

MEDICAL STAFF SERVICES

February 22, 2016



*A University
Affiliated
Center
Conducted
by the
Sisters
of Mercy*

RE: Trina Lion, LAC
Alias, if applicable:
DOB: 6/14/1970
Specialty: Acupuncture

Dear Sir or Madam:

The above practitioner has applied for appointment/reappointment to Mercy Medical Center. The practitioner has reported holding current or past staff appointment/clinical privileges at your facility.



It would be helpful to us if you would forward a **summary of the performance data including morbidity and mortality data**. A copy of the requested privileges and a signed release of information statement are enclosed. We are requesting that you complete and return the evaluation form by fax to (410) 332-9789 or mail to Mercy Medical center, Medical Staff Services, 301 St. Paul Place, Baltimore, MD 21202.

Your assistance is appreciated. If you have confidential information you would like to discuss with us, don't hesitate to contact Medical Staff Services at 410.332.9407.

Sincerely,

Medical Staff Services

Enclosures

301 ST. PAUL PLACE  BALTIMORE, MD 21202  OFFICE (410) 332-9407 FAX (410) 332-9789

<http://www.MDMERCY.com>





PLEASE EXPEDITE

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RE: Trina Lion, LAC
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DOB: 6/14/1970
Specialty: Acupuncture

Staff Category at our facility: _____
Temporary privileges granted: _____
Date of Affiliation: From: _____ To: _____
Privileges granted in the field of: _____

- No _____ Yes _____ Does this practitioner have any physical, mental or behavioral issues that might interfere with his ability to render patient care?
- No _____ Yes _____ Has his appointment or clinical privileges ever been subjected to any reduction, restriction, suspension or termination of privileges or disciplinary actions?
- No _____ Yes _____ Has this practitioner ever been denied a request for privileges?
- No _____ Yes _____ Is there any other information that you care provide that might reflect on this practitioner?
- No _____ Yes _____ Does this practitioner exercise good judgment in performance of clinical privileges?
- No _____ Yes _____ Is the practitioner able to establish and maintain harmonious relationships with peers, staff, and patients?
- No _____ Yes _____ Is the practitioner able to competently perform the clinical privileges requested on the enclosed delineation of privilege form?

Name: _____ Telephone No: _____
(Signature)
Title: _____ Date: _____

