



**Request for Appointment/Renewal and Scope of Service (Privileges)
Applicant's Consent and Release from Liability**

NAME: _____

IN MAKING APPLICATION for APPOINTMENT/RENEWAL AND/OR SCOPE OF SERVICES (Privileges),

- (1) I authorize Children's Hospital & Medical Center and its organized Medical Staff and their respective medical/professional/administrative staff, employees, agents and representatives (collectively "Children's" or the "Hospital"), to obtain any information that may be relevant in evaluating my professional qualifications, my competence, character, moral and ethical qualifications in connection with my application for appointment/renewal for medical staff membership and/or privileging and credentialing (collectively "Application").
- (2) I authorize the release of all information requested by Children's from any institution, person, or group of persons with whom I have in any way been associated for the purposes of evaluating my Application. I understand and agree that information may be requested from the following non-exhaustive list: all present and past malpractice insurance carriers, medical and other professional schools, colleges, universities, medical institutions or organizations, hospitals, employers, personal references, physicians, attorneys, business and professional associations, all government agencies and instrumentalities, State licensing boards, specialty boards, and any other sources. I consent to inspection of all records and documents that may be relevant to the processing of my Application.
- (3) I hereby agree that I will not bring any claim, or permit any action to be brought on my behalf, against any party, including Children's, arising from the disclosure of any information about me. I authorize all such institutions and individuals with whom I have been associated and others who may have information bearing upon my competence, character and moral and ethical qualifications to provide information to Children's. I release Children's and the Medical Staff for any and all liability, claims or causes of action for any and all acts performed in connection with evaluating my Application and my credentials, and also release all individuals and organizations who provide information to Children's concerning my competence, ethics, character and other qualifications for membership and Scope of Service (Privileges), including otherwise privileged and confidential information, and I hereby consent to release of such information.
- (4) I hereby agree to appear for any interview relative to my Application.

- (5) I agree to accept committee assignments and such other reasonable duties and responsibilities as shall be assigned to me by the Medical Staff and/or Children's.
- (6) While serving on and/or assisting said committee(s), I recognize that I may have access to confidential information including, but not limited to: (a) Information pertaining to other practitioners obtained or generated through the peer review, corrective action, credentialing, appointment/reappointment process; and (b) Information pertaining to the financial or proprietary interests of Children's. I hereby promise not to disclose any such confidential information to anyone except as permitted by the Bylaws and Medical Staff Documents or as otherwise required by law. Furthermore, I agree to indemnify and hold harmless Children's, its officers, employees and agents for any and all costs, expenses, suits, actions, damages and fines arising by reason of my unauthorized release or dissemination of confidential information. Lastly, I understand that my unauthorized release or dissemination of confidential information may subject me to corrective action pursuant to the Medical Staff Documents
- (7) I agree that, if accepted for membership and/or Scope of Service (Privileges), it shall be my obligation to provide continuous care to all patients for which I am responsible within the Hospital.
- (8) I understand that any membership or Scope of Service (Privileges) granted are subject to the periodic review and reevaluation in accordance with the Documents of the Medical Staff.
- (9) I represent and warrant that the information contained in my Application and other materials I provide to Children's is accurate, true and complete to the best of my knowledge and belief. I understand and agree that any misrepresentation or failure to provide the requested information relating to credentialing, privileging, or appointment or reappointment processes could be grounds for rejection, non-acceptance, revocation or termination.
- (10) I understand that any capitalized terms in this document that are not defined shall have the definition provided in the Medical Staff Bylaws and Documents of the Medical Staff.

Applicant's Signature

Date

Printed name