

LETTER REJECTING INVALID AUTHORIZATION
[after April 14, 2003]

Re: Request for Medical Records
Patient Name:

Dear _____ :

This will acknowledge receipt of your request for medical records on the above patient. Please be advised that we cannot honor your request because the authorization you have provided does not comply with the requirements of the Health Insurance Portability and Accountability Act ("HIPAA"), and specifically the requirements set forth at 45 CFR §164.508(c):

- The authorization does not contain a specific and meaningful description of the information to be used or disclosed (the statement "all my medical records" is sufficient);
- The authorization does not contain a specific identification of the person(s) who are authorized to make the disclosure;
- The authorization does not contain a specific identification of the person(s) or class of persons to whom the records are to be disclosed (e.g. "my treating physicians" will be sufficient);
- The authorization does not contain a description of each purpose of the disclosure (the statement "at my request" will be sufficient);
- The authorization does not contain an expiration date or event;
- The authorization does not contain a signature and/or date;
- The authorization does not contain a description of the authority of the personal representative who signed on behalf of the patient;
- The authorization does not contain a statement regarding the patient's right of revocation;
- The authorization does not contain a statement that treatment, payment, enrollment, or eligibility for benefits may not be conditioned on obtaining the authorization if such conditioning is prohibited by the Privacy Rule or, if conditioning is permitted, a statement about the consequences of refusing to sign the authorization;
- The authorization does not contain a statement on redisclosure.

In order for us to process your request, kindly provide an authorization that meets the above requirements. Thank you.