HIPAA Release Checklist
Before Signing – Wisconsin Clients

✅ CORE HIPAA ELEMENTS **(Federal requirements – all must be present)**

Required Element	**✓ Check the form**
Who discloses (specific provider/hospital name)	☐
Who receives (specific person/attorney/organization + address)	☐
What information (records, dates, treatment types – NOT "all records")	☐
Purpose (care coordination, legal case, insurance, family access)	☐
Expiration (specific date OR event like "case resolved")	☐
Your signature and Date	☐
Right to revoke statement	☐
Right to refusal statement (cannot condition treatment on signing)	☐
Copyright statement	☐

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✅ WISCONSIN SPECIAL CONSENTS **(State law extras)**

Protected Category	**✓ Specifically Authorized**
Mental Health Records	☐
Alcohol and Drug Treatment	☐
HIV Testing	☐
Developmental Disability	☐

Red flag: If these boxes aren't checked or mentioned, those records WON'T be released.

✅ SMART SCOPE REVIEW **(Avoid overly broad releases)**

Question	**✓ Yes = Good**
Dates limited (e.g., "1/1/2024 - 12/31/2025")?	☐
Specific treatment types only (not "everything")?	☐
Named recipients (not "any doctor I see")?	☐
Purpose stated (not blank)?	☐

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Question	✓ Yes = Good
Expires (not "forever" unless intentional)?	☐

✅ WHO NEEDS ACCESS? **(Common Wisconsin scenarios)**

Check who you're authorizing:

- Attorney (litigation, disability claim)
- Family member (care coordination)
- Financial planner (long-term care planning)
- Second opinion doctor
- Nursing home (admission)
- Insurance company (claim)

Tip: Make separate forms for different recipients – easier to revoke later.

✅ EXECUTION CHECK **(Signing requirements)**

Requirement	✓
You understand what you're releasing	☐
No pressure to sign immediately	☐
Get a copy for your records	☐

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Requirement	✓
Know how to revoke (usually written notice)	☐
NOT required: Witnesses or notary	☐

🚨 WARNING SIGNS – Ask Questions If:

- Form says "all records forever"
- No specific dates or treatment types
- "Anyone who asks" as recipient
- Pressuring you to sign NOW
- Missing any core HIPAA elements above
- Sensitive categories (mental health, HIV) not specifically authorized

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📋 ACTION STEPS – After Signing

1. Keep original in accessible file
2. Give copy to authorized recipient
3. Track expiration date on calendar
4. Revoke in writing when no longer needed:
   "I revoke authorization dated [date] to [recipient name]."

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