

CITY OF NORFOLK DEPARTMENT OF FIRE-RESCUE
HIPAA AUTHORIZATION CHECKLIST

(This is an initial checklist only. HIPAA and Virginia Code § 32.1-127.1:03 ultimately control. Additional requirements may be deemed necessary by the City of Norfolk Department of Fire-Rescue on a case-by-case basis.)

- ☐ The authorization, including all notices, must be written in plain language.
 - If the patient does not speak English, a translator may be necessary.
- ☐ The name of the patient.
 - All requirements on this checklist for the “patient” are for the person who is the subject of the protected health information (PHI).
- ☐ A description of the PHI to be used or disclosed. This must identify the PHI in a specific and meaningful fashion.
- ☐ The name or other specific identification of the person(s), or class of persons, authorized to make the requested use or disclosure.
 - The specific department for fire-rescue records is “the City of Norfolk Department of Fire-Rescue”. A general “the City of Norfolk” is not sufficient.
- ☐ The name or other specific identification of the person(s), or class of persons, to whom the City of Norfolk Department of Fire-Rescue may make the requested use or disclosure.
- ☐ A description of each purpose of the requested use or disclosure.
- ☐ An expiration date or an expiration event for when the authorization expires.
 - The expiration date or event must relate to the patient or the purpose of the use or disclosure.
- ☐ The signature of the patient and date.
 - If the authorization is signed by a personal representative of the patient, a description of such representative’s authority to act for the patient must also be provided.
 - i. A general power of attorney is not sufficient.
 - ii. The City of Norfolk Department of Fire-Rescue may require proof of such authority in the form it deems necessary.
- ☐ A statement adequate to place the patient on notice of the patient’s right to revoke the authorization in writing, including to whom and where the written revocation should be sent.
- ☐ A statement adequate to place the patient on notice of the exceptions to the right to revoke and a description of how the patient may revoke the authorization.
- ☐ A statement adequate to place the patient on notice of the inability of the City of Norfolk Department of Fire-Rescue to condition treatment, payment, enrollment, or eligibility for benefits on this authorization, by stating that the City of Norfolk Department of Fire-Rescue may not condition treatment, payment, enrollment, or eligibility for benefits on whether the patient signs the authorization.
- ☐ A statement adequate to place the patient on notice of the potential for information disclosed pursuant to the authorization to be subject to redisclosure by the recipient and no longer protected by 45 C.F.R. § 164.508.
- ☐ The authorization cannot be compound.
 - It cannot be combined with any other document.
 - Authorizations for the use or disclosure of psychotherapy notes cannot be combined with an authorization to disclose other forms of PHI.