



THE UNIVERSITY of
NEW MEXICO

UNM Student Health & Counseling (SHAC)
MSC06 3870
1 University of New Mexico
Albuquerque NM 87131-0001
(505) 277-3136 Fax: (505) 277-2020

Authorization for Release of Information

Please fill out this form completely; incomplete forms are invalid and will not be processed.

Patient's Name _____ Birthdate _____
Last Name First Name Initial

Maiden Name, if applicable _____ UNM ID
or SS # _____

This will authorize:

Disclosing Business Name/Phone _____

Business Address _____

To release to:

Recipient Name/Phone _____

Address _____

The following information (choose one): Via mail Via fax (10 pages or less) Pt. Pick-up

ALL MEDICAL INFORMATION To include: HIV/AIDS information _____ Drug & alcohol information _____
(Excluding 'Counseling Services' Information) Initial Initial

ONLY THE FOLLOWING INFORMATION (specify dates of service or condition):

_____ To include: HIV/AIDS information _____ Drug & alcohol information _____
Initial Initial

ALL MENTAL/BEHAVIORAL HEALTH To include: HIV/AIDS information _____ Drug & alcohol information _____
INFORMATION (Including 'Counseling Services' Information) Initial Initial

For the purpose of: _____

AUTHORIZATION: I certify that this request was made voluntarily and that the information given is accurate to the best of my knowledge. I understand that I may revoke this authorization at any time by notifying UNM Student Health & Counseling in writing. I understand any request for revocation will not have any effect on any actions taken prior to its submission. I understand that if the entity authorized to receive the information is not a health plan or healthcare provider, the released information may not be protected by federal privacy regulations. This authorization will expire 180 days from the date of signature unless otherwise stated. I understand that this request may result in an administrative processing fee.

Signature of Patient/Client (or Legal Representative) _____ Date _____ If Legal Representative, Relationship to Patient _____

Signature of Witness _____