

Requesting your Health Records

You may obtain a copy of your personal records or you can authorize records to be released to another party. You will need to complete a Release of Information form (ROI). This gives us permission to share your health information.

The most important part of the Release of Information Form (ROI) is where the medical information should be disclosed to:

5. **This medical information shall be disclosed to** and used by the following individual or organization: (Please print)

Name of Individual or Organization
Individual or Organization Address (No. and Street, City, State, Zip Code)

This section allows Isleta Health Center to release information to Family members, Schools, and any other designated authority. If you wish to release information to another Health Care Provider, it is very important that you provide us with the Health Care Provider Address or Fax Number.



Additionally, the Isleta Health Center does follow all applicable laws in regards to Court Appointed Designees to include Power of Attorneys, Personal Representatives, and Legal Appointed Guardians.

As a patient of Isleta Health Center, you can enjoy the easy process to request records.

- A completed ROI form
- Picture ID



For your convenience, we can also email you a Release of Information form or you can print one with the link below.

Please complete Release of Information form below.

[Release of Medical Information](#)