AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

800 E. 9th Avenue I Truth or Consequences, NM I 87901
Phone: 575.894.2111 I Fax: 575.894.3718

Patient Name:_____Date:_____MR#_____

Date of Birth:_____ SS#_____ Phone:_____

Address:_____City:_____ State:_____Zip:_____

I AUTHORIZE _____ TO RELEASE RECORDS TO: (If other than Self)

_____ _____
PERSON OR ORGANIZATION ADDRESS

_____ _____
CITY / STATE PHONE NUMBER / FAX NUMBER

Information to be released: **DATES:**

Inpatient Stay _____

Emergency Room Visit _____

Operative Report(s) _____

Lab Report(s) _____

X-Ray Report(s) _____

CD (X-Ray, CT, MRI) _____

Behavioral Health _____

Other (Specify) _____

This information is going to be used for the following purpose:

CIRCLE ONE:

Continued Care Legal Insurance Personal School

SS/Disability Services Military Other

I specifically authorize the release of information relating to:

- ☐ Substance abuse (including alcohol/drug abuse) (Attached information)
- ☐ Mental Health (including psychotherapy notes) (Attached information)
- ☐ HIV related information (AIDS related testing)
- ☐ Sexually transmitted diseases
- ☐ Reproductive Health

X_____ _____
Signature of Patient or Legal Guardian Date

This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure of such information without the specific written consent of the person to whom such information pertains, or as otherwise permitted by state law. A person who makes an unauthorized disclosure of this information is guilty of a petty misdemeanor and shall be sentenced to imprisonment in the county jail for a definite term not to exceed six months or the payment of a fine of not more than five hundred dollars ($500), or both.

(Further information available upon request)

1. I understand that this authorization will expire (365) days from the date of my signature or from the date listed here _____.
2. I understand that I may revoke this authorization at any time by notifying the providing organization in writing, and it will be effective on the date notified, except to the extent action has already been taken before such date.
3. I understand that information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient and no longer protected by Federal privacy regulations.
4. I understand that by signing this release my health care and payment for my health care will not be affected if I choose not to sign.
5. I understand I may see or have a copy of the information described on this form if I ask for it, and that I can get a copy of this form after I sign it.

_____ _____ _____
Signature of Patient or Legally Authorized Representative Date Relationship to Patient

_____ _____ _____
Witness Signature Date Provider's Signature

FOR OFFICE USE ONLY

Account Number(s) Date(s) of Service

_____

_____

_____

_____

_____

_____

_____

_____

Number of pages copied: _____

Date of Release:_____

Released by:_____

Patient pick up _____

Mailed _____

Faxed _____

Charge$_____ No Charge_____

RELEASOR ALSO AUTHORIZES MEDICAL RECORDS PERTAINING TO THE CONDITIONS BELOW BE RELEASED:

RECORDS RELATED TO DRUG/ALCOHOL/SUBSTANCE ABUSE

Any and all of Patient's medical records including, but not limited to, reports, documentary materials and tangible materials that relate in any way to DRUG/ALCOHOL/SUBSTANCE ABUSE, including any information which may be protected by Federal law pursuant to 42 CFR Part 2. The information that relates to this section is to be released pursuant to 42 CFR Part 2, Subpart C. Such information, when released, will be accompanied by the following statement:

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

RECORDS RELATED TO EMOTIONAL/MENTAL HEALTH/DEVELOPMENTAL DISABILITIES/PSYCHIATRIC CONDITIONS

Any and all of Patient's medical records including, but not limited to, reports, documentary materials and tangible materials that relate in any way to EMOTIONAL/MENTAL HEALTH/DEVELOPMENTAL DISABILITIES/PSYCHIATRIC CONDITIONS, including any that may be protected by state law and that may be disclosed pursuant to NMSA 1978, § 43-1-19 or NMSA 1978, § 32A-6-15.

To the extent that this consent to release information applies to this section, I understand that I have a right to access confidential information about myself, and that I have a right to copy any information and to submit clarifying or correcting statements and other documentation of reasonable length for inclusion with the confidential information (as authorized by NMSA 1978, § 43-1-19 and NMSA 1978, § 32A-6-15).

RECORDS RELATED TO HUMAN IMMUNE DEFICIENCY VIRUS (HIV) ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS)

Any and all of Patient's medical records including, but not limited to, reports, documentary materials and tangible materials that relate in any way to HUMAN IMMUNE DEFICIENCY VIRUS (HIV) INFECTION OR TESTING/ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS) INFECTION OR TESTING, including any information that may be protected by state law and that may be disclosed pursuant to the New Mexico Human Immunodeficiency Virus Test Act, NMSA 1978, § 24-2B-1 *et seq.* This information is to be released pursuant to NMSA 1978, § 24-2B-7 and this authorization to release information to the above-named recipient of the information shall be accompanied by a disclosure substantially similar to the following:

This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure of such information without the specific written consent of the person to whom such information pertains, or as otherwise permitted by state law. A person who makes an unauthorized disclosure of this information is guilty of a petty misdemeanor and shall be sentenced to imprisonment in the county jail for a definite term not to exceed six months or the payment of a fine of not more than five hundred dollars ($500), or both.

Releasor understands the above statement relative to this section informs the recipient of the administration of an HIV test and/or of HIV test results and, except as provided in the New Mexico Human Immunodeficiency Virus Test Act, it is against the law to further disclose the results to any other person. Releasor acknowledges that Sierra Vista Hospital has no other legal obligation and/or ability to limit disclosure of such test result information by the recipient of the information.

RECORDS RELATED TO SEXUALLY TRANSMITTED DISEASES

Any and all of Patient's medical records including, but not limited to, reports, documentary materials and tangible materials that relate in any way to SEXUALLY TRANSMITTED DISEASES, including any information that may be protected by state law and that may be disclosed pursuant to the NMSA 1978, § 24-1-9.4 *et seq.* This information is to be released pursuant to NMSA 1978, § 24-1-9.5 and this authorization to release information to the above-named recipient of the information shall be accompanied by a disclosure substantially similar to the following:

This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure of such information without the specific written consent of the person to whom such information pertains, or as otherwise permitted by state law. A person who makes an unauthorized disclosure of this information is guilty of a petty misdemeanor and shall be sentenced to imprisonment in the county jail for a definite term not to exceed six months or the payment of a fine of not more than five hundred dollars ($500), or both.