



# Medical Records Release

## AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS TO ECIM FROM:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize you to release copies of my medical records, including current and previous medical records from other practices, practitioners, hospitals and/or clinics, which are part of my medical record, to Eastern Carolina Internal Medicine, PA. This authorization includes but is not limited to the use of alcohol, drug(s) and tobacco; the diagnosis or treatment of HIV or other sexually transmitted disease; and treatment of mental illness.

This authorization includes but is not limited to: [CHECK ALL THAT APPLY]

- Progress Notes       Labs       X-ray reports       History & Physical
- Immunizations       Records for the last two years
- Other: \_\_\_\_\_

I am not required to sign this form in order to receive treatment from Eastern Carolina Internal Medicine, PA. Once my PHI (personal health information) is disclosed to Eastern Carolina Internal Medicine, PA, it may be subject to redisclosure by Eastern Carolina Internal Medicine, PA. I have the right to revoke this authorization by submitting a written revocation authorization to the Privacy Officer at: Eastern Carolina Internal Medicine, Post Office Box 68, Pollocksville, NC 28573.

Send records to

- ECIM**  
PO Box 68  
Pollocksville, NC 28573  
252-633-1010  
Fax: 252-224-3071
- ECIM**  
PO Box 13187  
New Bern, NC 28561  
252-638-4023  
Fax: 252-633-2833
- ECIM**  
532 Webb Blvd.  
Havelock, NC 28532  
252-447-7088  
Fax: 252-447-2752
- ECIM**  
906 WB McLean Drive  
Cape Carteret, NC 28584  
252-393-9007  
Fax: 252-393-9921
- ECIM Pediatrics**  
PO Box 13187  
New Bern, NC 28561  
252-636-1919  
Fax: 252-636-2656

\_\_\_\_\_  
Please PRINT Full Name of Patient

\_\_\_\_\_  
ECIM MRN

\_\_\_\_\_  
Patient SSN

\_\_\_\_\_  
Patient DOB

\_\_\_\_\_  
Patient/Legal Representative Signature  
\*Signature expires one calendar year from today

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date