



Permission to Discuss

Name (First, MI, Last) _____

Mailing Address _____ Town/City/Zip _____

Phone Number (H) _____ (C) _____ (W) _____

I _____ give Permission to Mosenthal Spine & Sport, to discuss/release the following medical information about me.

(Check all that apply):

- Medical information, including but not limited to, my symptoms, diagnosis, medications and treatment plan.
Behavioral health information, including but not limited to, my symptoms, diagnosis, medications and treatment plan
Chemical Dependency information, including but not limited to, my symptoms, diagnosis, medications and treatment plan
Lab, X-Ray/other test results
Only medical information related to:
Billing Questions (Balances, Insurance Issues & Copies of Bills)
Other (be specific)

Mosenthal Spine & Sport, has my Permission to discuss/release the above information with: (spouse, parent, probation officer, lawyer)

Name:
Address:
City, State, Zip:
Phone:
Relationship:

Name:
Address:
City, State, Zip:
Phone:
Relationship:

Medical records are defined as: All health information, whether oral or recorded in any form or medium that identifies the patient or can readily be associated with the patient and relates to the patient's care.

I understand that this authorization may be revoked by me at any time, provided that I do so in writing and submit it to the Medical Records Department, up to the extent that the disclosure has not already been made.

Signature of Patient or Legal Representative Date:

Witness Date: