



**Rio Pecos Medical Associates, LTD**  
305 W. Country Club Rd., Roswell, NM 88201  
Phone: (575) 622-6322 | Fax: (575) 622-6888

## AUTHORIZATION FOR USE OR DISCLOSURE OF MEDICAL RECORD INFORMATION

### PATIENT INFORMATION:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone (Home): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

### RELEASE INFORMATION TO: (check one):

☐ I authorize Rio Pecos Medical Associates, LTD to release records to:

☐ I authorize the release of records to Rio Pecos Medical Associates, LTD.

Facility/Name: \_\_\_\_\_ Attention: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**DELIVERY PREFERENCE:** ☐ Mail/Fax ☐ Hold for Pick-up ☐ Email \_\_\_\_\_

**DISCUSS MEDICAL INFO WITH:** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### INFORMATION TO BE RELEASED (initial and circle all that apply):

\_\_\_\_ All Records \_\_\_\_ Mental Health Notes \_\_\_\_ Lab Results \_\_\_\_ Radiology \_\_\_\_ Other Provider Records

\_\_\_\_ Records from: \_\_\_\_\_ to \_\_\_\_\_ \_\_\_\_ Other (specify): \_\_\_\_\_

### PURPOSE OF DISCLOSURE (check one):

☐ Continued Care ☐ Insurance ☐ Legal ☐ Physician Change/Relocation ☐ Other: \_\_\_\_\_

I understand that the information disclosed will be used only for the purpose stated above. My medical records may include reports and notes best interpreted by a physician, and I have been advised to consult my provider with any questions. I may revoke this authorization in writing at any time, except when action has already been taken. Unless otherwise specified, this consent will expire 90 days from the date of my signature.

**Please note:** Rio Pecos will make every effort to process records requests promptly. However, due to the volume of requests, **it may take up to 30 days** to fulfill your request in accordance with HIPAA guidelines.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fax completed form to (575) 622-6888 or mail to the address above, Attention: Medical Records.

**Tax ID:** 85-0231684  
**Rio Pecos Medical Associates, LTD**  
305 W. Country Club Rd. | Roswell, NM 88201  
Phone: (575) 622-6322 | Email: medicalrecords@riopecosmed.com

---

## Medical Records Request Policy

This notice outlines the fee schedule and procedures for requesting medical records from Rio Pecos Medical Associates, LTD.

---

## Fee Schedule

- **Paper Records:** \$30.00 for the first 15 pages; \$0.25 per page thereafter.
- **Electronic Records:** Patients may be charged the actual cost of reproduction (e.g., CD, or other formats).
- **New Mexico Disability/Worker's Compensation Requests:** \$18.75 (no tax).
- **New Mexico Taxes of 7.833%** will be added to most requests.

*Please note: Medical records will not be released until all associated fees have been paid in full, with the exception of approved Worker's Compensation and Disability requests.*

---

## Request Guidelines

- All requests must include a clearly executed **Authorization to Release Medical Records** signed by the patient.
  - Requests submitted by **family members** must include a valid **Power of Attorney (POA)**.
  - Specify the **timeframe** or **date range** for the requested records.
- 

## Important Considerations

- Due to HIPAA regulations, we cannot release third-party records such as consult notes, prescriptions, or tests not generated by Rio Pecos Medical Associates.
  - Legal requests will be accompanied by a Rio Pecos-generated affidavit. We do not complete outside or foreign affidavits.
  - If paper records are requested, **shipping charges** will apply based on USPS or courier rates unless a courier account is provided.
- 

**Please note:** Rio Pecos will make every effort to process records requests promptly. However, due to the volume of requests, **it may take up to 30 days** to fulfill your request in accordance with HIPAA guidelines.

Thank you,  
**Medical Records Department**  
*Rio Pecos Medical Associates, LTD*