



**AUTHORIZATION FOR DISCLOSURE OF PROTECTED HEALTH INFORMATION**

Patient Name: \_\_\_\_\_ S.S. # \_\_\_\_\_

Birth date: \_\_\_/\_\_\_/\_\_\_ MR#: \_\_\_\_\_ Phone # \_\_\_\_\_

I authorize DaVita Medical Group to release protected health information from the following location(s):  
Refer to 2<sup>nd</sup> page. List Location(s): \_\_\_\_\_

**By initialing the following, I request the specific information to be released:**

- \_\_\_ Medical records/laboratory/radiology/diagnostic test, for time period: \_\_\_\_\_.
- \_\_\_ Behavioral Health/emotional/psychiatric history or condition, for time period: \_\_\_\_\_.
- \_\_\_ Drug alcohol/substance abuse treatment or history, for time period: \_\_\_\_\_.
- \_\_\_ Human Immune Deficiency Virus (HIV) infection/testing and/or Acquired Immune Deficiency Syndrome (AIDS) treatment, for time period: \_\_\_\_\_.
- \_\_\_ Sexually Transmitted Disease (STD) / Hepatitis C testing or treatment, for time period: \_\_\_\_\_.
- \_\_\_ Video tapes, Digital or other images related to: \_\_\_\_\_
- \_\_\_ Other (Please specify) \_\_\_\_\_

**IMPORTANT NOTICE FOR THE RECIPIENT OF THE INFORMATION:**

If any of these records authorized by the patient and received by you contain information regarding alcohol or drug abuse treatment, it is protected by federal confidentiality rules (42 CFR Part 2). The federal rules prohibit you from making any further disclosure of this information unless further use or 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 use or 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.

**The information being disclosed is for the purpose of:**

- Continuing Medical Care  Disability Determination  Underwriting  Insurance Claim  Legal Claim
- Workers Comp (date of accident/onset of symptoms): \_\_\_/\_\_\_/\_\_\_ Date of Treatment: \_\_\_/\_\_\_/\_\_\_
- Other (Please specify) \_\_\_\_\_

Information will be mailed to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ C i t y / S t a t e / Z i p : \_\_\_\_\_

Information to be FAXED to (#): \_\_\_\_\_ For appointment date: \_\_\_/\_\_\_/\_\_\_

This authorization shall be in force and effective for one year from the date of signing.

I understand that I have the right to revoke this authorization in writing at any time by sending notification to DaVita Medical Group.

I understand that in the event DaVita Medical Group has disclosed information pursuant to this request prior to a subsequent revocation of the authorization by me, DaVita Medical Group will not be held responsible for such disclosure.

I understand that I have the right to inspect the protected health information to be used or disclosed as permitted under federal law (or state law to the extent the state law provides greater access rights)

Patient informed of fee:  Yes  No

Authorized signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

Patient's Authorized Representative – Description of Authority: \_\_\_\_\_

Identification verified:  Yes  No by: \_\_\_\_\_

Teammate signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_



**INFORMATION USE OR DISCLOSURE AUTHORIZATION**

**Westside Medical Pavilion**

10511 Golf Course Rd NW  
Albuquerque, NM 87114

**Homestead**

5310 Homestead Road NE Suite 201  
Albuquerque, NM 87110

**Pain:**  
**Spine:**

**Hand Clinic**

101 Hospital Loop NE Suite 201  
Albuquerque, NM 87109

**Sleep Medicine**

4700 Jefferson St NE Suite 800  
Albuquerque, NM 87109

**Eye Department**

**Journal Center**

5150 Journal Center Blvd NE 3rd Floor  
Albuquerque, NM 87109

**Sunport**

2901 Transport St. SE  
Albuquerque, NM 87106

**Women's Health**

**Sunport**

2901 Transport St. SE  
Albuquerque, NM 87106

**DaVita Medical Group  
Healthcare Center**

**Carlisle Office**

3901 Carlisle Blvd NE  
Albuquerque, NM 87107

**Coors Office**

2929 Coors Blvd NW  
Albuquerque, NM 87120

**Journal Center Office**

5150 Journal Center Blvd NE  
Albuquerque, NM 87109

**Juan Tabo North Office**

2121 Juan Tabo NE  
Albuquerque, NM 87112

**Juan Tabo South Office**

1901 Juan Tabo NE  
Albuquerque, NM 87112

**Montgomery Office**

9101 Montgomery Blvd NE  
Albuquerque, NM 87111

**Rio Bravo Office**

200 Rio Bravo Blvd SW  
Albuquerque, NM 87105

**Sunport Center Office**

2901 Transport St. SE  
Albuquerque, NM 87106

**Tramway Office**

13701 Encantado Rd NE  
Albuquerque, NM 87123

**Urgent Care**

**Journal Center**

5150 Journal Center Blvd NE  
Albuquerque, NM 87109