

PATIENT REQUEST TO RELEASE PROTECTED HEALTH INFORMATION (PHI)

Return this form to Eastern Radiologists, Inc (ER Imaging) to request access to your PHI, or the disclosure of your PHI to another party: 2101 W Arlington Blvd, Greenville, NC 27834 | PH: 252.752.5000 | FX: 252.752.8941

Patient Information			
Patient Name	MRN	Date of Birth	Phone Number
Address	City	State	Zip
Information to be Provided/Disclosed (select all that apply)			
<input type="checkbox"/> Radiology Images <input type="checkbox"/> All or <input type="checkbox"/> Specify Dates: _____ <input type="checkbox"/> Radiology Reports <input type="checkbox"/> All or <input type="checkbox"/> Specify Dates: _____ <input type="checkbox"/> Billing Records <input type="checkbox"/> All or <input type="checkbox"/> Specify Dates: _____ <input type="checkbox"/> Other (describe in detail): _____			
Individual or Organization Who Will Receive Your Information			
Individual/Organization Name		Phone Number	Fax
Address	City	State	Zip
Format / Delivery Method			
<input type="checkbox"/> Mail to Individual/Organization at address listed above <input type="checkbox"/> Email, to: _____ Please verify how we should send your PHI: <input type="checkbox"/> Secured/encrypted <input type="checkbox"/> Unsecured/unencrypted* * Unsecured/unencrypted transmission of PHI increases the risk of access by an unauthorized party <input type="checkbox"/> Pick up records at Eastern Radiologists Greenville <u>or</u> Washington <u>or</u> Kinston <u>or</u> Seashore Imaging (please circle which location) <input type="checkbox"/> Verbal release to Individual/Organization listed above <input type="checkbox"/> Fax to Individual/Organization at fax number listed above <input type="checkbox"/> Power Share <input type="checkbox"/> Other (please describe): _____			
Patient Signature		Date	
Patient Representative Name (print)		Relationship to Patient [†]	
Patient Representative Signature		Date	

[†]A copy of legal paperwork verifying the patient's personal representative must accompany the request (i.e. court appointed guardian, durable power of attorney for health care). Exception: parent signing for a patient under the age of 18. For a deceased patient: A copy of the death certificate identifying the surviving spouse is acceptable and allows the surviving spouse to sign this release form. Otherwise, a court entry or order appointing a fiduciary, executor, or administrator or letters of appointment received from Probate Court must accompany an authorization signed by the named individual. If the estate has not been probated, a death certificate is required coupled with the documents naming the administrator or executor of estate.