

- (1) BE IN WRITING, DATED, AND SIGNED BY THE PERSON IN INTEREST;
- (2) STATE THE NAME OF THE HEALTH CARE PROVIDER;
- (3) IDENTIFY TO WHOM THE INFORMATION IS TO BE DISCLOSED;
- (4) STATE THE PERIOD OF TIME THAT THE AUTHORIZATION IS VALID, WHICH MAY NOT EXCEED 1 YEAR, EXCEPT:

(I) IN CASES OF CRIMINAL JUSTICE REFERRALS, IN WHICH CASE THE AUTHORIZATION SHALL BE VALID UNTIL 30 DAYS FOLLOWING FINAL DISPOSITION; OR

(II) IN CASES WHERE THE PATIENT ON WHOM THE MEDICAL RECORD IS KEPT IS A RESIDENT OF A NURSING HOME, IN WHICH CASE THE AUTHORIZATION SHALL BE VALID UNTIL REVOKED, OR FOR ANY TIME PERIOD SPECIFIED IN THE AUTHORIZATION; AND

- (5) APPLY ONLY TO A MEDICAL RECORD DEVELOPED BY THE HEALTH CARE PROVIDER UNLESS IN WRITING:

(I) THE AUTHORIZATION SPECIFIES DISCLOSURE OF A MEDICAL RECORD THAT THE HEALTH CARE PROVIDER HAS RECEIVED FROM ANOTHER PROVIDER; AND

(II) THE OTHER PROVIDER HAS NOT PROHIBITED REDISCLOSURE.

(C) A HEALTH CARE PROVIDER SHALL DISCLOSE A MEDICAL RECORD ON RECEIPT OF A PREAUTHORIZED FORM THAT IS PART OF AN APPLICATION FOR INSURANCE.

~~(D)~~ (D) (1) EXCEPT IN CASES OF CRIMINAL JUSTICE REFERRALS, A PERSON IN INTEREST MAY REVOKE AN AUTHORIZATION IN WRITING.

(2) A REVOCATION OF AN AUTHORIZATION BECOMES EFFECTIVE ON THE DATE OF RECEIPT BY THE HEALTH CARE PROVIDER.

(3) A DISCLOSURE MADE BEFORE THE EFFECTIVE DATE OF A REVOCATION IS NOT AFFECTED BY THE REVOCATION.

~~(E)~~ (E) A COPY OF THE FOLLOWING SHALL BE ENTERED IN THE MEDICAL RECORD OF A PATIENT OR RECIPIENT:

- (1) A WRITTEN AUTHORIZATION;
  - (2) ANY ACTION TAKEN IN RESPONSE TO AN AUTHORIZATION;
- AND
- (3) ANY REVOCATION OF AN AUTHORIZATION.