

WHAT IS HIPAA?



HIPAA STANDS FOR THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT.

WHAT PURPOSE DOES HIPAA SERVE?

- HIPAA is a law that keeps patient health information private and safe
- Personal health details cannot be shared with anyone without the patient's permission

WHAT IS A HIPAA AUTHORIZATION FORM?

- A document that is filled out by a patient
- The form can include a patient advocate, family member or caregiver
- The document indicates what information this individual or individuals can see and how long they can have access
- Without this form, health care providers cannot legally share health information with a patient's advocate or loved ones
- Patients can access this form via their doctor's office, hospital or patient portal

NEXT STEPS IF A PROVIDER REFUSES TO SHARE INFO

- Ask to speak with the health care provider's Privacy Officer to address the issue directly
- If the issue isn't resolved, file a complaint with the U.S. Department of Health & Human Services (HHS)
- A provider refusing to share information after receiving a valid HIPAA authorization is a violation of federal law



YOU HAVE THE RIGHT TO STAND UP FOR YOUR PRIVACY.

HIPAA AUTHORIZATION CHECKLIST

HIPAA Authorization Form	✓
Include full legal name, date of birth and contact information	
Clearly name the person(s) or organization(s) authorized to receive your health information	
Specify what information can be shared (e.g., all medical records, test results, billing info)	
Indicate the purpose (e.g., ongoing care, insurance, legal matters)	
Set an expiration date or event, if desired	
Sign and date the form – electronic or physical signature may be required	
Submit the form to your provider’s records department or privacy office and confirm receipt	
Give a copy of the signed form to the person(s) listed	