



# Sage Family Health Center

Debra K. Higginbotham MD

2019 Galisteo G-3

Ph (505) 984-1300

Fax (505) 986-6447

## Authorization to release information

Patient name: \_\_\_\_\_ Date of birth \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

I hereby authorize the medical information manger or his/her designee at

To release the following medical information from my medical record to:

- The entire medical chart (including substance abuse, psychiatric/mental health, HIV information)
- Verbal information
- Specific Information \_\_\_\_\_  
\_\_\_\_\_

This release has no expiration date unless otherwise specified. I understand that I may revoke this consent at anytime except to the extent that action has been taken in reliance thereon.

New Mexico medical records copying fee is \$30 for the first 15 pages and .25 for each additional page.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(If not patient state relationship)

Witness printed name: \_\_\_\_\_



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Witness signature: \_\_\_\_\_

Date

\_\_\_\_\_