HIPAA ELEMENTS

1) **Plain Language:**
The form is in plain language. [45 CFR 164.508 (6)(c)(3)]
Is in a typeface no smaller than 14-point type [CMIA California specific law Civil Code 56.11 (a)]

2) **Patient's Identifiers:** Name of patient, date of birth and/or social security number.

3) **Date and Signature:**
Signature of the patient and the date of signature. [45 CFR 164.508 (6)(c)(vi)] Note: If the patient's personal representative signs the authorization, the authorization must also include a description of that person's authority to act for the patient. [45 CFR 164.508 (6)(c)(viii)] **(NOTE: Legal documentation must be provided to prove authority to sign on the patient's behalf.)**

4) **The Facility / Provider:**
Name and address of the person/entity or class of persons/entities authorized to release the information Who will disclose the information – (Name of the disclosing facility) [45 CFR 164.508 (6)(c)(ii)].

5) **The Recipient:**
Name and address of the person/entity or class of persons/entities receiving the information.
Who will receive the information (Name of receiving facility) [45 CFR 164.508 (6)(c)(iii)]

6) **The medical Information:**
Description of the information to be used or released that identifies the information in a specific and useful fashion. To comply with the Minimum necessary requirements of federal law, we cannot accept requests for "any and all" requests except those approved by the patient or the patient's attorney [45 CFR 164.508(6)(c)(i)]

7) **Purpose:**
The purpose(s) for disclosing the information [45 CFR 164.508 (6)(c)(iv)].
Specific uses and limitations [CMIA California specific law Civil Code 56.11]

8) **Information may no longer be protected:**
A statement that information disclosed pursuant to the authorization may be re-disclosed by the recipient and no longer protected by the federal privacy regulations [45 CFR 164.508 (6)(c)(2)(iii)]

9) **Revocation:**
A statement informing the patient of (1) his or her right to revoke the authorization in writing, (2) how to revoke the Authorization and (3) any exceptions to the right to revoke [45 CFR 164.508 (6)(c)(2)(i)]

10) **Expiration:**
HIPAA requires that a HIPAA compliant authorization contain an expiration date or event after which an authorization expires and is no longer effective [45 CFR 164.508(6)(c)(v).
California law preempts HIPAA by requiring (1) a specific date or (2) after a specific amount of time (e.g. 2 years after signature date) [CMIA – Civil Code 56.11(h)].

11) **Conditioning Statement:**
A statement that treatment, payment, continued enrollment in a health plan or eligibility for benefits will not be conditioned upon the individual's provision of authorization (except as allowed by federal and/or state law). [45 CFR 164.508 (6)(c)(2)(ii)]

12) **The right to receive a copy:**
A statement that the patient has a right to receive a copy of the authorization upon the patient's request [45 CFR 164.508(6)(c)(4)] [California specific law Civil Code 56.11 (i)