

Aloha Natural Medicine

354 Uluniu Street, Suite 303, Kailua, HI 96734

Ph: 808-772-0225 | Fax: 808-800-2932 | alohanaturalmedicine.com

Authorization to Release Confidential Health Information

I hereby Authorize:

Facility Name _____

Address _____

City /State/Zip _____

To Release Information from the Health Records of:

Name _____

Date of Birth ____/____/____ ID /Soc. Sec. Number _____

Dates of Service: From _____ To _____ Day Phone _____

Information to be Released:

_____ Copy of Complete Health Records _____

_____ Lab/Test Results (specify) _____

_____ X-ray Reports and/or Films (specify) _____

_____ Other (specify) _____

_____ Billing Information for Dates of Service: _____

Information is to be Released to:

Aloha Natural Medicine

354 Uluniu Street, Suite 303, Kailua, HI 96734

Fax: 808-800-2932

Purpose of Disclosure:

This authorization is valid for ninety (90) days from the date signed. I understand that I can revoke this consent at any time, unless disclosure has already occurred in compliance with this consent.

Unless specifically excluded, this authorization includes release of specially protected information requiring specific written consent. This includes referral diagnosis and treatment related to substance abuse, mental health conditions and sexually transmitted diseases including HIV (CFR 42, part 2). Release of certain information also requires a minor's consent.

This applies to persons aged 13 to 18 for information pertaining to substance abuse and mental health information, or persons aged 14 to 18 for information pertaining to sexually transmitted diseases and HIV/ AIDS.

I also understand that my information and records are protected under state and federal regulations regarding confidentiality and cannot be released or discussed without my written consent, unless otherwise provided for by law.

I understand that if I request records for personal use, to hand-carry to another health provider, or for parties not involved in patient care, there may be a charge. There is no charge for records mailed directly to another health provider.

Non-emergency records release takes up to 15 working days. "Emergency" status can apply only to those records released directly to another health provider.

Patient/Guardian Signature _____ Date _____