



MESILLA VALLEY HOSPITAL

*3751 Del Rey Blvd , Las Cruces NM 88012
(575)382-3500 Fax: (575)382-4904
Medical Records Department*

Please find enclosed an **Authorization for Release** of your medical records; this is needed in order to process your request for release of your medical records.

Make sure to **fill in all the blanks, sign and date the form**. Information that MUST be included in order for form to be considered valid is as follows:

- Patient's full name, date of birth, and dates of service.
- Please check one of the listed choices for what requested information/ documents are to be disclosed.
- Who/ what organization our designated staff may send information to, including the address, contact number, and/or a fax number.
- Please check either **YES you** (or patient) **do authorize HIV/STD information to be disclosed** to the receiving facility **OR NO, you do not authorize the disclosure of HIV/STD information** to the receiving facility.
- Please check one of the listed reasons for what purpose the information is being requested.

Please include your phone number in case there might be some questions regarding your request. **If any of these sections is left blank, the release is deemed invalid and will NOT be processed.** Return the signed and completed form and attach a copy of your ID. Once we receive it, we will process your request. If you have any questions, please give us a call at 575-382-6638.

Mailing Address: Mesilla Valley Hospital
3751 Del Rey Blvd
Las Cruces, NM 88012
ATTN: Medical Records

Or fax the request to us at 575 382-4904.

Thank You,

Mesilla Valley Hospital
Health Information Department