

## KANSAS HEALTH SOLUTIONS

### **REQUIRED ELEMENTS FOR AUTHORIZATIONS FOR USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION**

To be effective, an authorization must be written in plain language and include all of the following:

1. Sufficient information to identify the patient's whose protected health information is to be used or disclosed pursuant to the authorization. This may include address, telephone number, patient number, etc., depending on what the provider determines is necessary.
2. A description of the information to be disclosed that identifies the information in a specific and meaningful fashion.
  - a. An authorization for the use or disclosure of psychotherapy notes (notes recorded by a mental health professional documenting or analyzing conversation during a counseling session provided such notes are maintained separately) cannot be combined with an authorization for the use or disclosure of any other type of PHI.
  - b. The following types of PHI must be specifically identified on the authorization form, *i.e.*, an authorization for use or disclosure of "all records" or "all information" would not include records or information relating to the following:
    - i. Participation in any federally assisted drug and alcohol abuse program;
    - ii. Diagnosis and treatment of mental, alcoholic, drug dependency, or emotional condition by a community mental health center, community service provider, psychiatric hospital, or state institution for the mentally retarded; or
    - iii. HIV testing, HIV status, or AIDS.
3. The name of the person or class of persons authorized to make the requested use or disclosure.
4. The name or other specific identification of the person or entity to whom the provider may make the disclosure.
5. A description of each purpose of the requested use or disclosure.
  - a. The statement "at the request of the individual" is a sufficient description of the purpose when an individual initiates the authorization and does not, or elects not to, provide a statement of the purpose.
  - b. Blanket authorizations to cover future, unspecified research are not permitted; an authorization must be obtained for each use or disclosure of PHI for research purposes.
6. An expiration date or event that relates to the individual or the purpose of disclosure. The statement "end of research study," "none," or similar language is sufficient if the authorization is for a use or disclosure of PHI for research, including the creation and maintenance of a research database or research repository.
7. A statement in which the patient acknowledges that he or she has the right to revoke the authorization, except to the extent it has already relied on it;
8. A statement in which the individual acknowledges that information used or disclosed to another entity may no longer be protected by this regulation.
9. A statement that the provider cannot condition treatment on whether the individual signs the authorization (with limited exceptions relating to research-related treatment and an authorization requested by a health plan prior to enrollment for eligibility and enrollment determinations).
10. The patient's signature and the date of such signature.
11. If the authorization is executed by a legal representative, the authorization must describe the relationship between this person and the patient.
12. If the authorization is for uses or disclosures relating to marketing, a statement whether the provider will receive remuneration relating to such use or disclosure.