



KONA  
COMMUNITY HOSPITAL

Care You Can Count On

**Medical Oncology**

79-1019 Haukapila Street • Kealahou, HI 96750  
808-322-6910 • 808-322-6918 (fax)

***RELEASE OF MEDICATION HISTORY***

Patient: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

To ensure your medications are up-to-date, and minimize the chance of duplication or causing potential interactions with other medications, please complete this authorization form. This will allow our office to utilize SureScripts to transmit prescriptions to your pharmacy. In addition, we will be able to obtain your medication history from your pharmacy.

I, \_\_\_\_\_, authorize the Medical Oncology Clinic at Kona Community Hospital to obtain information from my pharmacy \_\_\_\_\_ regarding my medications.

This consent has been made freely and without coercion. I have been given the opportunity to have this consent explained to me and to ask questions pertaining to this release of my information. I understand that those who receive this information will abide by HIPAA and maintaining confidential practices and not disclose this information further without my consent, unless permitted by federal or state law.

\_\_\_\_\_  
Signature of patient, parent or guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name of person who signed