NEW MEXICO ORTHOPAEDICS
505-724-3206 (Phone) 505-724-4401 (Fax)

Authorization to Release Medical Information

- In compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), New Mexico Orthopaedic Associates requires your written consent before disclosing any personal health information.
- This request is valid for **one year** from signature date.
- Your consent to share this information may be revoked in writing at any time, so long as the notification to revoke is signed and dated.
- Any information shared pursuant of this consent may be subject to re-disclosure by the recipient and may no longer be protected by the HIPAA privacy rule.

Patient Name: (Print Full Name) _____ DOB: _____

I authorize the release of the following health record(s) from New Mexico Orthopaedic Associates:

SPECIFIC INFORMATION INCLUDING:

☐ All Medical Records
☐ Imaging
☐ Other: _____
_____

☐ Progress Note(s) Date(s): _____
☐ Operative Report(s) Date(s): _____
☐ MRI Report(s) Date(s): _____
☐ Billing Statements Date(s): _____

PROTECTED OR SENSITIVE INFORMATION:

Certain information cannot be released without specific authorization**. Please initial below if you agree to release the following:**

_____ I recognize that the information disclosed may contain DRUG/ALCOHOL information that is protected by federal and state law. I specifically consent to disclosure of such information.

_____ I recognize that the information disclosed may contain MENTAL HEALTH information that is protected by federal and state law. I specifically consent to disclosure of such information.

_____ I recognize that the information disclosed may contain data regarding HIV/AIDS testing. I specifically consent to disclosure of such information.

_____ I recognize that the information disclosed may contain data regarding GENETIC TESTING. I specifically consent to disclosure of such information.

This information is to be released to:

Name	
Address	
Phone #	
Fax #	

Signature: _____ Date: _____

Relationship to patient, if other than self: _____