CAROLINAEAST PEDIATRICS

2636 Dr. Martin Luther King Jr. Blvd., New Bern, NC 28562 • Phone: 252-636-1919 • Fax: 252-636-2656

Kristi D. Gordin, MD • Jennie C. Mangun, MD • Rebecca C. Riley, MD
Marcus C. Whaley, MD • Jennifer L. Smith, MD • Jessica Friedlander, PA
Nicole Check, MD • Colin Evans, MD

MEDICAL RECORDS RELEASE

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS TO CIM 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 CarolinaEast Pediatrics. This authorization includes but is not limited to the use of alcohol, drug(s), 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 CarolinaEast Pediatrics. Once my PHI (personal health information) is disclosed to CarolinaEast Pediatrics, it may be subject to redisclosure by CarolinaEast Pediatrics. I have the right to revoke this authorization by submitting a written revocation authorization to the Privacy Officer at: CarolinaEast Internal Medicine, Post Office Box, Pollocksville, NC 28573.

Send records to: CarolinaEast Pediatrics
PO Box 13187
New Bern, NC 28561
252-636-1919
Fax: 252-636-2656

PRINT Full Name of Patient _____ **CIM MRN** _____

Patient SSN _____ **Phone** _____ **Patient DOB** _____

Signature of Parent/Guardian *Signature expires one calendar year from today _____ **Date** _____

Witness Signature _____ **Date** _____

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 252-636-1919.
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 252-636-1919.