Aloha Natural Medicine
2 Aarona Place, Suite 201, 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
2 Aarona Place, Suite 201, 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_____