ALOHA MEDICAL SERVICES

CONSENT TO **REQUEST OR RELEASE** INFORMATION
(Include inspection/copying of records)

Patient's Name:_____ Today's Date:_____
Birth Date:_____ SSN:_____

I, _____, having been informed concerning the current Federal Regulations (42 CFR Part 2) and (45CFR Part 160 and subparts A&E of Part 164); hereby grant and authorize Aloha Medical Services to request or release any and/or all of the following listed parts of my clinical record, to include alcohol and drug abuse treatment records as permitted by 42 CFR Part 2, from my record to _____

Admission Information	Date of Admission_____
Medical History	
Attendance at Sessions	Psychological Testing
Diagnosis Treatment Plan	Service Plan
Discharge Summary	Summary of Office Visits
Drug Screen	Other (Specify)_____
Evaluation/Social History	Other (Specify)_____

Purpose of Disclosure:

I understand that Aloha Medical Services and its affiliates are hereby released from all legal liability which may arise from the authorized release of this information or material. This information has been disclosed to you from the records protected by Federal Confidentiality Rules (42 CFR Part 2), and (45 CFR Part 160 and subparts A&E of Part 164), Health Insurance Portability and Accountability Act (HIPAA). These rules prohibit you from making further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2 or (HIPAA). This consent is subject to revocation at any time except to the extent that the agency/ program which is to make the disclosure has already taken action in reliance on it. If not previously revoked, this consent will be terminated one year from the date of signature.

_____
Patient's Signature/Date

_____
Signature of Patient's Representative/Date

_____
Parent or Legal Guardian/Date

_____
Witness/Date

Revocation of this Release:
Effective Date_____

ALOHA MEDICAL SERVICES

Patient Signature/Date

Parent or Legal Guardian/Date

Witness/Date