Written authorization, signed by the patient or patient’s legal personal representative, received from outside of PeaceHealth is valid under HIPAA if it is written in plain language and contains the following required elements:

- A meaningful description of the health information to be used and disclosed;
- The name or specific identification of the person(s), or class of persons, authorized to make the requested use or disclosure;
- The name or specific identification of the person(s), or class of persons, to whom the use or disclosure may be made;
- A description of each purpose of the requested use or disclosure. “At the request of the individual” is sufficient if a statement of purpose is not given;
- An expiration date or event; in Washington State, an authorization, is valid for no more than 90 days from the date the authorization is signed if the disclosure is to an employer or financial institution for purposes other than payment
- A statement of the individual’s right to revoke the authorization;
- A description of how the individual may revoke the authorization;
- A statement that the health information that is disclosed may potentially be re-disclosed and may no longer be protected;
- The signature of the individual and date. If the authorization is signed by a personal representative, a description of the representative’s authority to act for the individual;
- Statement that the facility will not condition treatment, payment, enrollment, or eligibility for benefits upon authorization, unless the specified use applies to specific exceptions such as research-related treatment (if the entity requesting PHI is not a healthcare provider, this component may not be required; consult Regional Privacy Officer);
- Statement that the use or disclosure will result in payment to the facility by a third party, if applicable.

Note: A valid authorization that complies with HIPAA may not be valid under certain other federal and state laws if the use or disclosure includes certain types of health information such as HIV or chemical dependency or if other specific requirements must be met. Refer to the PeaceHealth Authorization (section 1) to determine what additional elements may be required for the health information subject to the use or disclosure; or to your Health
Information Management (Medical Records) Department or [Regional Privacy Officer](#) for questions.

**For more information see:**

- [Policy on the Use of an Authorization](#)
- [Office for Civil Rights Frequently Asked Questions regarding Authorizations](#)
- [Help](#) page.