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Written Authorization Form

Member Name: _____ Member ID: _____

Address: _____

I) Appointment of Personal Representative

I hereby appoint _____ to serve as my personal representative
Name of Representative
regarding (describe each purpose): _____

Member's Signature _____ Date _____

II) Protected Health Information

I hereby authorize HWMG to use and/or disclose Protected Health Information (PHI) about me to:

_____ Name of person or class of persons authorized

Address: _____

Phone Number: _____

The use or disclosure is for the following purpose(s): At the request of the authorized individual

Other – describe: _____

This authorization covers the following PHI (check all that apply):

ALL of my PHI, including psychotherapy treatment records

Specific uses only:

- Medical Records Insurance Applications Psychotherapy treatment records
- Medical Claims Dental Claims Other (specify): _____
- Medical Reports Explanation of Benefits

This authorization will expire: When my coverage ends On specific date: _____

My signature below means that I understand and agree:

- I have the right to refuse to sign this authorization.
- I do not have to sign this authorization in order to continue to receive treatment (except research-related treatment).
- I do not have to sign this authorization in order to continue to receive coverage under my health plan.
- When my information is used or disclosed pursuant to this authorization, it may be subject to re-disclosure by the recipient and may no longer be protected by federal or state privacy law.
- I have the right to revoke this authorization except to the extent that PHI has already been disclosed in reliance on this authorization. My revocation must be submitted **in writing** to the Privacy Officer.

_____ Member or Personal Representative's Signature

_____ Date

If not signed by member:

_____ Personal Representative's Name (please print)

_____ Relationship of Representative to Member

Return this completed form to HWMG's Customer Service Center at the contact information shown at the top of this form. Please retain a copy for your records.