

Secondary Provider Recreated SAPC ROI Form Review Checklist

HIM Review Checklist for Secondary Provider Recreation of SAPC Release of Information Forms

Purpose: This checklist is used by HIM Section staff to review Secondary Provider recreated SAPC Release of Information (ROI) forms and Supplemental Authorized Individuals/Entities for ROI form determine whether the submitted forms are functionally, visually and textually identical to the current official SAPC-approved ROI forms. All discrepancies must be documented before a decision is issued.

Submission Information

Provider/Agency Name		EHR System Used	
Provider Contact Name/Title		Provider Contact Email/Phone	
Form Developer/Project Lead Name		Form Developer/Project Lead Email/Phone	
Date Received		Date Complete Submission Received	

Forms Submitted for Review

Submitted	SAPC ROI Form	File Name	Reviewer Notes
☐	SAPC Payment and Healthcare Operations ROI 1. Authorization Sample 2. Revocation Sample 3. Signature by Mark Sample		
☐	SAPC Treatment and Care Coordination ROI 1. Authorization Sample 2. Revocation Sample 3. Signature by Mark Sample		
☐	SAPC Legal Proceedings ROI 1. Authorization Sample 2. Revocation Sample 3. Signature by Mark Sample		

Submitted	SAPC ROI Form	File Name	Reviewer Notes
☐	SAPC Supplemental Authorized Individuals/Entities for ROI form		

A. Submission Completeness Review

Complete this section before beginning the visual and content comparison review. Incomplete submissions should not proceed to full review until missing items are received.

#	Review Criteria	Pass	Fail	Notes / Deficiencies
A-1	Completed Secondary Provider ROI Recreation Submission Questionnaire is included.	☐	☐	
A-2	Provider/agency name, contact name/title, form developer/project lead name, email, phone number, and EHR system are provided.	☐	☐	
A-3	Provider clearly identifies which SAPC ROI form(s) are submitted for review.	☐	☐	
A-4	For each submitted ROI form type, Authorization Sample, Revocation Sample, and Signature by Mark Sample are all included.	☐	☐	
A-5	Submitted PDF files open successfully, are not password-protected, and are clear/legible for review.	☐	☐	
A-6	Provider used the current official SAPC-approved ROI form version for the recreated form.	☐	☐	

B. Global Visual and Format Review — Applies to Each Submitted ROI Form

Apply these review items to every submitted recreated SAPC ROI form before completing the form-specific content review.

#	Review Criteria	Pass	Fail	Notes / Deficiencies
B-1	Page size and orientation match the official SAPC-approved ROI form.	☐	☐	
B-2	Pages are in the same order as SAPC-approved ROI form and all pages are numbered. No sections of the ROI were removed or re-ordered.	☐	☐	
B-3	Content is not shifted, cropped, compressed, expanded, or cut off. Sample data entered by the provider does not alter formatting or layout.	☐	☐	

#	Review Criteria	Pass	Fail	Notes / Deficiencies
B-4	Header, titles, and footer/version information appear in generally the same locations and maintain the same size, proportion, and clarity as the official SAPC-approved ROI form.	☐	☐	
B-5	Font size is between 11-14 and legible. Recommended font types: Times New Roman, Aptos, or other legible fonts. Text is identical and follows the formatting on the SAPC-approved form.	☐	☐	
B-6	All fields (client information table, entity contact information fields, scope of disclosure options and fields, signatures, witnesses, and revocation section) match the SAPC ROI form. No additional field appears on the ROI form itself unless present on the official SAPC-approved ROI form.	☐	☐	
B-7	Checkboxes match the official SAPC-approved ROI form.	☐	☐	
B-8	The County of Los Angeles Department of Public Health logo and County of Los Angeles seal are recommended but not required. If the County or any other agency logo and/or seal were inserted, they are to be in the same general locations and maintain the same size, proportion, and clarity as the official SAPC-approved ROI form.	☐	☐	

C. Sample Submitted and General Functionality Review – Applies to Each Submitted ROI Form

#	Review Criteria	Pass	Fail	Notes / Deficiencies
C-1	Authorization Sample: The authorization/consent portion is completed and signed, all entered information and selections appear correctly, and the Revocation of Consent section remains uncompleted.	☐	☐	
C-2	Signature by Mark Sample: The authorization/consent portion is completed; the client/legal representative signature by mark is present; and two witness printed names and signatures are present and clearly associated with the correct witness signature fields.	☐	☐	
C-3	Revocation Sample: The original authorization/consent information remains visible and unchanged. The completed Revocation of Consent section is added without altering, replacing, deleting, or otherwise modifying any information, selections, dates, or signatures in the original authorization/consent sections.	☐	☐	
C-4	After the ROI form is finalized or submitted in the provider's EHR workflow, the finalized form content, entered information, selections, dates, and signature(s)	☐	☐	

#	Review Criteria	Pass	Fail	Notes / Deficiencies
	are locked and cannot be edited, overwritten, deleted, moved, reassigned, or replaced through the normal workflow.			
C-5	If signature(s) are captured on a separate signature page, the page is included as part of the completed ROI output and each signature is clearly mapped to the applicable ROI form, section, and signature field or role (for example, client/legal representative authorization signature, witness 1, witness 2, or revocation signature).	☐	☐	
C-6	All required fields function identically to the official SAPC-approved ROI form, including required client information, required entity fields, scope of disclosure selections, and required signature/witness fields.	☐	☐	
C-7	Revocation functionality matches the official SAPC-approved ROI form, including required provider address fields, signature fields, date fields, inability to edit once finalized, and must attached to the ROI form it is revoking.	☐	☐	
C-8	Supplemental Authorized Individuals/Entities form functionality matches the official SAPC supplemental form, including ROI type selection, client information, date fields, entity entries, and must attach only to the applicable ROI at the time of signing.	☐	☐	

D. Deficiency Log

Document each failed item or discrepancy clearly enough for the provider to correct and resubmit the recreated form.

#	Form / Page / Section	Checklist Item #	Deficiency Identified	Required Correction	Reviewer Initials
1					
2					
3					
4					
5					

E. Final Determination and Sign-Off

Final Decision	☐ Approved ☐ Denied – Revisions Required ☐ Incomplete Submission	Date Decision Sent	
Approval Limitation	Approval applies only to the provider, EHR system, recreated form template, and SAPC ROI form version reviewed.	Tracker Updated	☐ Yes ☐ No
Reviewer 1 Name/Initials		Date	
Reviewer 2 Name/Initials		Date	
HIM Supervisor/Designee, if applicable		Date	
Final Notes			