



New Mexico Regulation and Licensing Department

BOARDS AND COMMISSIONS DIVISION

Physical Address: Toney Anaya Building 2550 Cerrillos Rd. Santa Fe, New Mexico 87504

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www.rld.state.nm.us

NEW MEXICO BOARD OF CHIROPRACTIC EXAMINERS

AUTHORIZATION FOR DISCLOSURE OF HEALTH RECORD INFORMATION

(Includes Inspection/Copying of Health Records)

COMPLAINT NO: _____

NAME OF PATIENT (LAST) (FIRST) (M.)

BIRTHDATE AGE TELEPHONE SOCIAL SECURITY NO.

ADDRESS

THE UNDERSIGNED HEREBY AUTHORIZES AND REQUESTS THAT:

(Name of health care provider)

Address

PROVIDE TO:

New Mexico Board of Chiropractic Examiners

Attn: Compliance Liaison

P.O. Box 25101

Santa Fe, New Mexico 87504

Access to my health records for the purposes of review and examination, and further authorizes and requests that you provide such copies thereof as may be requested.

PATIENT SIGNATURE if signed by personal representative

Date