

Member Name _____

MEMBER'S ATTESTATION AND AUTHORIZATION FOR RELEASE OF INFORMATION

I believe that I am qualified to perform all procedures for which I have requested privileges. I have not requested privileges for any procedure for which I am not qualified. Furthermore, I realize that certification by a Board does not necessarily qualify me to perform certain procedures.

By applying for appointment to the medical staff of Mid-Valley Hospital, I hereby:

- authorize the hospital, its medical staff and their representatives to consult with prior and current associates and others who may have information bearing on my professional competence, character, health status, ethical qualifications, ability to work cooperatively with others, and other qualifications for membership and the clinical privileges I request;
- consent to the inspection by the hospital, its medical staff and their representatives of all documents that may be material to an evaluation of my qualifications and competence;
- consent to the release of such information and documents;
- release from liability all representatives of the hospital and its staff for their acts performed and statements made, in substantial good faith and without malice, in connection with evaluation my credentials and qualifications;
- release from liability any and all individuals and organizations who provide information to the hospital or the medical staff, in substantial good faith and without malice, concerning my professional competence ethics, character and other qualifications for staff appointment and clinical privileges;
- acknowledge that I have received, or been given access to, and read the by-laws of the medical staff and other manuals and policies relevant to the appointment/appraisal process and generally to clinical practice at the hospital facilities, and agree to be bound by the terms thereof in all matters relating to staff membership and clinical privileges and to the consideration of my application for appointment to the staff and for clinical privileges;
- acknowledge that the provisions of said medical staff by-laws relating to confidentiality and release from liability are express conditions to my application for, and acceptance of, staff membership and the continuation of such membership and to my exercise of clinical privileges;
- pledge to maintain an ethical practice, to provide for continuous care for my patients, and to refrain from delegating the responsibility for any aspect of the care of my patient to any practitioner not qualified to undertake that responsibility;

- agree to keep hospital representatives up to date on any change made or proposed in the status of my professional license to practice, DEA or other controlled substance registration, malpractice insurance coverage, and membership or clinical privileges in other institutions, and on the status of current or initiation of new malpractice claims;
- acknowledge that I, as an applicant for appointment and privileges, have the burden of producing adequate information for a proper evaluation of my professional competence, character, ethics and other qualifications for membership and clinical privileges and for resolving any doubts about such qualifications; and
- acknowledge that any significant mis-statements in or omissions from this application constitute cause for denial of appointment or cause for summary dismissal from the staff.

All information submitted by me in this application is true and complete to my best knowledge and belief. A photostatic copy of this original attestation and authorization constitutes my written authorization and request to release any and all supportive documentation regarding this application. Said photostatic copy shall have the same force and effect as the signed original.

Date

Signature

Printed name

4/89
reviewed 2/91
reviewed 4/03