



**ECPC Pain Specialists**

2607 Medical Office Place

Goldsboro, NC 27534

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 \_\_\_\_\_ Phone \_\_\_\_\_

I, \_\_\_\_\_ **authorize the following information to be released by**

\_\_\_\_\_ :

(Name of Entity/Address/Phone 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.

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

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Date

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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。