



Infusion Therapy Services
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HIPAA Privacy Authorization Instructions

This page is designed to explain how to fill out the HIPAA Privacy Authorization Form. This form may be required because you are a patient receiving the assistance of others to manage your account or medical needs, or you may be the care giver or family member of a patient needing access to the account information. In any case, the following list explains what needs to be in each field.

1. Authorization: This is a list of people's names that you wish to have access to all or part of your account information at HME Specialists.
2. Effective Period: This is referring to the period of time that the information can be requested about. There should be a start date that may be in the past, and an end date that should be in the future.
3. Extent of the Authorization: This field offers 4 options. The first option is access to the patient's complete file, this is most common. The second option is to gain information as it relates to medical records, history, and equipment information. The third option is for information on the financial records only, billed amounts and dates due. The final choice is other, and allows you to fill in what access the person will gain. If choosing other please be very specific to the information that may be shared.
4. Expiration: This is for the end date of this authorization. This may be the same future date listed in question two, or this may be another specific date or event in the future.

This form may be returned to HME by mail, fax or email using the information below.

HIPAA Compliance Officer
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