



Patients Helping Patients
obtain or renew their New Mexico
Medical Cannabis Card

Authorization for Use or Disclosure of Protected Health Information

Patient Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip _____

Phone: _____ Email: _____

I. AUTHORIZATION

I authorize (*healthcare provider*) _____ to release my protected health information described below to Compassionate Hearts, LLC.

Providers Phone: _____ Providers Fax: _____

II. EFFECTIVE PERIOD (*Dates of Service*)

This authorization for release of information covers the period of healthcare from:

A. _____ to _____. ****OR**** B. All past, present, and future periods

III. EXTENT OF AUTHORIZATION

I authorize the release of my complete health record (including records relating to mental healthcare, communicable diseases including HIV or AIDS). **PLEASE EXCLUDE ANY AND ALL LAB WORK.**

Current Problem List Chart / Progress Notes Other _____

HIV / AIDS Related Information Drug / Alcohol Related Information Psychological / Psychiatric Evaluation
(Requires separate signature)

Patient Signature: _____

Release of the above information is to obtain or renew patient New Mexico medical cannabis card.

This authorization will expire within one (1) year unless otherwise indicated. I understand that this authorization is voluntary and may be revoked by me at any time in writing, except to the extent that action has already been taken in reliance with this authorization.

Patient Signature: _____ Date: _____

FOR OFFICE USE ONLY: _____

IMPORTANT: This facsimile transmission contains confidential information, some or all of which may be protected health information as defined by the federal Health Insurance Portability & Accountability Act (HIPAA) Privacy Rule. This transmission is intended for the exclusive use of the individual or entity to whom it is addressed and may contain information that is proprietary, privileged, confidential and/or exempt from disclosure under applicable law. If you are not the intended recipient (or an employee or agent responsible for delivering this facsimile transmission to the intended recipient), you are hereby notified that any disclosure, dissemination, distribution or copying of this information is strictly prohibited and may be subject to legal restriction or sanction. Please notify the sender by telephone (number listed below) to arrange the return of the information and all copies.