**PLEASE NOTE:**

**The following Policies and Procedures are effective as of January 1, 2021, but they are subject to possible revision by the New Mexico Supreme Court**

**NEW MEXICO MEDICAL REVIEW COMMISSION**

**Policies and Procedures**

This is an information pamphlet for practitioners, participants and others interested in the N.M. Medical Review Commission (“Commission”) and includes the Commission’s Policies, suggested forms, and the Rules of Procedure. The Medical Malpractice Act, NMSA 1978, §41‑5‑1ff. (1993) and the case law decided thereunder govern all matters before the Commission. In consideration of the many volunteer panelists whose work is the bedrock of this screening system, the philosophy of the Commission is to get to the heart of the issues raised as efficiently and fairly as possible. Policies are not cast in concrete. Practicality will take precedence over custom and practice. Substance will take precedence over form. Policies are not, and should not be, inflexible nor utilized as a substitute for good sense.

1. **The Application.**
2. Per §41‑5‑14(D), *an attorney* must submit the application. Likewise, §41‑5‑19(A) requires the patient's attorney to present the case to the Panelists”. There is no special form for the application except that it must:

(1) be brief;

(2) state the persons involved (i.e. names, addresses and phone numbers of all providers whose care may be germane to the issues and not merely the providers subject to the inquiry);

(3) state the date/s of the alleged acts;

(4) state the circumstances of the alleged acts;

(5) be accompanied by a sufficient medical release, as a separate document, signed by the patient or patient's representative. Attached are printable forms of HIPAA-compliant medical releases that we have found most providers will accept in most circumstances).

1. The application and all communications should be delivered, mailed, faxed or emailed to:

New Mexico Medical Review Commission

316 Osuna Rd. NE, Suite 501

Albuquerque NM 87107-5956

Telephone (505) 828-0237

Facsimile (505) 828-0336

[nmmrc@nmms.org](mailto:nmmrc@nmms.org)

In the event of a transmission problem, kindly call the Commission. In all cases, the person making the communication assumes the risk of the means utilized to get notice to the Commission. When the term “mail” is used herein to describe communications, that term includes surface mailings, electronic mailings, courier deliveries and hand deliveries.

c. In the event the Commission determines that an inadequate application is received (e.g. lack of a HIPAA-compliant release), it is the policy of the Commission to notify counsel of the deficiency and of counsel’s opportunity to object to, or correct, such determination within ten (10) days, or the application will be returned. ***Because a claimant's rights could be prejudiced, we urge counsel not to ignore this policy.***

d. Upon receipt of an application that is in conformity with the Act, the names of providers whose conduct is under scrutiny are submitted to the N.M. Office of the Superintendent of Insurance (herein, “OSI”) for certification that the provider has the proper statutory coverage; and if so, the name of the provider’s carrier.

e. When an issue arises that pertains to the jurisdiction of the Commission to screen a claim, such matters are handled on a case-by-case basis. When appropriate, the Parties are expected to provide documentary evidence supporting their position on jurisdictional issues.

f. As the case proceeds, counsel are urged to communicate with one another regarding the narrowing of issues and/or any complications of the issues that become apparent. As long as counsel keep each other and the Commission advised regarding amendments to the application, it usually is not necessary to submit an amended application or an amended Answer.

2. **Answer to the Application.** Pursuant to §41-5-16, the Commission mails notification of the claim to the provider(s) against whom the claim is alleged. The Commission also mails notification of the claim to the insurance carrier indicated by the OSI. The healthcare provider subject to the inquiry is required to answer the application and to also submit a release authorizing the Commission to obtain access to all medical and hospital records and information pertaining to the matter giving rise to the application, and, only for the purposes of consideration of the application, waiving any claim of privilege as to the contents of those records. While a recitation of affirmative defenses is not required by the Commission, in order to encourage full disclosure by all parties and to avoid unfair surprise, providers are urged to submit a meaningful response to the application. The statute does not require a provider to participate any further in the screening process, including attending any panel hearing or to have counsel.

3. **Voluntary Panel.** In the event a medical doctor (i.e. an M.D.) is not qualified under the Act pursuant to §41-5-5, it is the policy of the Commission, the New Mexico State Bar, and the New Mexico Medical Society to afford a panel hearing. The conditions upon which such a voluntary panel can take place are that all parties stipulate to the Voluntary Panel and the patient pay a $25.00 application fee.

4. **Healthcare Provider Records.** The Commission has no subpoena power. The Commission uses the medical release required by §41‑5‑14(D) to obtain medical records from the identified providers at the Commission’s expense. This is in furtherance of the spirit of the Act to provide an inexpensive forum to the parties and to give some assurance that the records are genuine. It is incumbent upon all counsel to promptly notify the Commission as soon as any need for further records becomes apparent. As medical records are received at the Commission, they are forwarded to the parties; radiology discs can be checked-out by the parties from the Commission for a limited time.

5. **Hearing Date.** The Commission staff sends a notice of hearing date to counsel and unrepresented parties. §41-5-18 requires that the hearing be held within 60 days of receipt of the application, except when extended by the Director for good cause. In the case of requests to vacate the hearing, "Good cause" generally is found to be inversely proportionate to the time remaining before the hearing date.

6. **Submittals by Counsel.** Please see Rule 3 of the Commission’s Rules of Procedure.

7. **Panels.** The Commission emails a survey of all cases scheduled for a particular month and containing a summary of the allegations with the names of counsel and date of hearing to those professionals who have expressed a willingness to serve as panelists. We term this the "Panel Poll". To preserve the confidential nature of the proceeding, the names of the parties are omitted from the survey. If the recipient is willing to serve on any of the panels, he or she completes the survey. Pursuant to §41-5-14 and §41-5-17(A)-(E), the panelists are chosen by the directors of the professional societies involved or their authorized representatives; and, the following administrative procedures are followed by the Commission:

a. The director of the professional society of the healthcare provider or his/her authorized representative chooses three panelists and three alternates. The director of the New Mexico Bar Association Medical Review Committee or his/her authorized representative chooses three attorney panelists and three attorney alternates.

b. Pursuant to the deadlines imposed by Rule 2 of the Commission, at least 14 business days prior to the hearing date the list of panelists, alternates and others willing to serve is emailed to counsel. A notice is also emailed to the panelists and alternates containing the names of the parties and their counsel. At this point those panelists are instructed to advise the Commission of any conflicts of interest. Counsel are immediately notified should a panelist advise of her/his unavailability.

c. Pursuant to §41‑5‑17(H) and Rule 2 of the Commission’s Rules of Procedure, each side can use the affidavit described in the statute to make three challenges of panelists.

d. After the period expires for §41-5-17(H) challenges, panelists may be replaced only for other reasons (e.g., challenge for cause, cancellation by a panelist, etc.). In such cases, the Commission staff follows a system of replacing the panelist that is based upon the availability of other panelists. After the expiration of the § 41-5-17(H) deadline, except for “cause”, no challenges are available regarding replaced panelists. Unfortunately, this consequence falls into the "life just isn't fair" category.

e. In the event several disciplines of providers are involved in a multi-party claim (e.g. medical doctor and doctor of osteopathy) every effort is made to conduct a single hearing which can result in a panel with 12-18 members (i.e., six to nine lawyers plus three professionals from each healthcare discipline).

f. Occasionally a need will arise either to cancel a hearing at the last minute for lack of a statutory six-person panel; or, for the sake of economy and convenience, to encourage counsel to stipulate to less than a six-person panel.

8. **Hearing Procedure.**

* 1. **Record.** §41-5-19(C) permits either side, at its expense, to have a court reporter or a recording device at the hearing (See Rules 1 and 3 of the Commission’s Rules of Procedure): no video record is permitted.
  2. **Technical Facilities**. Whenever possible, hearings are conductedon an electronic meeting format such as Zoom.

1. **Presentation of Records**. Details of deadlines for submittals for panel consideration are contained in Rule 3 of the Commission’s Rules of Procedure. To summarize: Counsel representing the parties must timely present (i) designated medical records germane to their case, (ii) medical literature, (iii) visual aids, and/or (iv) other relevant matter. In the event of a live, as opposed to a video, hearing, and with advance notice, the Commission will arrange to have a speaker phone (e.g. for long distance calls with an unavailable fact witness), computer-connected overhead projector, X-ray viewer, and/or projector screen.
2. **Scope of the Inquiry**. Pursuant to §41-5-19(B) only the following matters are permitted to be presented at the hearing:

(1) medical records;

(2) medical literature;

(3) *fact* witnesses who testify under oath and written statements of *fact* from treating providers *may* be introduced. This means that ***no expert opinions are permitted*** from any party. This does not mean that lawyers are prohibited from making arguments on behalf of their clients. The policy of the Commission is to provide an inexpensive forum that does not involve the need for expert testimony. Medical literature should suffice. The panelists are the experts;

(4) On a case-by-case basis, the chair may allow introduction of other relevant matters.

(5) The statute requires that the amount or quantum of “. . .monetary damages in any case shall not be a subject of *inquiry* or *discussion*.”

(6) Panel hearings are not open to the public (See “Confidentiality” at 9(a), below). The confidentiality provisions of the federal Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) apply to these proceedings. Any person desiring to attend (other than the parties and their counsel and witnesses, the panelists, a court reporter, and occasionally a Commission staff member), must notify the Commission in advance so that permission of the parties can be obtained. The HIPAA concerns apply to video hearings as well.

1. **Introductions.** Section 41-5-19(A) provides that counsel for the patient *shall* make, and the provider *may* make, a brief introduction. Take the statute literally and be brief. It is the practice of the Commission to minimize the formality of these opening statements because all the volunteer members of panels are presumed to have already read the relevant application and the documents designated by counsel.
2. **Examination of Witnesses**.

(1) To avoid possible confrontations, it is the policy of the Commission to exclude from the hearing room the parties and witnesses of one side while the other side is presenting its case.

(2) It is the policy of the Commission not to permit cross-examination of a party-opponent except by written questions read to the witness by the chairperson. Therefore, it is preferable to have written questions of a party opponent or its witnesses prepared in advance of hearing. The chairperson has the discretion to reasonably edit the questions and to rule on their propriety.

g. **Informal Hearing.**

(1) Try to get to the heart of the issues quickly when examining your own witnesses and when presenting written questions to the witnesses for the opponent.

(2) Hearsay is permitted in the discretion of the chairperson, but participants should bear in mind that the non-lawyer panelists understand the untrustworthy nature of hearsay as well as the lawyers.

h. **Supplemental Hearings.** Panelists usually decide the case immediately after the presentation. When this is not possible, §41-5-19(D) is utilized and the case is taken under advisement while the panel seeks additional facts, records, witnesses or other information to be presented at a supplemental hearing to be held within 30 days.

i. **Immunity**. Pursuant to §41-5-20(E) the panelists and witnesses have statutory immunity from civil liability for all communications, findings, opinions and conclusions made by them in the course of participating in the proceedings.

9. **Panel Deliberations.**

a. **Confidentiality.**  Pursuant to §41-5-20(A)(and see 8(e)(6), above) the deliberations of the panelists are confidential. Everyone involved in the Commission system is obligated to respect the confidential nature of these proceedings and the corresponding patient records.

b. **Standards of Proof.** A panelist should not volunteer unless he or she is prepared to fairly consider all of the evidence and the issues. Serving as a panelist is not a forum to advocate for one side or the other. Likewise, "maybe" or "abstain" votes are not permitted. §41-5-20(A) establishes the specific questions that the panelists must address:

(1) ***". . .whether there is substantial evidence that the acts complained-of occurred and that they constitute malpractice. . ."***

(a) **"malpractice"** is defined in Uniform Jury Instruction (Civil) 13-1101.

(b) **"substantial evidence"** is defined in the New Mexico case law. In the context of the Commission system, the ‘reasonable person tests’ that are used to determine substantial evidence are: *Whether, among all of the likelihoods, is it likely that the provider departed from the standards of medical practice?* -or- *Would a reasonable person accept the evidence presented at the hearing to support a conclusion that malpractice occurred?*

(2) If a majority of the panelists vote "yes" on the malpractice issue, the entire panel must then consider the second statutory question: ***". . .whether there is a reasonable medical probability that the patient was injured thereby."***

1. The standard of proof to establish "a reasonable medical probability" is a higher standard than the proof needed to establish "substantial evidence". Uniform Jury Instruction (Civil) 13-304 as well as the case law defines "the greater weight of the evidence" as establishing that something is more likely true than not true. Therefore, the test that is used to determine a reasonable medical probability is: *Is it more likely, than not, that the patient was damaged on account of the malpractice?*

(b) In determining causation of damage, panelists must determine only whether the act or acts of malpractice of the particular provider before them caused **any** damage to the patient (see 8(e)(5), above). In the context of a Commission hearing, all that the patient needs to demonstrate is the fact that damage occurred (e.g. a moment of pain and suffering, a farthing in wages lost or medical expenses incurred, etc.). In fact, demonstrating the quantum of damage is prohibited by the statute.

(c) It is truly a difficult task for a panelist who voted in the minority on fault (i.e., that no malpractice occurred), to presume that malpractice *did* occur and then consider damage. Regardless, in order to complete his/her duties, such a panelist is required to vote on the damage issue.

c**. The Panel Decision.**

(1) Pursuant to §41-5-20(F) the decision of a panel is without any administrative or judicial authority and it is not binding upon any party. If this provision causes frustration on account of the statute’s ‘lack of teeth’, kindly read the Director’s annual report (see 9(c)(5), below). Consistently, almost 80% of cases screened by the volunteer panelists are either settled or dropped after the panel screening, and never reach the courthouse.

(2) Pursuant to §41-5-20(C) when a vote is not unanimous, panelists may issue a majority and/ or minority opinion to briefly explain the rationale behind the decision.

(3) Pursuant to §41-5-22 the three-year statute of limitations that is tolled (see §41-5-13) commences to run again 30 days after the first attempted delivery of the Commission's certified mailing to counsel of a panel's decision.

(4) Pursuant to §41-5-23 when a patient prevails on the issue of malpractice *and* on the issue of causation of damage, the professional association that oversees the healthcare provider is required to cooperate with the patient to find a provider, qualified in the field of medicine involved, to consult with the patient, to assist in trial preparation and to testify for the patient. The fees of the expert witness are the responsibility of the patient.

(5) The Commission maintains statistical information that includes panel decisions. Anyone may request a copy of the *Annual Report of the Director of the Medical Review Commission* which contains statistical information that may shed some light on the practical effects of the Commission function. See 1(b), above, for address and phone for your request.

10. **Rules of Procedure.** Section 41-5-21 authorizes the Commission’s Director to adopt and publish rules of procedure. The current Rules of Procedure are attached.

[Effective 01/01/2021. Modifies pamphlets approved by the Medical-Legal Liaison Committee 04/02/1996, and the State Bar of New Mexico 05/01/1996]

**Appendix “A”**

**PLEASE NOTE:**

**The following rules are effective as of January 1, 2021, but they are**

**subject to possible revision by the New Mexico Supreme Court**

**New Mexico Medical Review Commission**

**Rules of Procedure**

**Rule 1. Video-Taping/Recording of Hearings**. Video-taping or video recording is not permitted of New Mexico Medical Review Commission hearings.

[Effective 01/01/21. Amends rule dated 12/12/1983]

**Rule 2. Disqualifications.** No disqualification of a panel member, as provided in §41-5-17(H), N.M.S.A. (1978) will be honored by the Commission unless:

* 1. It complies with the Act.
  2. It is filed in the office of the Commission by noon not later than six (6) business days prior to the day set for the panel hearing. The party submitting the challenge assumes the risk of the means utilized to notify the Commission.
  3. The Commission is required to comply with the following deadlines:

●A list of all panelists responding to the Panel Poll will be emailed to counsel fourteen (14) calendar days prior to the day set for the panel hearing.

●The list will designate (1) the panelists chosen by the applicable committee chair and (2) the alternate panelists,

●The Commission will promptly forward to the panelists all records and other matter timely submitted by the parties.

[Effective 01/01/2021. Amends rules dated 02/17/1984, and 04/15/1994.]

**Rule 3. Hearings.**

1. **Format**. The chairperson of the panel, as defined in N.M. Stat. Ann. § 41-5-17(H) (1978), shall determine whether a panel screening will be live versus electronic. Panel hearings may be held (1) with all panelists, counsel, parties and witnesses (known collectively as participants) making live appearances; (2) with all participants appearing through an online video platform (e.g., ZOOM, GoToMeeting); (3) with some partici-pants making live appearances and others appearing through an online video platform, and (4) through any other means approved by all parties and the chair of the panel.
2. **Presentations to Panelists**.

1. **Patient Duties**.
2. If the patient feels the application is adequate to provide the brief intro-ductory statement required by § 41-5-19(A), no supplementary ‘brief’ is necessary.
3. If the patient desires to submit a supplementary brief, the brief must be received at the Commission offices within **15 calendar days** **before** the panel hearing.
4. Within **15 calendar days** **before** the panel hearing, the patient must also provide copies of the medical records it will be presenting to the panelists).
5. After receiving briefs on behalf of the providers, if any (see Rule 2 below), within **5 calendar days before** the hearing the patient may submit a one-page brief responding to each brief submitted by each provider.
6. **Provider Duties**.
   1. If the provider feels its answer to the application is adequate to provide the introductory statement permitted by § 41-5-19(A), no supplementary ‘brief’ is required.
   2. If the provider desires to submit a supplementary brief, the brief must be received at the Commission offices at least **10 calendar days** **before** the panel hearing.
   3. At least **10 calendar days** **before** the panel hearing, the provider must also provide copies of the medical records it will be presenting to the panelists as specified in Rule 3(b), below.
7. **Duties of All Parties**. Copies of all communications with-, and documents provided to-, the Commission must be provided to all counsel.

a. **Briefs**. Briefs are to be double-spaced with 12-point legible font. If a party desires to submit a brief in excess of five (5) pages (or one page for a responsive brief), it must arrange a timely (i.e. before the deadline for submission of the brief) conference call with all counsel and the Director to justify the length of the brief.

b. **Medical Records**. Within the time limits contained in Rules No. 1 and 2 above, each party must provide a PDF with consecutively numbered pages of those medical records that are germane to the claims and defenses. If a party desires to provide more than 50 pages to support its position, it must first arrange a timely (i.e., before the deadline for submission of the records) conference call with all counsel and the Director to justify the number of documents.

c. **Other Documents**. At least **5 calendar days before** the hearing, each party must provide PDFs of all literature, visual aids, summaries, and the like the party plans to provide to the panel. At the hearing, counsel will not be hampered from introducing a *reasonable* number of additional records, liter-ature, visual aids, etc. If the hearing is live, counsel must bring sufficient copies of additional materials for other counsel, the panelists and chairper-son, and the court reporter. If the hearing is done by electronic means, the presenting party must be prepared in advance of the hearing to utilize the electronic presentation function of the on-line video platform.

d. **Audio Recording**. A party has a statutory right to make an audio record-ing of panel presentations, excluding panel deliberations, at the party’s expense. Due to HIPAA and security issues associated with electronic meeting services, the Commission will not record panel presentations held electronically.

1. Throughout the Commission process, counsel are encouraged to confer on all issues, especially to avoid duplication of documents.

[Effective 01/01/2021]

**Appendix “B”**

**NEW MEXICO MEDICAL REVIEW COMMISSION AUTHORIZATION**

**TO DISCLOSE OR USE PROTECTED HEALTH CARE INFORMATION**

**(Excludes Mental Health. Separate Authorization Required for Each Provider)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_ / / - - \_\_\_\_\_\_\_\_\_\_\_

Patient’s Full Name Date of Birth Social Security No. Med. Record No.

Undersigned is the patient or the legally authorized patient's representative. I authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ (provider name including any laboratory, clinic, emergency medical service or other health care provider) to disclose written information as follows: □ From (date) \_\_\_\_\_\_\_\_\_\_\_ to (date) \_\_\_\_\_\_\_\_\_\_\_\_; □ to disclose entire record **-OR-** □ disclose *only* the following:

□ Office/Facility Chart □ Laboratory Reports □ Consultants’ Reports

□ Radiology Films and Reports □ Physical Therapy Reports □ Occupational Therapy Reports

EXCEPT FOR **MENTAL HEALTH RECORDS** **WHICH REQUIRE A SEPARATE AUTHORIZATION**, IN ADDITION TO THE ABOVE RELEASE OF GENERAL HEALTH RECORDS, BY PLACING MY INITIAL BELOW, I ALSO AUTHORIZE THE RELEASE OF RECORDS PERTAINING TO THE FOLLOWING CONDITIONS **(Initial *ONLY* those records to be released)**:

\_\_\_\_\_\_\_\_\_\_\_ Health Records Related to Drug/Alcohol/Substance Abuse

\_\_\_\_\_\_\_\_\_\_\_ Health Records Related to Sexually Transmitted Diseases

\_\_\_\_\_\_\_\_\_\_\_ Health Records Related to Human Immune Deficiency Virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS).

The above health records are released to the New Mexico Medical Review Commission[[1]](#footnote-1)° which, pursuant to the New Mexico Medical Malpractice Act, NMSA 1978, §41‑5‑1ff. consists of: (a) the administrative staff, (b) the director and/or its designee, (c) counsel for the parties and a certified court reporter, (d) the commissioners (i.e. three lawyers and three health care providers): N.M. Medical Review Commission

316 Osuna Rd. NE, Suite 501

Albuquerque, NM 87107-5956

Telephone (505) 828-0237

Facsimile (505) 828-0336

The information that I disclose will be used for the following purposes: Hearing before the New Mexico Medical Review Commission Medical-Legal Panel and other related issues.

**EXPIRATION:** I understand that I may cancel this authorization at any time by sending the New Mexico Medical Review Commission written notice unless the Commission has already taken action in reliance on the authorization. Unless cancelled, this Authorization expiresthirty (30) days after the decision of the Medical Review Commission is rendered. If the Medical Review Commission does not render a decision on this matter, this Authorization will expire six months from the date it was signed by the patient or personal representative.

The cost of duplicating shall be at the sole expense of the New Mexico Medical Review Comm-ission. A photocopy or facsimile of this authorization shall be as valid as an original.

I understand that this authorization is voluntary and I may refuse to sign it. Pursuant to CFR 164.524, I may inspect or copy the information provided. I have the right to receive a notice of privacy from any health care provider that discloses the above protected health information.

**Signature of Patient or**

**Authorized Representative:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name and Capacity Printed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 202\_\_\_

**Appendix “C”**

**NEW MEXICO MEDICAL REVIEW COMMISSION AUTHORIZATION**

**TO DISCLOSE OR USE PROTECTED *MENTAL* HEALTH CARE INFORMATION**

**(Separate Authorization Required for Each Provider)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_ / / - - \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient’s Full Name Date of Birth Social Security No. Medical Record No.

Undersigned is the patient or the legally authorized patient's representative. I authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (provider name including any laboratory, clinic, emergency medical service or other health care provider) to disclose written mental health care information from (date) \_\_\_\_\_\_\_\_\_ to (date) \_\_\_\_\_\_\_\_\_ as follows **(Initial *ONLY* those records to be released)**:

\_\_\_\_\_\_\_\_\_\_\_ Psychotherapy Notes

\_\_\_\_\_\_\_\_\_\_\_ Health Records Related to Emotional Health, Behavioral Health, Mental Health, Developmental Disabilities, or Psychiatric Conditions **(Excludes psychotherapy notes)**

The above health records are released to the New Mexico Medical Review Commission[[2]](#footnote-2)° which, pursuant to the New Mexico Medical Malpractice Act, NMSA 1978, Sec. 41‑5‑1ff. consists of: (a) the administrative staff, (b) the director and/or its designee, (c) counsel for the parties and a certified court reporter, (d) the commissioners (i.e. three lawyers and three health care providers): N.M. Medical Review Commission

316 Osuna Rd. NE Suite 501

Albuquerque, NM 87107-5956

Telephone (505) 828-0237

Facsimile (505) 828-0336

The information that I disclose will be used for the following purposes: Hearing before the New Mexico Medical Review Commission Medical-Legal Panel and other related issues.

**EXPIRATION:** I understand that I may cancel this authorization at any time by sending the New Mexico Medical Review Commission written notice unless the Commission has already taken action in reliance on the authorization. Unless cancelled, this Authorization expiresthirty (30) days after the decision of the Medical Review Commission is rendered. If the Medical Review Commission does not render a decision on this matter, this Authorization will expire six months from the date it was signed by the patient or personal representative.

The cost of duplicating shall be at the sole expense of the New Mexico Medical Review Comm-ission. A photocopy or facsimile of this Authorization shall be as valid as an original.

I understand that this authorization is voluntary and I may refuse to sign it. Pursuant to CFR 164.524, I may inspect or copy the information provided. I have the right to receive a notice of privacy from any health care provider that discloses the above protected health information.

**Signature of Patient or**

**Authorized Representative:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name and Capacity Printed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 202\_\_\_

1. ° ***Prohibition of Re-Disclosure.*** *Federal Law (e.g. 45 CFR160ff.) and State Law (NMSA 1978, §24-1-9.5(1996), §24-2A-6 (1997), and §32A-6-15 (1995)) prohibit further disclosure of HIV/AIDS, other sexually transmitted diseases, mental health, alcohol/drug abuse information. Note: the Commission utilizes a totally self-contained and HIPAA-compliant Zoom system for its electronic hearings.* [↑](#footnote-ref-1)
2. ° ***Prohibition of Re-Disclosure.*** *Federal Law (e.g. 45 CFR160ff.) and State Law (NMSA 1978, §24-1-9.5(1996), §24-2A-6(1997), and §32A-6-15 (1995)) prohibit further disclosure of HIV/AIDS, other sexually transmitted diseases, mental health, alcohol/drug abuse information. Note: the Commission utilizes a totally self-contained and HIPAA-compliant Zoom system for all of its electronic hearings.* [↑](#footnote-ref-2)