HME Specialists LLC

Infusion Therapy Services
Specialty Mobility Services
Home Medical Equipment
Respiratory Services
Retail Store Front

HIPAA Privacy Authorization Request Form

This form may be filled out by a patient or patient's personal representative and returned to HME Specialists to authorize use and disclosure of protected health information to designated parties other than the patient. **In order for this form to be approved all fields are required.**

1. Authorization:

I authorize HME Specialists to use and disclose the protected health information described below to the following individual(s):

_____
_____
_____

2. Effective Period:

This authorization for release of Protected Health Information is valid for dates of service during the following length of time:
From _____ to _____

3. Extent of Authorization: (checkmark box next to appropriate option)

☐ I authorize the release of my complete health record to include all diagnosis, treatment and payment information for the above time period.
☐ I authorize the release of any information as it would relate to diagnosis and treatment, but excluding all billing information.
☐ I authorize the release of any information as it would relate to payment and billing inquiries only, not to include diagnosis or treatment related services.
☐ Other (Please specify):

_____
_____
_____

4. Expiration:

This authorization shall be in force from the date reviewed until _____ (date or event), at which time this authorization will expire.

611 Osuna Rd. NE Albuquerque, NM 87113 www.hmespecialists.com
505•888•6500 Phone 505•888•6505 Fax 866•690•6500 Toll Free

5. This medical information may be used by the person I authorize to receive this information for medical treatment, consultation, billing, claims payment or any other purposes that I may direct.

6. I understand that I have the right to revoke this authorization, in writing, at any time. I understand that this revocation will not be in effect until HME Specialists received this notice and processes the request in my account.

7. I understand that my treatment, payment, or eligibility to receive services from HME Specialists will not be conditioned on whether or not that I sign this authorization.

8. I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

Signature of patient or patient's personal representative

Printed name of patient or patient's personal representative

If signed by patient's personal representative please state your relation to the patient

Date

HME Specialists
3901 Masthead St.
Albuquerque, NM 87109
Phone: 505-888-6500
Fax: 505-888-6505
compliance@hmespecialists.com

Please print below the patient's name and date of birth, or the patient's ID number: