1240 S. Telshor Ste. A, Las Cruces, NM 88011
Tel: 575-556-9776 Fax: 575-652-4666

Medical records release form

I,_____
Patient last name First name Middle name

_____hereby authorize Mesilla Valley Pain Clinic
Date of Birth SSN

To ( ) release
( ) request the following medical information concerning me to/from

_____
Name of Clinic phone/fax #

_____
Address City State Zip code

Items and information to be released are:_____

Any exclusion:_____

The purpose is:_____

I understand that I may revoke this authorization to release information at any time by giving written notice at Mesilla Valley Pain Clinic. However, I also understand that any information release prior to my revoking this authorization, shall not breach of my right to confidentiality. Unless I revoke this authorization prior to such time, this authorization to release my information shall expire _____ (1 year if left blank) from the date of my signature.

_____
Date of signature relationship to patient

If this patient is a minor or has a legal guardian appointed by the court, the patient's parent or legal guardian must sign the authorization to release medical information.

The patient must sign this authorization. In case of a minor patient the parent of legal guardian must sign. In the case of a patient who is physically unable to sign this authorization he/she should put an "x" on the signature line and have his/her assistant witness. In the case of a patient that has been declared mentally incompetent a legally appointed guardian may only sign this authorization. In case of a deceased patient the executive administrator of the estate must sign the authorization.

Notice

(For release of information of alcohol/ drug abuse records)

This information has been disclosed to you from records whose confidentially is protected from federal law. Federal regulations (42 CFR PART 2) prohibit from you making any further disclosure of it without the specific written consent of the person whom it pertains, or as otherwise permitted by such regulations, a general authorization for the release of medical or other information is not sufficient for this purpose.