



NADA - ONO - KAANEHE - SOLOMON - HAYASHI

**AUTHORIZATION TO OBTAIN OR RELEASE MEDICAL RECORDS FROM MEDICAL PROVIDERS**

I hereby authorize HAWAII KIDNEY SPECIALISTS to obtain any and all medical records concerning my care from any physician, hospital, or other healthcare professional that has provided medical care to me in the past.

I also authorize HAWAII KIDNEY SPECIALISTS to release any and all medical records concerning my care to any physician, hospital, or other healthcare professional providing care to me at any time. Additionally, I authorize the practice to release any and all medical records concerning my care to Medicare, Medicaid, any insurance company, third-party administrator, or managed Care Company.

_____	_____
<b>Patient Signature</b>	<b>Date Signed</b>
_____	_____
<b>Printed Name</b>	<b>Date of Birth</b>

**AUTHORIZATION TO RELEASE MEDICAL INFORMATION TO INDIVIDUALS/FAMILY MEMBERS**

In accordance with the federal government’s privacy rule implementation of the Healthcare Portability Act of 1996 (HIPAA), in order for your physician or staff of HAWAII KIDNEY SPECIALISTS to discuss your condition with members of your family or other individuals that you designate, we must obtain your authorization prior to doing so. In the event of a critical episode, or if you’re unable to give your authorization due to severity of your medical condition, the law stipulates that these rules may be waived.

**\*A reasonable fee may be charged for duplication of records.**

**An estimate of those charges will be provided upon request prior to duplication.**

\_\_\_\_\_ **I do not** authorize the practice to release any information concerning my medical care to any individual except as set forth above.

\_\_\_\_\_ **I authorize** the practice to release any and all information concerning my medical care to the following individual(s):

_____	_____	_____
<b>Name</b>	<b>Relationship to Patient</b>	<b>Phone Number</b>
_____	_____	_____
<b>Patient Signature</b>	<b>Date Signed</b>	
_____	_____	
<b>Printed Name</b>	<b>Date of Birth</b>	