



## Oklahoma State University

<b>Title: Core Elements and Requirements</b>	<b>Policy #: PRV-04.04</b>
<b>Category: HIPAA Compliance</b>	<b>Authority: 45 CFR § HIPAA SECTION: 164.508(c)</b>
<b>Standard: Uses and Disclosures for Which an Authorization is Required</b>	<b>Responsibility: Health Care Components</b>
<b>Effective Date: 4/14/2003</b>	<b>Page 1 of 3</b>
<b>Approved By: OSU Legal Counsel</b>	<b>Revised: 7/1/2013</b>

### PURPOSE:

To identify the required elements of what must be in a valid authorization.

### POLICY:

**Core Elements** – A valid authorization under the Privacy Rule must contain at least the following elements:  
*§164.508(c)(1)*

1. A description of the information to be used or disclosed that identifies the information in a specific and meaningful fashion. *§164.508(c)(1)(i)*
2. The name or other specific identification of the person(s), or class of persons, authorized to make the requested use or disclosure. *§164.508(c)(1)(ii)*
3. The name or other specific identification of the person(s), or class of persons, to whom OSU may make the requested use or disclosure. *§164.508(c)(1)(iii)*
4. A description of each purpose of the requested use or disclosure. 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. *§164.508(c)(1)(iv)*
5. An expiration date or an expiration event that relates to the individual or the purpose of the use or disclosure. The statement “end of the research study,” “none,” or similar language is sufficient if the authorization is for a use or disclosure of protected health information for research, including for the creation and maintenance of a research database or research repository. *§164.508(c)(1)(v)*
6. Signature of the individual and date. If the authorization is signed by a personal representative of the individual, a description of such representative's authority to act for the individual must also be provided. *§164.508(c)(1)(vi)*

**Required Statements** - In addition to the core elements, the authorization must contain statements adequate to place the individual on notice of all of the following: *§164.508(c)(2)*

1. The individual's right to revoke the authorization in writing, and either: *§164.508(c)(2)(i)*
  - a. The exceptions to the right to revoke and a description of how the individual may revoke the authorization; or *§164.508(c)(2)(i)(A)*
  - b. To the extent that the information in the above paragraph of this policy is included in the notice required by *§164.520 Notice of Privacy Practices*, a reference to the covered entity's notice. *§164.508(c)(2)(i)(B)*



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2. The ability or inability to condition treatment, payment, enrollment or eligibility for benefits on the authorization, by stating either: *§164.508(c)(2)(ii)*
  - a. OSU may not condition treatment, payment, enrollment or eligibility for benefits on whether the individual signs the authorization when the prohibition on conditioning of authorizations in policy PRV-04.03 of this section applies; or *§164.508(c)(2)(ii)(A)*
  - b. The consequences to the individual of a refusal to sign the authorization when, in accordance with policy PRV-04.03 of this section, OSU can condition treatment, enrollment in the health plan, or eligibility for benefits on failure to obtain such authorization. *§164.508(c)(2)(ii)(B)*
3. The potential for information disclosed pursuant to the authorization to be subject to redisclosure by the recipient and no longer be protected by the Privacy Rule. *§164.508(c)(2)(iii)*

**Plain Language Requirement** – The authorization must be written in plain language. *§164.508(c)(3)*

**Copy to the Individual** - If OSU seeks an authorization from an individual for a use or disclosure of protected health information, OSU must provide the individual with a copy of the signed authorization. *§164.508(c)(4)*

### **PROCEDURE:**

OSU will ensure its authorization forms are in compliance with this policy and have all the required elements.

Any changes to the authorization forms need to be checked against this policy to ensure the forms meet the standards required.

If an individual refuses to sign an authorization, in accordance with policy PRV-04.03, OSU may possibly refuse to treat the individual, this should be looked at on a case by case basis, and ultimately the decision to treat or not treat the patient is left to the discretion of the attending physician.

If an individual refuses to sign an authorization for a research study, that individual shall not be included in the research study.

Upon the individual signing an authorization, the OSU employee will immediately copy the signed form and give the copy to the individual. OSU shall retain the original signed form. Failure to provide a signed copy



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to the individual will be a violation of this policy and sanctions will be imposed on the employee. If the individual refuses the signed copy, the employee shall conspicuously document such refusal so as to not be in violation of this policy.