

INSTRUCTIONS FOR COMPLETING AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION (PHI)

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires a signed Authorization in order for your healthcare provider(s) to release medical information or records for reasons other than treatment, payment and healthcare operations. It is necessary to use this form because the law requires that specific information be provided before your records may be released.

In order to facilitate your request, please:

- Use one form for each medical provider from whom records are requested
- Complete the form in its entirety, following the directions below
- Sign and date the form

DIRECTIONS: *Each number corresponds to a box on the Authorization form.*

- Section A**
- (1) Enter the patient's full name
 - (2) Enter the patient's date of birth
 - (3) Enter the patient's social security number
 - (4a-b) Enter the Provider's name and address.
The Provider is the hospital, doctor or other healthcare professional that you are asking to release the patient's information. Please provide a complete address.
 - (5a-e) Enter the Recipient's name and address.
The Recipient is the person(s) to whom the patient information will be sent. Please provide a complete address.
- Section B**
- (6) Enter the expiration date of your request.
This should be a specific date or an event such as 'one year from the date of this authorization' or 'upon the minor's age of majority' or 'upon termination of enrollment in the health plan.' Provide either a date or an event, but not both.
 - (7) Provide the Purpose of Disclosure (the reason for your request).
Reasons might include 'legal representation,' 'continuity of care,' 'research study,' 'at request of the individual' or other.
 - (8) Answer the question "Is this request for psychotherapy notes?" If you say 'Yes,' then you must complete a separate Authorization for release of any other information. If you say 'No,' you may check the box next to each type of information you are authorizing to be released and the date of service, or range of dates, for each.
 - (9) Please acknowledge
 - (10) Please read items 1-6 carefully to ensure that you understand the rights you have under this Authorization.
 - (11) Asks if the request is for the purpose of marketing. If it isn't, skip to Section C. If it is, the health care provider or health plan representative must complete Section B.
- Section C**
- (12) The patient must sign the form, print his or her name and write in the date (12a,b,c). If the Authorization is signed by anyone other than the patient, a description of the person's relationship to the patient, or authority to act on the patient's behalf, is required (12d). Examples are:
 - *If the patient is an adult or emancipated minor, the personal representative is a person with legal authority to make healthcare decisions on behalf of the individual as granted in a Healthcare Power of Attorney, General Power of Attorney, or as a court-appointed legal guardian.*
 - *If the patient is a minor, the personal representative is a parent, guardian or other person acting as a parent to the minor, with the legal authority to make healthcare decisions on behalf of the minor child.*
 - *If the patient is deceased, the personal representative is a person with legal authority to act on behalf of the decedent or the estate, such as executor of the estate, next of kin, or other family member with durable power of attorney.*