

The Mosenthal Spine Clinic
37 Spencer St., Lebanon, NH 603.448.0048

Practice Requirements

The Practice

- a) Is required by federal law to maintain the privacy of your PHI (protected health information) and to provide you with this Privacy Notice detailing the Practice's legal duties and privacy practices with respect to your PHI.
- b) Under the Privacy Rule, may be required by State law to grant greater access or maintain greater restrictions on the use of release of your PHI than that which is provided for under federal law.
- c) Is required to abide by the terms of this Privacy Notice.
- d) Reserves the right to change the terms of this Privacy Notice and to make the new Privacy Notice provisions effective for all of your PHI that it maintains.
- e) Will distribute any revised Privacy Notice to your prior to implementation.
- f) Will not retaliate against you for filing a complaint.

Effective Date: This notice is in effect as of 04/15/03.

Patient Acknowledgment

By subscribing my name below, I acknowledge receipt of a copy of this Notice and my understanding and my agreement to its terms.

Patient

Date

Health and Medical Information Release Form

I _____ give permission to Dr. Todd Mosenthal, his staff, associates and employees of the Mosenthal Spine Clinic to share private and medical information with my primary care physician _____, as well as his or her staff, employees and associates. Also, my primary care physician as well as his or her staff, employees and associates have permission to share personal and medical information with Dr. Mosenthal and his staff.

Patient Date
