KONA RADIATION ONCOLOGY CLINIC
At Kona Community Hospital

CONSENT TO DISCLOSE/ RELEASE INFORMATION

CONSENT TO INSPECTION/COPYING/RELEASE OF PROTECTED HEALTH INFORMATION

I hereby authorize_____to allow i inspection/copying/releasing/ protected health information regarding:

Patient Name:_____
Date of Birth:_____ Medical Record #_____
I authorize release to: Radiation Oncology Clinic at Kona Community Hospital
79-1019 Haukapila Street Kealakekua, HI. 96750
Phone: (808) 322-6948 Fax: (808) 322-5849
For the purpose of:_____
Date of Service:_____
Protected Health Information to be released:
____ Complete medical records
____ Medical records from dates_____to_____
____ Emergency Room records
____ Other (must specify)_____
_____

The types of information below CANNOT be released without my specific consent and knowledge. Therefore, I have initialed before each type of records that I authorize you to release (cros oss out info not to be disclosed).
____ Alcohol and/or drug abuse treatment records
____ Mental health treatment records
____ Sexually transmitted diseases including AIDS and HIV testing records

I hereby release_____, its employees, its agents and its staff physicians from all liability and all claims of any nature pertaining to the disclosure of information described above. This consent may be revoked at any time, upon written notice from the person who has signed below, unless the action has already been taken. If not previously revoked, this consent will expire and terminate in six months or_____whichever occurs first.
Requester's Name:_____Requester's Signature_____
Realtion to Patient:_____Date:_____
Witness's Name:_____Witness's Signature:_____
Date:_____
*Identity of authorized signer verified by:____State ID____Driver's License____Other_____
*Documentation of authorization as "designated patient representative"_____
*Copy of documentation obtained for permanent record:____yes____no

Redisclosure is Prohibited

This information has been disclosed to you from records protected aby Federal (42 CFR Part 2) and State (HRS 323C) confidentiality rules. The Federal rules and State law prohibit any further disclosure of this info-mation except with the specific written consent of the person to whom it pertains or as otherwise permitted by 42 CFR and HRS 325-101. A general authorization for the release of medical or other information is NOT sufficient for this purpose.