

# HIPAA Authorization Review Checklist

Use this review aid before a clinical team relies on a HIPAA authorization to disclose protected health information. It is not a universal release form. Confirm that authorization is the correct route and add applicable state, record-specific, and organizational requirements.

## Choose the request route first

| Request route                                   | Use this check                                                                                |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------|
| Patient asks for their own records              | Evaluate the HIPAA right of access under 45 CFR 164.524 before requiring authorization.       |
| Patient directs records to a third party        | Apply the Ciox-limited electronic-EHR directive or use a valid authorization or other route.  |
| Treatment, payment, or operations               | Confirm whether HIPAA already permits the disclosure and whether another restriction applies. |
| Disclosure outside another permission           | Validate a HIPAA authorization under 45 CFR 164.508 and any additional law.                   |
| Part 2, psychotherapy, minor, or special record | Escalate to the privacy lead and apply the record-specific rule before release.               |

## 1. Core elements required by 45 CFR 164.508(c)(1)

- The information is described in a specific and meaningful way.
- The person or class authorized to make the use or disclosure is identified.
- The recipient or class of recipients is specifically identified.
- Each purpose is described; an individual-initiated request may use the permitted wording.
- An expiration date or qualifying expiration event is present and still valid.
- The individual signed and dated the form; representative authority is described when applicable.

## 2. Required notices and presentation under 45 CFR 164.508(c)(2)-(4)

- Revocation rights, method, and limits are stated or properly referenced.
- The form explains whether treatment, payment, enrollment, or benefits can be conditioned on signing.
- The form warns that the recipient may redisclose information and HIPAA may no longer protect it.
- The authorization is written in plain language the intended signer can understand.
- If the covered entity sought the authorization, the individual receives a copy of the signed form.

**Decision note:** HIPAA authorizations permit uses or disclosures consistent with the signed scope. They do not replace the separate right-of-access process, prove representative authority, or override a more protective state law.

### 3. Defect screen: stop before relying on the form

- The expiration date passed or the expiration event occurred.
- A required element or statement is incomplete.
- The covered entity knows the authorization was revoked.
- The authorization is impermissibly compounded or conditioned.
- Material information is known to be false.
- The requested disclosure exceeds the form's scope or recipient.
- The signer or representative authority cannot be verified.
- Another federal or state rule requires a different consent or control.

### 4. PDF and signature controls

- The PDF opens, prints, and remains legible on mobile and desktop.
- Required fields are not hidden by clipping or page breaks.
- The final signed version is locked or preserved from later edits.
- Electronic-signature validity is checked under applicable law.
- Email or portal routing avoids unnecessary PHI in subjects and alerts.

### 5. Fulfillment and audit controls

- Identity, authority, recipient, and destination are verified separately.
- Responsive records match the approved categories and date range.
- Sensitive or specially regulated records receive the correct review.
- Delivery failure, revocation, and correction paths are active.
- The signed form, disclosure details, and decision evidence are retained.

### 6. Local validation record

Request ID: \_\_\_\_\_ Route selected: \_\_\_\_\_

Form version/date: \_\_\_\_\_ State or special rule: \_\_\_\_\_

Reviewed by/role: \_\_\_\_\_ Review date: \_\_\_\_\_

Status: ☐ Ready ☐ Hold ☐ Escalate

Reason or correction required: \_\_\_\_\_

### Primary sources

- [45 CFR 164.508 - HIPAA authorizations](#)
- [45 CFR 164.524 - individual access](#)
- [HHS - Ciox right-of-access court-order notice](#)
- [HHS - 42 CFR Part 2 guidance](#)

This checklist supports operational review and training. It is not legal advice and is not a substitute for a form approved for the organization's jurisdictions, records, and uses.