

OHANA COUNSELING SERVICES

AUTHORIZATION TO RELEASE OR OBTAIN CONFIDENTIAL INFORMATION

I hereby authorize and request of (please initial) verbal _____ written _____ confidential information as indicated below.

CLIENT NAME _____ DATE OF BIRTH: _____

Check appropriate box:

_____ Consent to release confidential information by Ohana Counseling Services to:

_____ Consent to obtain confidential information by Ohana Counseling Services from:

Name of individual and/or agency

Address

Phone

The extent or nature of information to be released/obtained is limited to the following:

For the purpose of: _____

The following type of information CANNOT be released without my specific consent and knowledge. Therefore, I have initialed before each type of record that I authorize you to release/obtain:

_____ Alcohol and/or substance abuse treatment record*

_____ Mental health treatment records*

_____ AIDS, ARC, or HIV testing records*

I hereby release OHANA COUNSELING SERVICES, its employees, its agents, and its contractors from all liability and all claims of any nature pertaining to the disclosure of the information described above.

This consent is subject to revocation at any time, upon receipt by OHANA COUNSELING SERVICES, of notice from the person who has signed below, except to the extent that action has already been taken in reliance on it. If not previously revoked, this consent will expire and terminate in one year or _____, whichever comes first.

Signature of client _____ Date: _____

Witness _____ Relationship to client: _____

REDISCLASURE IS PROHIBITED

* This informatin has been disclosed to you from the records protected by Federal (42 CFR Part 2) and/or State (HRS 325-101 and/or HRS 334-5) confidentiality rules. The Federal rules and State law prohibits you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person whom it pertains or as otherwise permitted by 42 CFR Part 2, HRS 325-101 and/or HRS 334-5. A general authorization for the release of medical or other information is NOT sufficient for this purpose.