

Staff Instructions for Completing Authorization for Disclosure of Medical Information

- NOTE that if an authorization is needed for disclosure of a patient's medical information for purposes of **fundraising or marketing**, use the Marketing/Fundraising Authorization for Use/Disclosure of Medical Information form.
- Item #2 (Information to be disclosed): description must be specific enough so that the patient can understand what information he or she is permitting to be used. Thus, if "Other" box is used, description must be reasonably detailed.
 - Note that this form may not be used to authorize disclosure of psychotherapy notes.
- Item #3 (Disclosed By): indicate the specific person(s) or class(es) of persons within the entity who will be permitted to disclose the information to outside parties.
- Item #4 (Disclosed To): indicate the specific person(s) or class(es) of persons outside the entity who will be permitted to receive the information.
- Item #6 (Expiration): if "Other expiration event" is selected, the event must be one that is related to the patient (e.g., termination of patient's treatment, patient's death) or to the purpose for the authorization (e.g., if the authorization is for disability determination, the authorization might end when the determination has been finalized). Ordinarily, a specific date is preferable.
- Signatures: in general, a patient age 18 or older is the only person with legal authority to sign this form. For patients younger than 18, generally the patient's parent or legal guardian must sign on behalf of the patient. There are many exceptions, however, to these general rules. For example:
 - If the patient has a guardian of the person, the form may be signed by the patient's guardian or temporary guardian. If there is no guardian, and if two physicians have determined that the patient is incompetent, the form may be signed by the health care agent named in the patient's power of attorney.
 - If the patient is authorizing the use of HIV test results and the patient is under the age of 14, a parent or guardian must sign on his or her behalf. If the patient is age 14 or older, only the patient may sign on the patient's own behalf.
 - If the patient is authorizing the use or disclosure of medical records involving treatment for mental health, the treatment was furnished in a mental health facility, and the patient is under 14, a parent or guardian must sign on the patient's behalf. If the patient is age 14 or older, the patient or parent/guardian may sign on the patient's behalf.
 - If the patient is authorizing the use or disclosure of medical records involving outpatient services for alcoholism or drug dependence and the patient is under the age of 12, a parent or guardian must sign on the patient's behalf. If the patient is age 12 or older, only the patient may sign on the patient's behalf if the patient has not consented to third-party billing (e.g. parents' insurance).
 - For deceased patients, this form may be signed by the patient's surviving spouse or personal representative. If there is no surviving spouse or personal representative, immediate family members may sign. For this purpose, immediate family members are limited to adult children, parents, grandparents, and adult brothers and adult sisters of the deceased patient and their spouses.
 - All individuals signing for use or disclosure of medical information on behalf of a patient must state their relationship to the patient and may be required to provide proof of legal authority to permit the use or disclosure of the medical information.
 - For information about signatures in other situations or answers to questions about these issues, please contact the UW-Madison Office of Legal Affairs

- The patient must be given a copy of the signed authorization form if the Authorization was initiated from within a UW-Madison health care provider as opposed to the patient or a third party.