

Frederick Fiber MD

Authorization for Disclosure of Health Information

I hereby authorize **New Mexico Ear, Nose & Throat Specialists, PC** to disclose the following information from the health records of:

Patient Name: _____ Birthdate: _____
Address: _____ Telephone: _____
_____ Fax: _____

covering the period(s) of healthcare

From (date) _____ to (date) _____
From (date) _____ to (date) _____

Information to be disclosed:

- Progress notes Laboratory tests Consultation(s)
 Physical examination(s) Surgical procedure(s) X-ray report(s)
 Audiological testing Other (specify): _____
 All of the above records

Initials below indicate that the specified records are to be included in the release:

_____ Acquired immunodeficiency syndrome (AIDS) or infection with human immunodeficiency virus (HIV)
_____ Behavioral health services/psychiatric care
_____ Treatment for alcohol and/or drug abuse

This information is to be disclosed to OR faxed to:

Name: _____ Fax: _____
Address: _____

for the purpose of:

- Continuing Care Insurance Information Attorney Use
 Personal Use Other (specify)

I understand this authorization may be revoked at any time, except to the extent that action has been taken in reliance on this authorization. Unless otherwise revoked, this authorization will expire on the following date, event or condition _____
or 1 year from the date of signing.

I understand that once the information is disclosed pursuant to this authorization, it may be redisclosed by the recipient and the information may not be protected by federal privacy regulations.

The facility, its employees, officers, and physicians are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

Signed: _____ Date: _____
Patient or Personal Representative

Printed Name of Personal Representative Relationship to Patient

Description of Personal Representative's Authority

401 Edith NE, Albuquerque, NM 87102
(505) 338-4038
FAX: (505) 842-1158