



CLINICAL LABS  
OF HAWAII

*Close. Connected. Caring.*

91-2135 Fort Weaver Road, Suite 300  
Ewa Beach, HI 96706

## **Authorization for Release of Protected Health Information to myClinicalLabs Account**

I hereby authorize Clinical Labs of Hawaii, LLP, (CLH), to release my Protected Health Information (PHI) in the possession of CLH from this date forward to the myClinicalLabs patient portal account that is referenced above (Account). I understand that upon submitting this Authorization, any of my PHI that CLH maintains and is able to release to the Account may be sent to this Account.

I understand that any information about health status, provision of health care, or payment for health care that can be linked to a specific individual is considered, under the Health Insurance Portability and Accountability Act (HIPAA), to be PHI.

This Authorization is for the purposes of submitting my PHI to the Account.

I understand that this Authorization will remain in effect for all of my new PHI that CLH either creates or maintains and it will expire when I notify CLH to stop sending my results and data to the Account in accordance with the "Patient Access Cancellation Process" below.

I acknowledge that I have read the "Notice to the Patient" information included with this Authorization.

### **NOTICE TO THE PATIENT**

The purpose of this Authorization is to allow CLH to disclose information to the Account, as set forth above.

CLH cannot condition its provision of services to you on the receipt of this Authorization, however if you do not complete this Authorization CLH will not honor your request that we send your information to the Account.

Information used or disclosed pursuant to this Authorization may be subject to re-disclosure by the party controlling the Account to whom the PHI will be sent, and to the extent it has been disclosed to such party, your PHI may no longer be protected by the privacy and security regulations of HIPAA, and you understand that you are relying on the privacy policy of such party with regard to how your PHI is maintained by them and you have the right to revoke this Authorization at any time, in accordance with the "Patient Access Cancellation Process" provided below.

You understand that CLH can only send test results to you based on the ordering healthcare provider's inclusion of appropriate identifying information about you on the test order, and that if such information is missing, or inaccurate, those test results will not be sent to the Account.

### **Patient Access Cancellation Process:**

If you no longer wish to receive your PHI in the Account submit a request to cancel participation in the program.

Cancellation requests will be effective 10 days after they have been received by CLH, and CLH may not send your PHI in accordance with this Authorization after that date. You further understand that any disclosure requests that are in process when you submit this cancellation may not be revoked.