KA WAI OLA FAMILY MEDICAL CLINIC
94-849 LUMIAINA STREET, STE 207
WAIKELE PROFESSIONAL CENTER
WAIPAHU, HAWAII 96797
Tel.808-677-8222 Fax: 808-677-8333

Patient Name:_____ Date of Birth:_____
Address: _____ Telephone: _____
_____

I hereby authorize (previous provider or clinic)
Provider and/or Clinic_____
_____
_____
to disclose the following information for the purpose of continued care.

Period of healthcare provided from:_____ to: _____

Please disclose the following:

[X] Complete health records	[ ] Laboratory test results
[ ] Progress notes	[ ] X-Ray reports
[ ] Consultation reports	[ ] Other _____

I understand that this will include the following information relating to:
_____Acquired Immunodeficiency Syndrome (AIDS) or infection with HIV (Human Immunodeficiency Virus or HIV testing.
_____Mental health records, psychotherapy or counseling, psychiatric care.
_____Treatment for alcohol and/or drug abuse.

I understand this authorization may be revoked in writing at any time, except to the extent that action has been taken in reliance on this authorization. Unless otherwise revoked, this authorization will expire on the following date, event, or condition:_____.

The facility, its employees, officers, and physicians are hereby release from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

Processing and copying fees necessary to comply with this information shall be borne by the patient or his appropriate guardian or legal counsel. Copies of the medical information herein authorized shall not be surrendered to the person to whom disclosure is authorized until processing and copy fees are paid in full.

Authorization is given to disclose or release the above information to:
Timothy S Hiura, MD and James K Okamoto, MD
Ka Wai Ola Family Medical Clinic

_____ _____
Patient Signature Date

_____ _____
Legal Guardian Date

_____ _____
Witness Name/Signature Title

PHYSICIAN'S AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION

_____ _____
Physician Signature Date