

State Department of Health
Office of Health Status Monitoring

MEDICAL RECORD RELEASE FORM

To Whom It May Concern:

Re: _____
Birthname of Child and Birthdate

I authorize release of the medical information given in the attached "Medical Information Form" pertaining to me. The information is prepared under Section 578-14.5, Hawaii Revised Statutes for the purpose of perpetuating medical information on natural parents of an adopted minor child and is to be released to or for the benefit of the adopted child.

Name of Natural Parent (Print)

Signature

Date

(Print using black ink or use typewriter)

Americans with Disabilities Act Notice

If you need an accommodation for a disability when participating in a court program, service, or activity, please contact the ADA Coordinator as soon as possible to allow the court time to provide an accommodation:



Call (808) 244-2855 FAX (808) 244-2932 OR Send an e-mail to: adarequest@courts.hawaii.gov. The court will try to provide, but cannot guarantee, your requested auxiliary aid, service or accommodation.