

ECPC Pain Specialists 623 Country Day Road Goldsboro, NC 27530 919-330-1940 • Fax: 919-947-5720 ECPC Pain Specialists complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

## AUTHORIZATION TO RELEASE HEALTH INFORMATION

Patient Information:	
Name of Patient	
Date of Birth	
Address	
City, State, Zip	
l,	authorize the following
information to be released by	
(Name of Entity/Address/Phone N	lumber)
Entire Record	Laboratory Reports
Office Notes	Radiology Reports
Other:	_
Purpose of disclosure:	
Change of Doctor	Disability Determination
Legal Investigation	Continuing Care
Personal	Workers Comp
Insurance	Other:

## Entity or person who will receive the information:

Name	
Address	
City, State, Zip	Phone

## This authorization is valid for 12 months from the date of signature.

## Patient Rights:

- I have the right at any time to revoke this authorization.
- I may inspect or copy the protected health information to be disclosed as described in this document.
- Revocation is not effective in cases where the information has already been disclosed but will be effective going forward.
- Information used or disclosed as a result of this authorization may be subject to redisclosure by the recipient and may no longer be protected under federal or state law.
- I may refuse to sign this authorization, my treatment will not be conditioned on signing.
- I understand released information may include a communicable disease diagnosis.

Signature of Individual or Guardian or Personal Representative of Patient's Estate

Date

Description of Guardian or Personal Representative

There is a charge for medical records when requested for personal reasons. Questions may be directed to 919-330-1940.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-919-330-1940.

注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 1-919-330-1940.