

**For an Authorization to be valid, in accordance with State and Federal laws, it must contain all of the following points:**

	<p><b>Identify the Patient.</b> The Patient's name is necessary. The Patient's Date of Birth and/or Social Security Number is optional, but is useful in correctly identifying the Patient.</p>
	<p><b>Be dated.</b></p>
	<p><b>Include a specific expiration date</b> or event that pertains to the purpose of the disclosure. "24 Months", "One year", "Valid for the duration of the claim", are considered specific. The request for records created after the date of signature on the authorization cannot be released. Please update your authorization to include "records created after date of signature" and have the patient sign it and submit this to us so that we may release the records requested.</p>
	<p><b>Not be expired</b> by the date the request was received. It is permissible to release records beyond the expiration date as long as it was received prior to the expiration date.</p>
	<p><b>Be signed</b> by the patient or the patient's personal representative. The patient's personal representative is a person who is able to authorize medical treatment for the patient or who is acting on behalf of a deceased patient. If the authorization was signed by the Patient's personal representative, then it must provide proof of Legal Guardianship or Power of Attorney and it must provide a description of the patient's personal representative's authority to act for the patient with regard to Healthcare.</p>
	<p><b>Include the name of the provider</b> being asked to disclose the information. It is not OK for the Provider to be identified on the cover letter of the request; it does have to be included in the body of the Authorization form.</p>
	<p><b>Provide the name and address of the Requester</b> to which the information is to be disclosed. It is OK for the Requester name and address to be provided on the cover letter of the request; it does not have to be included in the body of the Authorization form.</p>
	<p><b>Provide a specific and meaningful description of the Information to be disclosed.</b> Examples: "ER Report from 5/1/99", "Any and all records" etc.</p>
	<p><b>Give a brief description of the purpose of the disclosure.</b> Examples: "My own personal use", "Legal", "Transferring care", "Insurance benefits" etc. The statement, "at the request of the individual/patient", is sufficient for this purpose.</p>
	<p><b>Specifically cover any State and/or Federally protected Information</b> if protected information is contained in the patient's chart.</p>
	<p><b>Include a statement concerning the patient's right to revoke the authorization in writing.</b></p>
	<p><b>Include a statement regarding the exceptions to the right to revoke an authorization</b> and a description of how to revoke, or a reference to the Notice of Privacy Practices that includes this information.</p>
	<p><b>Include a statement whether the information disclosed might be re-disclosed</b> by the recipient, and therefore, no longer protected..</p>
	<p><b>If the requesting party is a health plan (i.e.: Regence, Molina, Blue Cross, Medicare, etc.) and they are requesting records for a patient who is applying for Health Insurance, then ... include a statement that the Health Care Provider may not condition treatment, payment or eligibility for benefits on whether the patient signs the authorization, or if the Health Care Provider can condition treatment on obtaining authorization, a description of the consequences to the patient for refusing to sign.</b></p>