The UNIVERSITY OF CHICAGO
The Division of the Biological Sciences • The University of Chicago Medical Center

HIPAA Compliance Elements

The following are the required HIPAA authorization elements to be included in any combined consent/authorization form. The following elements must be described and/or included in lay language in this consent form.

- The Protected Health Information (PHI) to be used or disclosed, described in a specific or meaningful way;
- Who will use or disclose the PHI;
- To whom the PHI will be disclosed;
- A description of each purpose of the requested use or disclosure;
- An expiration date/expiration event that relates to the purpose of the use or disclosure (e.g. “end of research study” or “indefinitely” is permissible);
- A statement of the individual’s right to revoke the authorization in writing and the exceptions to the right to revoke, together with a description of how the individual may revoke the authorization;
- A statement that information used may be subject to re-disclosure by the recipient and no longer be protected by this rule [HIPAA];
- Signature of the individual and date, and if the authorization is signed by a personal representative of the individual, a description of such representative’s authority to act for the individual; and
- Statement of the consequences to the individual of a refusal to sign

The authorization must be written in plain language.

A signed copy must go to the individual.