



Aggie Health & Wellness Center  
 PO Box 30001, MSC 3529  
 Las Cruces, NM 88003  
 (575) 646-1512  
 (575) 646-6428 (fax)

### Authorization for Release of Health Information

Patient/Client Name		
Date of Birth (MM/DD/YR)	Aggie ID#	Phone Number
Mailing Address		
City	State	Zip
Person/Organization <b>Providing</b> Information:		Person/Organization <b>Receiving</b> Information
Mailing Address, City, State, Zip		Mailing Address, City, State, Zip
Describe the information to be released. Include dates of service and type of service:		
Describe the purpose of this request:		
<b>Initial</b>	<b>Please initial understanding of all statements</b>	
	I understand the <b>medical and mental health records</b> described above may include sensitive information related to medical and psychological diagnosis and treatment, and include sensitive information related to workers comp injuries, HIV/AIDS and STI infection/treatment, and drug and alcohol use or abuse information.	
	The Aggie Health & Wellness Center will not condition my treatment, payment, or enrollment in a health plan on whether I provide authorization for the above request.	
	This authorization shall become effective immediately and will expire on the following date, event, condition, or in six (6) months from the date signed. <b>Enter alternative date if requested:</b>	
	I understand that I may receive a copy of this form if requested. I may see and request a copy of the information described to be released on this form if I ask for it. I agree to pay any fees associated with the copying of records. I also understand that any review of original health (medical and psychological) will be supervised.	
	I understand that I have the right to revoke this authorization, in writing received at the address below. I understand that the revocation will not apply to health information that has already been released in response to this authorization.	
	I understand that the authorized health information may be electronically communicated.	
<b>Authorization for Release of Information</b>		
	I authorize the NMSU Aggie Health & Wellness Center to <b>obtain information</b> from the above listed person/organization.	
	I authorize the NMSU Aggie Health & Wellness Center to <b>release information</b> from the above listed person/organization.	
<b>SPECIFIC INFORMATION AUTHORIZED</b>		
	Medical Records	Other
	HIV, AIDS, or other sexually transmitted infection	
	Workers Comp Injury	

**Mental Health CHOOSE ONE (will not be processed if both options are checked)**

	Mental Health Treatment Summary (Abbreviated record for financial aid, scholarship appeal, medical withdrawal, etc.)
	Mental Health Complete Record (Detailed record for disability claims, legal purposes, psychodiagnostic testing)
	Other

I certify that this request was made voluntarily and that the information given is accurate to the best of my knowledge.

\_\_\_\_\_  
Signature of patient/client or authorized legal representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**NMSU AGGIE HEALTH & WELLNESS CENTER, P.O. BOX 30001 MSC 3529, Las Cruces, NM 88003**  
**Instructions for the Completion of Authorization for Release of Health Information**

The authorization may be printed and used for your convenience. This form may also be obtained at the Front Desk of the NMSU Aggie Health & Wellness Center (AHWC). A patient/client may use this form to request that their AHWC records be sent to another medical or mental healthcare provider, or for purposes authorized by the patient/client.

**Please be careful to read and complete all sections of the form.**

Copying charges associated with copying of records is \$1 per page or \$17 for total record when released directly to the patient/client or other non-health care entity. No charges are associated with copying of records when the records are transferred directly to another medical or mental healthcare provider or facility.

**Mail or bring the completed form to:**

NMSU Aggie Health & Wellness Center  
PO Box 30001 MSC 3529  
Las Cruces, NM 88003-8001

If you have any questions regarding the form, obtaining the records, or for clarification of charges, please call 575-646-1512.