



## NEW MEXICO MONITORED TREATMENT PROGRAM

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### REQUEST FOR RECORDS & CONSENT FORM

The attached form is to provide MTP staff with a request for records, correspondence, completion of a form or to provide quarterly reports to an individual at an organization.

Please complete the form by printing or typing to insure the information is legible. Please be specific.

You may send the form to MTP via mail, fax, email.

All information from MTP must be to an Individual at an organization. We can not send information to an organization.

- Letters or forms please allow 2 weeks
- Copies of records please allow 4 weeks

By signing the request for records you are providing MTP with a release to provide the requested information to the party listed on the form. There is not a secondary consent form required.

#### **COST:**

For those who have been discharged from MTP there is a cost for providing the service.

- A single letter is 25.00
- A multiple –document is 35.00
- A copy of file contents (not the entire file) is 50.00
- A copy of entire file is 75.00 to 200.00 (depending on file size)

Fee may be paid by you or by the requesting organization. Checks or money orders should be made out to: *NM Monitored Treatment Program.*

If you have any questions please feel free to contact Jon Thayer Executive Director at 505-271-1914.

Thank You



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## CONSENT FOR RELEASE AND REQUEST FOR RECORDS OR PARTICIPATION INFORMATION (to be completed by requesting participant)

Participant Name \_\_\_\_\_ MTP Number \_\_\_\_\_

Participant Address \_\_\_\_\_ Phone \_\_\_\_\_

FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### Who do you want information or records sent to? (Please print or type it must be legible )

Recipient's Name \_\_\_\_\_ Phone \_\_\_\_\_

Fax \_\_\_\_\_ email \_\_\_\_\_  
( ) please fax letter or form (records can not be faxed). ( ) please email letter or form (records can not be emailed)

Title \_\_\_\_\_

Company/Agency \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

### What do you want MTP to send/communicate?

\_\_\_\_\_ **Records** (List records to be sent) (fee 75.00 to 200.00 depending on size of record)

\_\_\_\_\_ **Letter** (Describe what you would like MTP to communicate to the Recipient) (25.00 fee)  
(most all letters require that MTP provide identifying information, participation, compliance, dates of completion and information about MTP)

\_\_\_\_\_ **Form** (Please attach the form to be completed along with pertinent instructions) (25.00 fee)

\_\_\_\_\_ **Other** (Please explain)

**By what date is this information needed by the Recipient?** (MTP requires a minimum of two weeks to process this request.) ( ) please send me a copy of the letter or form.

( ) *initial* I give my consent, by my signature below, to provide the requested information to the above named person. This consent expires on \_\_\_\_\_ ( ) until discharge. (minimum 30 days after the date of the request).

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
MTP Clinical Staff  
(Please mail, fax or email this completed form to MTP)

\_\_\_\_\_  
Date Request Completed