



An Independent Licensee of the Blue Cross and Blue Shield Association

HIPAA Authorization Checklist for Attorneys

To ensure faster service of your requested items, we highly recommend using the Credence HIPAA Authorization form. Whether you are using our form or your own, please make sure it includes the following information:

1. Member/Patient name and identifiers

- Additional identifiers **must** be included to ensure we have the correct person. Date of birth and social security number are preferred — and often necessary.
- While a contract number is helpful, please be clear if you are authorizing the release of information outside of that particular contract number. Without specific instructions, we will narrow the request to only the contract provided.

2. Person authorized to release information

- Use of the official Credence form makes clear that we are authorized to release information.
- If not using our form, please clearly indicate that Credence is authorized to release information.

3. Person authorized to receive information

- Please write the full name of the attorney and/or law firm authorized to receive the information. Please do not use abbreviations, as this may cause issues.

4. Information to be released

- Please be clear if you are requesting certain dates, specific contracts or “any and all” records.

5. Purpose of the disclosure

- A description of each purpose of the requested use or disclosure is required.

6. Right to revoke

- Please include the individual’s right to revoke the authorization in writing, including the exceptions to this right and a description of how the revocation may occur.

7. Condition statement

- The authorization **must** contain statements adequate to place the individual on notice of the ability or inability to condition treatment, payment, enrollment or eligibility for benefits on the authorization, by stating, “The covered entity may not condition

treatment, payment enrollment or eligibility for benefits on whether the individual signs the authorization.”

8. Expiration or expiration event

- Please check the expiration date of your client’s contract with Credence before limiting the authorization by the contract expiration. If the contract has already expired, and you limit the authorization with the contract’s expiration, the authorization is not valid (e.g., You check the box limiting the authorization’s validity to the expiration of your client’s Credence contract, but the contract expired six months ago). This is a common mistake.

9. Signature of your client

- Minors age 14-18 are **required** to sign the HIPAA authorization form. The minor’s parent or guardian must sign the form as well.
- If someone is signing on behalf of the client, that person **must** indicate the reason and authority for signing. You may also need to provide documentation depending on the reason. If using the Credence form, there are check boxes near the signature line for this purpose.

10. Date signed

11. Sensitive information (mental, HIV, STD, drugs, etc.)

- If you would like us to release information about mental or nervous disorders/treatment, HIV/AIDS, sexually transmitted diseases or drug and alcohol treatment, you must specifically authorize this request on the release.
- Use of the Credence HIPAA form allows for the release of this information.

This document is meant solely for educational and informational purposes. It is not to be construed as or used for legal advice.

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