



Assisting all qualified patients in navigating the process of obtaining or renewing their New Mexico Medical Cannabis Card.

AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

PATIENT INFORMATION:

Patient Name: _____ Date of Birth: _____

Address: _____ City _____ ST _____ Zip _____

Phone No.: _____ Email: _____

HEALTH CARE PROVIDER RELEASE OF INFORMATION:

I authorize (Health Care Provider's Name) _____ to release my protected health information described below to San Juan Medical Cannabis Center and / or Dr. Mark Braunstein, DO.

Health Care Provider's Phone & Fax Numbers:

Phone No.: _____ Fax No.: _____

THIS AUTHORIZATION FOR RELEASE OF INFORMATION COVERS THE PERIOD OF HEALTHCARE

From: A. _____ to _____ **** OR **** B. All Past & Present Periods
Excluding Lab Work **Excluding Lab Work**

EXTENT OF AUTHORIZATION:

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

- Diagnosis
- Progress Notes
- History & Physical

Patient Signature: _____ Date: _____

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 or destruction of the information and all copies.

FOR SJMCC USE ONLY: _____