

**EASTERN CAROLINA ENT – HEAD AND NECK
SURGERY, PA**

**850 Johns Hopkins Drive – PO Box 5007 – Greenville,
NC 27835**

Phone: (252) 752-5227 Fax: (252) 752-1191

Authorization to Use or Disclose Protected Health Information

Eastern Carolina Ear, Nose & Throat- Head & Neck Surgery, PA complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Patient Name

DOB

SSN

Address

I hereby authorize Eastern Carolina ENT – Head and Neck Surgery, PA, or _____

to disclose my medical records to the following:

Person/Facility

Address and/or Fax number to which they are to be released

Medical information requested to be released:

All Records

Lab Results

X-ray Results

Other _____

Expiration: Unless otherwise stated, this authorization will expire six months from the date this release is signed.

Signature of Patient or Legal Representative

Date

I understand that any disclosure of information carries with it the potential for re-disclosure, and that the information then may not be protected by federal confidentiality rules.

I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I do not need to sign this form to assure treatment. However, if this authorization is needed for participation in a research study, my enrollment in the research study may be denied. I understand that I may inspect or obtain a copy of the information to be used or disclosed.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 252-752-5227.

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 252-752-5227。