

### **HIPAA Authorization to Release Information Forms**

The HIPAA Privacy Rule permits an individual to list a "class" of persons to whom a covered entity is authorized to make protected health information (PHI) disclosure. The may include groups of people, similar organizations or organizations that share a common purpose such as the delivery of healthcare services.

For example, an individual can authorize the use and disclosure of his or her PHI by:

- Any health plan, health care professional, hospital, clinic, laboratory, pharmacy, medical facility, or other health care provider that has provided payment, treatment or services on their behalf;
- All sources of health care service delivery; or
- Any employee or employees of XYZ division of ABC insurance company."

An authorization used by one covered entity to release or request the release of an individual's PHI may be required by a covered entity, but it is not required under the HIPAA rules.

### **Faxed and Photocopied HIPAA Authorization Forms**

Under the Privacy Rule, a covered entity may use or disclose protected health information pursuant to a copy of a valid and signed Authorization form, including a copy that is received by facsimile or electronically transmitted. However, the form must be an unaltered copy of an original form. It is not acceptable to change the information on a valid Authorization form after the patient has been signed the form.

A covered entity can disclose protected health information specified in an authorization, even if that information was created after the authorization was signed if:

- The original Authorization encompasses the category of information that was later created; and
- The Authorization has not expired or been revoked by the individual.

Unless otherwise expressly limited by the Authorization, a covered entity may use or disclose the protected health information identified on the Authorization regardless of when the information was created if the Authorization has not expired or been revoked by the individual.

### **Coversheet or Letter with a HIPAA Authorization Form**

An authorization can include written instructions from the requestor detailing specifics of the information requested, for example, to narrow the request or provide additional details about a request described in the authorization, but written instructions cannot expand the scope of information authorized for release. For example:

- If an individual has authorized the disclosure of "all medical records" to an insurance company, a written note may further explain to exclude lab results.

By contrast, an organization could not expand the scope of information authorized to be released or modify the period the authorization covers by use of a cover sheet or letter.

The Northwest Kidney Centers Authorization to Release Medical Information Form HIM A25001F includes selections designed to provide information to narrow or exclude specific information for the release (a copy of the actual form is attached).

**Northwest Kidney Centers Can ONLY Share the Records Chosen Below:**  \_\_\_\_\_

(Initial) I authorize the release of **all medical records** related to my care at Northwest Kidney Centers, including sensitive information about my health conditions which may include records of sexually transmitted disease, HIV/AIDS status, alcohol and drug use, and behavioral or mental health conditions.

\_\_\_\_\_ (Initial) I authorize the release of **medical records EXCLUDING the following sensitive information:**

Sexually Transmitted Disease  HIV/AIDS status  Alcohol and drug use

Behavioral/Mental Health  Genetic Information  Other

Describe Other:

**I request that the release of medical records indicated above be restricted to the following dates of service:**

From \_\_\_\_\_ To \_\_\_\_\_