



Employee Assistance of the Pacific

Phone 597-8222 Toll Free Phone 877 597-8222 Fax 597-8230

Authorization for Release of Protected Health Information

1. I hereby authorize:

Employee Assistance of the Pacific

Sender: _____

Address: _____

City: _____ State: _____ Zip Code: _____

2. Release to:

A. Patient or Authorized Representative

B. Employee Assistance of the Pacific : 1221 Kapiolani Blvd #730., Honolulu, Hawaii 96814

Or Neighbor Island Affiliate Provider: _____
Counselor · Location

C. Receiving person, agency or institution: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Attention: _____ Phone #: _____

3. Pertaining to the care of:

Name: Last _____ First _____ M.I. _____

Birthdate: _____ Also known as: _____

4. For the purpose of: _____

5. Description of Information:

Disclosure is authorized for any and all information about medical history, mental and physical condition, including HIV infection, AIDS, drug and alcohol use, and other personal information unless otherwise specified.

6. Duration of Validity:

This authorization is valid for one (1) year from the date of signing unless revoked in writing by the undersigned prior to one (1) year. The undersigned may revoke this by submitting a letter to Employee Assistance of the Pacific at 1221 Kapiolani Blvd, Suite 730, Honolulu, HI 96814. I understand that revoking this authorization will not apply to any information released by this facility before they received the revocation.

7. Re-disclosure:

I understand that if the organization authorized to receive the information is not a health plan or health care provider; the released information may no longer be protected by federal privacy regulations.

Date: _____ Signature: _____ Ph # _____ - _____
Client · Authorized Representative

If signed by other than patient or parent of minor child, please print name and indicate relationship. Submit documents to show authority to request information on this individual.

Print: _____
Authorized representative's name Relationship to Client