Expires://	Agency:	Expires://	Agency:
SHARPS CARD		SHARPS CARD	Contact:
Harm Reduction Program	7-7-7-1-1		
5300 Homestead Rd NE Albuquerque, NM 87110	NMHealth 	Harm Reduction Program 5300 Homestead Rd NE Albuquerque, NM 87110	NMHealth
The bearer of this card is enrolled in the Harm Reduction Program.		The bearer of this card is enrolled in the Harm Reduction Program.	
PARTICIPANT I.D. NUMBER:	F F M M Y Y	PARTICIPANT I.D. NUMBER:	F F M M Y Y
Expires://	Agency:	Expires:/	Agency:
SHARPS CARD		SHARPS CARD	
Harm Reduction Program 5300 Homestead Rd NE Albuquerque, NM 87110	NMHealth	Harm Reduction Program 5300 Homestead Rd NE Albuquerque, NM 87110	NMHealth
The bearer of this card is enrol	led in the Harm Reduction Program.	The bearer of this card is enrolle	d in the Harm Reduction Program.
PARTICIPANT I.D. NUMBER:	F F M M Y Y	PARTICIPANT I.D. NUMBER:	F F M M Y Y
Expires://	Agency:	Expires:/	Agency:
SHARPS CARD		SHARPS CARD	
Harm Reduction Program 5300 Homestead Rd NE Albuquerque, NM 87110	NMHealth 	Harm Reduction Program 5300 Homestead Rd NE Albuquerque, NM 87110	NMHealth
The bearer of this card is enrol	led in the Harm Reduction Program.	The bearer of this card is enrolle	d in the Harm Reduction Program.
PARTICIPANT I.D. NUMBER:	F F M M Y Y	PARTICIPANT I.D. NUMBER:	F F M M Y Y
Expires://	Agency:	Expires://	Agency:
CIIADDC CADD	Contact:	SHARPS CARD	Contact:
SHARPS CARD Harm Reduction Program 5300 Homestead Rd NE Albuquerque, NM 87110	NMHealth	Harm Reduction Program 5300 Homestead Rd NE Albuquerque, NM 87110	NMHealth
The bearer of this card is enrolled in the Harm Reduction Program.		The bearer of this card is enrolle	d in the Harm Reduction Program.
PARTICIPANT I.D. NUMBER:		PARTICIPANT I.D. NUMBER:	F F M M Y Y
	F F M M Y Y		F IVI IVI Y Y
Expires://	Agency:	Expires:/	Agency:
SHARPS CARD	Contact:	SHARPS CARD	
Harm Reduction Program 5300 Homestead Rd NE Albuquerque, NM 87110	NMHealth	Harm Reduction Program 5300 Homestead Rd NE Albuquerque, NM 87110	NMHealth
The bearer of this card is enrolled in the Harm Reduction Program.		The bearer of this card is enrolled in the Harm Reduction Program.	
PARTICIPANT I.D. NUMBER:		PARTICIPANT I.D. NUMBER:	F F M M Y Y
	F F M M Y Y		

This card verifies the enrollment of a client in the Harm Reduction Program. The client is exempt from prosecution in New Mexico under NMSA 1978, Chapter 256, Sections 1-6, amended 1998, "The Harm Reduction Act," and NMAC 7.4.6 "Requirements Governing The Harm Reduction/Syringe Exchange Program," for the possession of syringes furnished by the Department of Health or an Authorized Harm Reduction Provider, or collected by the client for safe disposal by the program.

The code consists of: first two letters of client's first name, first two letters of their mother's first name, and two-digit year of birth

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