

Kidney Specialists of New Mexico, P.C.

717 Encino Place NE, Suite 26 • Albuquerque, NM 87102 • Phone: (505) 884-4545 • Fax: (505) 884-4114

RELEASE OF INFORMATION AUTHORIZATION/CONSENT FORM

Patient Name: _____ DOB: _____

SSN: _____ Acct. No.: _____

I, _____ hereby request and authorize

Kidney Specialists of New Mexico, P.C.
717 Encino Place NE, Suite 26
Albuquerque, NM 87102
Phone: (505) 884-4545
Fax: (505) 884-4114

To release the following information concerning my medical treatment:

_____ Medical Records	_____ Consultations
_____ Lab Findings	_____ Evaluations/Assessments
_____ Progress Notes	_____ Discharge Summary
_____ Testing Records	_____ Alcohol/Drug Abuse Treatment Info
_____ Social History	_____ H.I.V./A.I.D.S. Information
_____ Treatment Plan(s)	_____ Other

Photocopies or originals of the above information are to be released to:

A photocopy of this authorization/consent, which contains my signature, shall be considered as effective and valid as the original and shall be honored as such by those to whom it is provided. By this signature I acknowledge that I have received a copy of this document for my personal records.

PATIENT SIGNATURE: _____ DATE: _____

GUARDIAN SIGNATURE: _____ DATE: _____

WITNESS SIGNATURE: _____ DATE: _____