

MEMBER AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION

I, (Member Name) hereby authorize the use or disclosure of my health information as described in this authorization.

A. Specific person/organization (or class of persons) authorized to provide the information: <input type="text"/> (Name of health plan or Prescription Benefit Manager) <input type="text"/> (Name of providers as applicable) <input type="text"/> (Provider's phone number or email as applicable)
B. Specific person/organization (or class of persons) authorized to receive and use the information: <p style="text-align: center;">New Mexico Public Schools Insurance Authority 410 Old Taos Highway, Santa Fe, NM 800-548-3724 Fax: 505-983-8670</p>
C. Specific and meaningful description of the information (for example, "relating to xxxxxxx treatment with date of service xxxxxxx rendered or proposed by xxxxxxxx" (provider) attach all supporting <input type="text"/>
D. Purpose of the request. (Please state the purpose of the request below, for example "assistance with claim". If you do not wish to state a purpose, please state "at the request of the individual") <input type="text"/>
E. Right to revoke. I understand that I have the right to revoke this authorization at any time by notifying NMPSIA in writing at 410 Old Taos Highway, Santa Fe, NM 87501. I understand that the revocation is only effective after it is received and logged by NMPSIA. I understand that any use or disclosure made prior to the revocation under this authorization will not be affected by a revocation.
F. I understand that after this information is disclosed, federal law might not protect it and the recipient might redisclose it.
G. I understand that I am entitled to receive a copy of this authorization.
H. I understand that this authorization will expire when my inquiry or appeal has been acted upon by NMPSIA.

Signature of Employee or Patient (if over age 18)

Date:

Personal representative section: If a Personal representative executes this form, that Representative warrants that he or she has authority to sign this form on the basis of: