State of Hawaii
Department of Health
Immunization Branch
Return Completed Form To:
Email: ____Registryhelp@doh.hawaii.gov_____
Fax: _____(808) 586-8312_____
OR, U.S. Mail: P.O. Box 3378, Honolulu, HI 96801-9969
ATTN:___Immunization Registry Section_____
Response will be provided within 5-10 business days.

AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION

I, _____, parent/guardian of _____
(NAME OF PERSON GIVING CONSENT)   (CHILD'S NAME)

_____/_____/_____, hereby authorize the State of Hawaii Department of Health, Immunization Branch to
(CHILD'S DATE OF BIRTH)

disclose my child's health information, including vaccination dates, for the vaccinations specified below (select

all that apply):

☐ COVID-19 vaccination (s)
Clinic Name _____

☐ Seasonal Influenza from the Stop Flu at School Program (current year)
School Name _____

☐ Other (s) _____

☐ All vaccinations on record

Please disclose the specified information via mail to the following address:

Mailing address:

_____
(NAME)

_____
(STREET OR PO BOX)   (CITY)   (STATE)   (ZIP)

Facsimile to: _____ OR Electronic Mail to: _____

For the purpose(s) of (select all that apply):
☐ Obtaining health care for my child
☐ Providing evidence of compliance with immunization requirements for school attendance
☐ Keeping a record of my child's vaccination history

This authorization shall cover the vaccination information requested above. I understand that all vaccinations that my child has received may not be included in this health information. I understand that I can revoke this authorization at any time. This authorization shall expire when the information requested has been sent. I certify that I am the parent or legal guardian of the child (<18 years of age) named above. If an electronic signature is utilized, I attest that it is my intent to sign this Authorization form.

Attached is photocopy of a government-issued ID as proof of my signature.

_____   _____   _____
(SIGNATURE OF PERSON GIVING CONSENT)   (RELATIONSHIP TO CHILD)   (DATE)

Telephone number of requestor: _____

Rev. 07/29/2022