

ECPC Pain Specialists 2430 Emerald Place, Suite 103 Greenville, NC 27893 252-561-8218 • Fax: 252-565-8463 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	
City, State, Zip	
l,	authorize the following
information to be released b	
(Name of Entity/Address/Phon	ne Number)
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 Represer	tative

There is a charge for medical records when requested for personal reasons. Questions may be directed to 252-561-8218.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-252-561-8218.

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 1-252-561-8218.