits on whether the individual signs the authorization when the prohibition on conditioning of authorizations in 45 CFR §164.508(b)(4) applies; or (B) The consequences to the individual of a refusal to sign the authorization when, in accordance with paragraph 45 CFR §164.508(b)(4), the covered entity can condition treatment, enrollment in the health plan, or eligibility for benefits on failure to obtain such authorization |
| 2.4 | <input type="checkbox"/> | The potential for information disclosed pursuant to the authorization to be subject to re-disclosure by the recipient and no longer be protected by this subpart |
| 2.5 | <input type="checkbox"/> | A statement that if the subject revokes authorization, that the covered entity may still use or disclose health information they already has obtained about the subject as necessary to maintain the integrity or reliability of the current research |

3. Other requirements. The authorization must meet all of the following:

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| 3.1 | <input type="checkbox"/> | The authorization is written in plain language 45 CFR §164.508(c)(3) |
| 3.2 | <input type="checkbox"/> | The individual will be provided a copy of the signed authorization 45 CFR §164.508(c)(4) |
| 3.3 | <input type="checkbox"/> | No material information in the authorization is known to be false 45 CFR §164.508(b)(2)(v) |

4. Notes

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5. Footnotes

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| 5.1 | | A 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 |
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