



City of Rio Rancho
Department of Financial Services - Ambulance Billing
Authorization for Release of Medical Records

Please complete all the information on this form as completely and accurately as possible by typing or using blue or black ink. Please contact us at (505) 891-5021 with any questions.

Section I - Patient Information

Date of Birth: _____

Patient Name:

Last Name

First Name

MI

SSN: _____

Section II - Information to be Released

Medical Records From (date): _____ To (date): _____

Reason for Release of Records: _____

Patient Limits the Release of the Following Information: _____

Section III - Release The undersigned authorizes the City of Rio Rancho to release any and all medical records of treatment by the City of Rio Rancho to:

Name: _____
Last Name First Name

Company: _____

Address: _____
Street City/State Zip

Phone #: _____ Fax #: _____ E-Mail: _____

By signing this authorization, I understand the following conditions apply: (1) I have the right to revoke this authorization by providing a written notice of revocation to the City of Rio Rancho - Department of Financial Services/Ambulance Billing. The revocation will not apply to information that has already been released prior to the receipt of the written revocation. The revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim. (2) The City of Rio Rancho will not condition treatment on whether I sign this authorization. (3) I have a right to inspect and receive a copy of the material to be disclosed. The information used or disclosed pursuant to the authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal privacy rules. (4) Authorizing the disclosure of this health information is voluntary and I may refuse to sign the authorization. (5) I have the right to request a copy of this authorization. (6) A copy of this authorization is as valid as the original.

Patient Signature: _____
(or legally authorized) Date

Witnessed By: _____
Date

Please return this completed and signed form to: Attn: Steve Perkins, Ambulance Billing, 3200 Civic Center Circle NE, Rio Rancho, NM 87144 - or fax to: (505) 891-5762