



900 Fort Street Mall, Suite 1900, Honolulu, HI 96813-3705 • Attention: Compliance
Email HDSCompliance@HawaiiDentalService.com • Fax (808)599-4808

AUTHORIZATION TO RELEASE MEMBER INFORMATION

Section A

By completing and signing this form, I hereby authorize Hawaii Dental Service (“HDS”) to disclose certain health information relating to:

HDS Member’s Name: _____ HDS Member ID#: _____

Date of Birth: _____ Phone Number:(____) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Reason for Release: _____

(If you do not wish to state the reason for release, please write, “At the request of the individual”)

Section B

I hereby authorize HDS to release the information specified in Section C to:

Full Name: _____ Phone Number:(____) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Section C

The information I authorize HDS to disclose consists of:
(Check all appropriate boxes)

- Dental Services Information
- Payment Information
- Eligibility Information
- Identification Information
- Other (Describe): _____
- All of the Above

Section D

This authorization will expire on the earlier of (Check one):

- The termination of my HDS dental plan
- ____ / ____ / ____ (Enter desired expiration date)

Section E

I understand that:

- After the information is disclosed, federal law might not protect it and the recipient might redisclose it.
- This authorization is voluntary and HDS may not condition treatment, payment, enrollment, or eligibility for benefits on whether I sign this authorization.
- I may revoke this authorization at any time by submitting a written request to HDS, Attn: Compliance Department, 900 Fort Street Mall, Suite 1900, Honolulu, HI 96813-3705. The revocation is only effective after it is received and processed by HDS. I understand that any use or disclosure prior to the revocation will not be affected by the revocation.
- I am entitled to receive a copy of this signed authorization form.

Section F

HDS Member's Signature

HDS Member's Name

Date Signed

Personal Representative:

If a Personal Representative signs this form, that Representative hereby warrants that he or she has authority to sign on the basis of:_____

Personal Representative's Signature

Personal Representative's Name

Date Signed

Please provide a copy of legal document(s) supporting the authority described above (e.g., Power of Attorney, Court Order).