Pueblo of Isleta
B'eeh–K'oo–ee Wellness Center
PO Box 580 Isleta, NM 87022
Office: 505-869-5475 Fax: 505-869-5489

AUTHORIZATION FOR RELEASE OF INFORMATION

Name of Patient: _____ **DOB:** _____ **Age:** _____

Phone #: _____-_____-_____ **SSN:** _____-_____-_____ **Sex:** _____

Mailing Address: _____

Physical Address: _____

Court ordered patient? Yes or No **On Probation? Yes or No** **Probation Officer?** _____

What services are you seeking?

AUTHORIZATION FOR USE OR DISCLOSURE OF HEALTH INFORMATION

I, _____, hereby voluntarily **authorize** the disclosure of information from my record.
(Name of Patient)

The information is to be exchanged between Isleta Behavioral Health Clinic:

AND: **(Provide Patient Initials to ALL that apply)**

- ☐ POI Tribal Courts
- ☐ POI Prosecutor
- ☐ POI Public Defender
- ☐ POI Social Services
- ☐ POI Probation
- ☐ POI Truancy
- ☐ POI Victim Advocates
- ☐ POI Police Department
- ☐ Other 1: _____
- ☐ Other 2: _____
- ☐ Other 3: _____

The purpose or need for this disclosure is to exchange needed information related to progress, compliance, and treatment recommendations.

I understand that I may revoke this authorization in writing submitted at any time, except to the extent that action has been taken in reliance on this authorization, this authorization was obtained as a condition of obtaining insurance coverage or a policy of insurance, or other law that provides the insurer with the right to contest a claim under the policy, or the policy itself. If this authorization has not been revoked, it expires one year from the date of my signature unless I specify a different expiration date: _____.

_____ _____
Signature of Patient Date

_____ _____
Signature of Authorized Representative or Witness Date

Note: Release of patient information is covered under Part 2, Title 42 of Federal Regulation, "Confidentiality of Alcohol and Drug Records." This notice accompanies a disclosure of information concerning a patient in alcohol and/or drug abuse treatment, made to you with the consent of such patient. This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal Regulations (42 Code of Federal Regulations Part 2) prohibit you from making any further disclosure of it to other persons or agencies without the specific written consent of the person to 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.