



Breast Cancer
Resource Center
Connecting You

Release of Healthcare Information Authorization

Patient Name: _____ Date of Birth _____

I request and authorize _____
to release healthcare information of the patient named above to:

The Breast Cancer Resource Center
1009 Bradbury SE, Suite 16
Albuquerque, NM 87106
505-242-0605 Phone
505-243-6591 Fax

This request and authorization applies to:

Current healthcare information related to the following treatment and/or condition:

Previous healthcare history and information as it relates to the treatment and/or condition noted above.

Other: _____

Patient Signature: _____ Date: _____

THIS AUTHORIZATION EXPIRES ONE YEAR FROM DATE SIGNED.