

GUIDANCE ON THE COMPLETION OF VA FORM 10-5345

Field 1: TO: DEPARTMENT OF VETERANS AFFAIRS.

- Includes the name and address of the Veterans Health Administration (VHA) facility providing the information.

Field 2: PATIENT NAME.

- Includes the Veterans last and first name (middle initial, if known).

Field 3: SOCIAL SECURITY NUMBER (SSN).

- Use of SSN is required to ensure the Veteran's correct identification in order to provide the accurate information.

Field 4: NAME AND ADDRESS OF ORGANIZATION, INDIVIDUAL OR TITLE OF INDIVIDUAL TO WHOM THE INFORMATION IS TO BE RELEASED.

- Must be completed fully with sufficient information to ensure the records reach the intended recipient. The name of a specific individual at the organization receiving the records is not required, given the name of the organization (e.g., Social Security Administration) sufficiently identifies the intended recipient.

Field 5: VETERAN'S REQUEST.

- This box is completed ONLY if the request includes information on one of the four identified conditions covered in 38 U.S.C. § 7332. If the information released does not include any of these specific conditions, or if the Veteran does not have any such information in his/her file; the Veteran does NOT complete this field.

Field 6: INFORMATION REQUESTED.

- The Veteran must choose from the two specific options provided or "other". The text box must be completed in all cases to specify the request as much as possible. A blanket "All Medical Records" is discouraged from use except in rare situations (e.g., tort cases) and with the Veteran's understanding of the scope of such a request.

Field 7: PURPOSE(S) OR NEED FOR WHICH THE INFORMATION IS TO BE USED BY THE INDIVIDUAL TO WHOM THE INFORMATION IS TO BE RELEASED.

- Examples of simple purposes include: personal, treatment, payment and life insurance. If this field is used to satisfy an expiration event or condition (as discussed in Appendix B), it must contain enough detail to know when the purpose of the request has been satisfied.

Field 8: AUTHORIZATION.

- The language in the form contains two of the three “required statements” from the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, provides important information to the Veteran, and is where the required expiration information is located. If any boxes are selected for 7332-protected information (see Field 5), a date MUST be provided in “option 2” (date supplied by patient) of this field.
- In addition to the content requirements, the HIPAA Privacy Rule requires three statements (located in Field 8 and in the “fine print” on VA Form 10-5345) by displayed in an authorization form. These statements are not to be changed in any way. Doing so may result in an invalid form. The three statements are as follows:
 - The right to revoke the authorization in writing;
 - The ability or inability to condition treatment, payment, enrollment or eligibility for benefits on this particular authorization; and
 - The potential for information disclosed to be subject to re-disclosure by the recipient and no longer protected.

Field 9: DATE.

- The date the form was signed, as well as the date of the request. It is the date in which the authorization becomes effective.

Field 10: SIGNATURE.

- The Veteran, or signatory, must sign the form to complete the request. The signatory must be a legally authorized representative (e.g., Power of Attorney, guardian, etc.) with authority documented by an attachment to VA form 10-5345.