



## THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON  
WASHINGTON, DC 20301-1200

JUL 26 2012

HEALTH AFFAIRS

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (MANPOWER AND  
RESERVE AFFAIRS)  
ASSISTANT SECRETARY OF THE NAVY (MANPOWER AND  
RESERVE AFFAIRS)  
ASSISTANT SECRETARY OF THE AIR FORCE (MANPOWER  
AND RESERVE AFFAIRS)

SUBJECT: Reliance on an Electronic Signature on Form SSA-827 when Disclosing  
Protected Health Information to the Social Security Administration

References: (a) Form SSA-827, "Authorization to Disclose Information to the Social Security  
Administration (SSA)"  
(b) 45 CFR Parts 160 and 164, "Health Insurance Portability and Accountability  
Act (HIPAA) Privacy Rule"  
(c) Department of Defense (DoD) 6025.18-R, "DoD Health Information Privacy  
Regulation"

The Social Security Administration (SSA) has given approval, through the attached letter, for adult claimants of Social Security disability to electronically sign and submit Form SSA-227 (Reference (a)) beginning April 21, 2012. Prior to this date, the online application process required claimants to print, sign, and mail Form SSA-827 to SSA. By allowing electronic signatures, claimants can complete their online disability applications in one streamlined session, which makes the process easier and less stressful.

Upon review of this new SSA capability from a Department of Defense (DoD) perspective, it has been determined that Reference (b), as implemented within DoD by Reference (c), permits the use of an electronic signature on Form SSA-827 to authorize a disclosure of DoD protected health information (PHI) in support of a disability claim to SSA. Further, it has been determined that DoD health care entities' (e.g., military treatment facilities, purchased care support contractors) reliance on an electronically signed Form SSA-827 is reasonable, without any particular further due diligence. Therefore, DoD health care entities may consider a properly completed and electronically signed Form SSA-827 a valid authorization which permits the release of that individual's PHI to the SSA.

For more information about this SSA process, visit the SSA webpage on this topic at: <http://www.ssa.gov/disability/professionals/eAuthorization.htm>, or contact the TRICARE Management Activity (TMA) Privacy and Civil Liberties Office at [PrivacyMail@tma.osd.mil](mailto:PrivacyMail@tma.osd.mil).

[Signed]

(Jonathan Woodson, M.D.

Attachment:

As stated

cc:

Surgeon General of the Army

Surgeon General of the Navy

Surgeon General of the Air Force

Commander, Joint Task Force National Capital Region Medical



## **SOCIAL SECURITY**

The Commissioner

March 22, 2012

Dear Health Care Providers, Health Information Managers, and  
Medical Records Administrators:

We are improving our disability application process to make it easier for claimants to file for Social Security disability online. Under the current online application process, claimants must print, sign, and mail us the paper medical authorization form, Authorization to Disclose Information to the Social Security Administration (Form SSA-827). The SSA-827 gives us a claimant's authorization to obtain medical and other information we need to determine whether the individual is disabled.

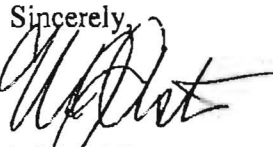
Starting April 21, 2012, we will allow adults who file their disability applications online to electronically sign and submit their SSA-827s. We have adopted a "click and sign" electronic signature process for completing the SSA-827 online. With this change, some of the SSA-827s you receive from us will have an electronic signature, rather than a pen-and-ink signature.

The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule allows electronic signatures on authorization forms. Our electronic signature process also satisfies both the Electronic Signatures in Global and National Commerce Act and the model Uniform Electronic Transactions Act that many States have enacted. As always, our disability application process includes steps to verify each claimant's identity, and we will continue to protect all of the information we receive.

This improvement for our claimants will not change how we request records from you or the current HIPAA-compliant form that you already accept. You will continue to receive a signed SSA-827 with each request for records. Adults who apply online for disability benefits will have the option to electronically sign and submit their SSA-827s. However, you will continue to see pen-and-ink signatures on SSA-827s when claimants file for benefits at a local Social Security field office or over the telephone.

This improvement will allow our claimants to complete their online disability applications in one streamlined online session, which will make a stressful process easier and faster for the people we serve. I encourage your acceptance of the electronically-signed form and your continued cooperation with us and the State disability determination services that act on our behalf.

Thank you for your cooperation and assistance.

Sincerely,  
  
Michael J. Astrue

cc:

Kathleen Sebelius, Secretary, Department of Health and Human Services  
General Eric K. Shinseki, USA (Retired), Secretary, Department of Veterans Affairs  
Jonathan Woodson, M.D., Office of the Assistant Secretary of Defense for Health Affairs  
Dr. Yvette Roubideaux, Director, Indian Health Service  
Nicholas Meyers, Director of Government Relations, American Psychiatric Association  
Carol D. Goodheart, EdD, President, American Psychological Association  
Richard Umbdenstock, President, American Hospital Association  
Margaret Garikes, Director, Division of Federal Affairs, American Medical Association  
Rosemary Sweeney, Vice President for Public Policy and Practice, American Academy of  
Family Physicians  
Patty Thierry Sheridan, MBA, RHIA, FAHIMA, President, American Health Information  
Management Association  
Jonathan Jagoda, MPP, Director, Federal Policy and Government Relations, Federation of State  
Medical Boards  
Gary Kaplan, Chair of the Board, Medical Group Management Association  
Peter Leibold, Executive Vice President/CEO, American Health Lawyers Association  
Jill C. Peña, Director of ABA Health Law Section, American Bar Association, Health  
Law Section  
Richard Logan, Executive Director, Association of Health Information Outsourcing Services



WHOSE Records to be Disclosed

Form Approved OMB No. 0960-0623

NAME (First Middle Last)

John Doe

SSN 111-11-1111

Birthdate (mm/dd/yy)

10/16/82

AUTHORIZATION TO DISCLOSE INFORMATION TO THE SOCIAL SECURITY ADMINISTRATION (SSA)

\*\* PLEASE READ THE ENTIRE FORM, BOTH PAGES, BEFORE SIGNING BELOW \*\*

I voluntarily authorize and request disclosure (including paper, oral, and electronic interchange):

OF WHAT All my medical records; also education records and other information related to my ability to perform tasks. This includes specific permission to release:

- 1. All records and other information regarding my treatment, hospitalization, and outpatient care for my impairment(s) including, and not limited to: Psychological, psychiatric, or other mental impairment(s) (excludes "psychotherapy notes" as defined in 45 CFR 164.501) Drug abuse, alcoholism, or other substance abuse Sick cell anemia Records which may indicate the presence of a communicable or noncommunicable disease; and tests for or records of HIV/AIDS Gene-related impairments (including genetic test results) 2. Information about how my impairment(s) affects my ability to complete tasks and activities of daily living, and affects my ability to work. 3. Copies of educational tests or evaluations, including Individualized Educational Programs, triennial assessments, psychological and speech evaluations, and any other records that can help evaluate function; also teachers' observations and evaluations. 4. Information created within 12 months after the date this authorization is signed, as well as past information.

FROM WHOM

- All medical sources (hospitals, clinics, labs, physicians, psychologists, etc.) including mental health, correctional, addiction treatment, and VA health care facilities All educational sources (schools, teachers, records administrators, counselors, etc.) Social workers/rehabilitation counselors Consulting examiners used by SSA Employers, insurance companies, workers' compensation programs Others who may know about my condition (family, neighbors, friends, public officials)

THIS BOX TO BE COMPLETED BY SSA/DDS (as needed) Additional information to identify the subject (e.g. other names used), the specific source, or the material to be disclosed:

TO WHOM

The Social Security Administration and to the State agency authorized to process my case (usually called "disability determination services"), including contract copy services, and doctors or other professionals consulted during the process. [Also, for international claims, to the U.S. Department of State Foreign Service Post.]

PURPOSE

Determining my eligibility for benefits, including looking at the combined effect of any impairments that by themselves would not meet SSA's definition of disability; and whether I can manage such benefits.

- Determining whether I am capable of managing benefits ONLY (check only if this applies)

EXPIRES WHEN

This authorization is good for 12 months from the date signed (below my signature).

- I authorize the use of a copy (including electronic copy) of this form for the disclosure of the information described above. I understand that there are some circumstances in which this information may be redisclosed to other parties (see page 2 for details). I may write to SSA and my sources to revoke this authorization at any time (see page 2 for details). SSA will give me a copy of this form if I ask; I may ask the source to allow me to inspect or get a copy of material to be disclosed. I have read both pages of this form and agree to the disclosures above from the types of sources listed.

PLEASE SIGN USING BLUE OR BLACK INK ONLY

INDIVIDUAL authorizing disclosure

SIGN Electronically Signed By:

John Doe

Date Signed

02/01/12

Phone Number (with area code)

410-000-0000

IF not signed by subject of disclosure, specify basis for authority to sign

- Parent of minor Guardian Other personal representative (explain)

(Parent/guardian/personal representative sign here if two signatures required by State law)

Street Address

123 Main St.

City

Baltimore

State

MD

ZIP

WITNESS

I know the person signing this form or am satisfied of this person's identity:

SIGN

IF needed, second witness sign here (e.g., if signed with "X" above)

SIGN

Phone Number (or Address)

Phone Number (or Address)

This general and special authorization to disclose was developed to comply with the provisions regarding disclosure of medical, educational, and other information under P.L. 104-191 ("HIPAA"); 45 CFR parts 160 and 164; 42 U.S. Code section 290dd-2; 42 CFR part 2; 38 U.S. Code section 7332; 38 CFR 1.475; 20 U.S. Code section 1232g ("FERPA"); 34 CFR parts 99 and 300; and State law.



**Explanation of Form SSA-827,  
"Authorization to Disclose Information to the Social Security Administration (SSA)"**

We need your written authorization to help get the information required to process your claim, and to determine your capability of managing benefits. Laws and regulations require that sources of personal information have a signed authorization before releasing it to us. Also, laws require specific authorization for the release of information about certain conditions and from educational sources.

You can provide this authorization by signing a form SSA-827. Federal law permits sources with information about you to release that information if you sign a single authorization to release all your information from all your possible sources. We will make copies of it for each source. A covered entity (that is, a source of medical information about you) may not condition treatment, payment, enrollment, or eligibility for benefits on whether you sign this authorization form. A few States, and some individual sources of information, require that the authorization specifically name the source that you authorize to release personal information. In those cases, we may ask you to sign one authorization for each source and we may contact you again if we need you to sign more authorizations.

You have the right to revoke this authorization at any time, except to the extent a source of information has already relied on it to take an action. To revoke, send a written statement to any Social Security Office. If you do, also send a copy directly to any of your sources that you no longer wish to disclose information about you; SSA can tell you if we identified any sources you didn't tell us about. SSA may use information disclosed prior to revocation to decide your claim.

It is SSA's policy to provide service to people with limited English proficiency in their native language or preferred mode of communication consistent with Executive Order 13166 (August 11, 2000) and the Individuals with Disabilities Education Act. SSA makes every reasonable effort to ensure that the information in the SSA-827 is provided to you in your native or preferred language.

**IMPORTANT INFORMATION, INCLUDING NOTICE REQUIRED BY THE PRIVACY ACT**

All personal information collected by SSA is protected by the Privacy Act of 1974. Once medical information is disclosed to SSA, it is no longer protected by the health information privacy provisions of 45 CFR part 164 (mandated by the Health Insurance Portability and Accountability Act (HIPAA)). SSA retains personal information in strict adherence to the retention schedules established and maintained in conjunction with the National Archives and Records Administration. At the end of a record's useful life cycle, it is destroyed in accordance with the privacy provisions, as specified in 36 CFR part 1228.

SSA is authorized to collect the information on form SSA-827 by sections 205(a), 223(d)(5)(A), 1614(a)(3)(H)(i), 1631(d)(1) and 1631 (e)(1)(A) of the Social Security Act. We use the information obtained with this form to determine your eligibility, or continuing eligibility, for benefits, and your ability to manage any benefits received. This use usually includes review of the information by the State agency processing your case and quality control people in SSA. In some cases, your information may also be reviewed by SSA personnel that process your appeal of a decision, or by investigators to resolve allegations of fraud or abuse, and may be used in any related administrative, civil, or criminal proceedings.

Signing this form is voluntary, but failing to sign it, or revoking it before we receive necessary information, could prevent an accurate or timely decision on your claim, and could result in denial or loss of benefits. Although the information we obtain with this form is almost never used for any purpose other than those stated above, the information may be disclosed by SSA without your consent if authorized by Federal laws such as the Privacy Act and the Social Security Act. For example, SSA may disclose information:

1. To enable a third party (e.g., consulting physicians) or other government agency to assist SSA to establish rights to Social Security benefits and/or coverage;
2. Pursuant to law authorizing the release of information from Social Security records (e.g., to the Inspector General, to Federal or State benefit agencies or auditors, or to the Department of Veterans Affairs(VA));
3. For statistical research and audit activities necessary to ensure the integrity and improvement of the Social Security programs (e.g., to the Bureau of the Census and private concerns under contract with SSA).

SSA will not redisclose without proper prior written consent information: (1) relating to alcohol and/or drug abuse as covered in 42 CFR part 2, or (2) from educational records for a minor obtained under 34 CFR part 99 (Family Educational Rights and Privacy Act (FERPA)), or (3) regarding mental health, developmental disability, AIDS or HIV.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about possible reasons why information you provide us may be used or given out are available upon request from any Social Security Office.

**PAPERWORK REDUCTION ACT**

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 10 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING IN THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778).** You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. Send **only** comments relating to our time estimate to this address, not the completed form.