



2280 Hemby Lane
Greenville, North Carolina 27834

ECN# \_\_\_\_\_

PATIENT AUTHORIZATION TO USE OR DISCLOSE PROTECTED HEALTH INFORMATION

I, \_\_\_\_\_ (Date of Birth \_\_\_\_\_),
am authorizing East Carolina Neurology, Inc. to use or disclose my protected health information as
described below.

I have read this authorization and understand what information will be sent, who may send the
information, and who will receive the information.

I understand that when the information is sent, as approved by my signature below, federal privacy laws or
regulations may no longer protect it. It may be re-disclosed by the receiver. I also understand that I have
the right to cancel this authorization, if done so by the steps as listed on the backside of this form
(revocation of authorization).

I understand that my health record may include information relating to sexually transmitted diseases,
acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also
include information about behavioral or mental health services, and treatment for alcohol and drug
abuse

I give my permission to any current employee or owner of East Carolina Neurology, Inc. to send my
protected health information to:

(Name of Recipient/ Address/Fax Number)

Description of the information to be sent (check all that apply):

- The entire medical record (specify reason: \_\_\_\_\_)
• Demographic information (Name, Address, Phone Number, Date of Birth, etc.)
• Office notes (specify: [ ] Most recent visit(s) [ ] Current year's visits [ ] All visits [ ] Other: \_\_\_\_\_)
• Diagnostic tests/reports (MRI, CT Scan, EMG, EEG, other \_\_\_\_\_)
[ ] Films \_\_\_\_\_
[ ] Neuropsychological Testing \_\_\_\_\_ (Psychologist's approval for release of test results)
• Laboratory data
• Other (specify) \_\_\_\_\_

The purpose of this request is: [ ] For continued care; [ ] At the request of the patient
[ ] Other: \_\_\_\_\_

This authorization will remain in effect for 90 days unless I state otherwise.

I fully understand and accept the terms of this authorization. I understand that signing this authorization is
voluntary. I do not need to sign this form to ensure healthcare treatment.

PATIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

AUTHORIZED PERSONAL REPRESENTATIVE \_\_\_\_\_ DATE \_\_\_\_\_
[ ] Parent/Legal Guardian
[ ] Healthcare POA/POA(copy papers)
[ ] Executor or Administrator of Estate (copy papers)
[ ] Other : \_\_\_\_\_

WITNESS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NOTARY PUBLIC \_\_\_\_\_ DATE \_\_\_\_\_

OFFICE USE ONLY: Patient ID \_\_\_\_\_ ECN# \_\_\_\_\_
• Faxed on \_\_\_\_\_ • Mailed on \_\_\_\_\_ by \_\_\_\_\_ Filed \_\_\_\_\_

EAST CAROLINA NEUROLOGY  
2280 HEMBY LANE  
GREENVILLE, NC 27834

REVOCACTION OF AUTHORIZATION  
(Cancellation of Authorization)

At all times the patient keeps the right to cancel (revoke) this authorization, except to the extent that East Carolina Neurology has already sent the information as described in the authorization. In order for this cancellation (revocation) to be effective, East Carolina Neurology must receive your request in writing.

The revocation must include:

- The patient's name, address, and date of birth
- The effective date of this authorization and the recipients of the protected health information
- The patient's desire to cancel this authorization, and
- The date of the cancellation and the patient's signature.

Patient may cancel (revoke) this authorization by sending a written request to:

East Carolina Neurology  
2280 Hemby Lane  
Greenville, NC 27834

ATTN: Privacy Officer

OR

A written request may be faxed to (252) 752-0476      ATTENTION: Privacy Officer

Revocations are not effective until received by the Privacy Officer.

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NOTICE:

The attached copies of records may include information which was not created by East Carolina Neurology, such as information another provider sent us to assist in the patient's care. This information is being re-disclosed to you in accordance with the specific provisions of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Additional or more complete information may be obtained directly from the originator of the report.