**Form for Invalid Authorizations**

Your consent or authorization form is invalid because of one or more of the following problems:

* 1. We are unable to identify the individual listed due to a lack of specific identifying information. In general, we need the following identifiers: Social Security Number, date of birth, and other names the person might have used when receiving care. Also, it would help locate records if we knew the approximate dates and location (site) of service.
* 2. The attached consent or authorization is not valid according to Federal and State Law[[1]](#footnote-1). In particular, the consent/authorization:
* Is lacking the signature of the client (or if allowed or required, the parent, guardian, or other legal personal representative).
* The signature shall be verified to confirm the requestor’s identity. Guidelines for verification are:
* Notarized signature on the authorization;
* Client hand-delivers the authorization and presents a picture identification card confirming his/her identity;
* The signature on the consent/authorization can be matched to a client signature on file; or
* The consent or authorization is accompanied by a photocopy of the requestor’s picture ID.
* 3. Does not identify the information (how much and what kind) to be disclosed in a specific and meaningful fashion. Information in our system relates to mental health and chemical dependency. A request for any of this information shall specify if the request is for mental health information, chemical dependency information, or both.
* 4. Does not identify the purpose of the use or disclosure.
* 5. Does not identify the name, address, and affiliation of the person who shall use the information or to whom the information is to be disclosed.
* 6. Does not identify us as to the organization who is using or disclosing the information.
* 7. Lacks an expiration date, event or condition, except as allowed by 42 Code of Federal Regulations (CFR) Part 2.
* 8. Lacks a statement on revocability.

In addition, an authorization for other than treatment, payment, or health care operations requires the following items:

* 9. A statement on how to revoke and exceptions to right to revoke.
* 10. A statement that information used or disclosed may be subject to redisclosure by the recipient and no longer be protected.
* 11. A statement about the ability or inability to condition, treatment, payment, enrollment, or eligibility for benefits on the authorization.
* 12. Client is entitled to a copy of signed authorization form.
* For children, specific additional requirements are:
* For children under 13, a parent or guardian shall sign all authorizations for release of information.
* For children age 13 and over, the person who shall authorize is determined by the type of treatment described in the records.
* Inpatient substance use disorder (SUD) treatment records may be released only with the authorization of the child and a parent (or guardian).
* Inpatient mental health (MH) treatment records may be released only with the authorization of the child.
* Outpatient SUD or MH treatment records may be released only with the authorization of the child.
* Other:

Signed by: Date:

1. 45 CFR 164.508(b) and (c), 42 CFR 2.31, Revised Code of Washington (RCW) 70.02.030 [↑](#footnote-ref-1)