

HelpCare APPLICANTS CONSENT AND RELEASE

I hereby apply for medical staff appointment and/or clinical privileges or scope of practice as requested. I am willing to make myself available for interviews in regard to this application.

As an applicant, I have the burden of producing adequate information for proper evaluation of my application. I also agree to provide the hospital with updated current information regarding all questions on this application form as such information becomes available and such additional information as may be requested by the hospital or its authorized representatives. Failure to produce this information or additional information will prevent my application from being evaluated and acted upon.

Information given in or attached to this application is accurate and fairly represents the current level of my training, experience, capability and competence to exercise the clinical privileges or scope of practice requested. As a condition to making this application, any misrepresentation or misstatement in, or omission from this application, whether intentional or not, shall constitute cause for automatic and immediate rejection of this application resulting in denial of appointment and clinical privileges or scope of practice. In the event that appointment, privileges or scope of practice have been granted prior to the discovery of such misrepresentation, misstatement or omission, such discovery may result in immediate termination of such appointment, privileges or scope of practice.

By applying for appointment and clinical privileges or scope of practice, I accept the following conditions during the processing and consideration of my application, regardless of whether or not I am granted appointment and privileges or scope of practice, and for the duration of such appointment or reappointments as I may be granted:

- (1) I extend absolute immunity to, and release from any and all liability, HelpCare Clinic, its authorized representatives and any third parties, as defined in subsection (3) below, for any acts, communications, reports, records, statements, documents, recommendations or disclosures involving me, performed, made, requested or received by this clinic and its authorized representatives to, from, or by any third party, including otherwise privileged or confidential information, relating, but not limited to, the following:
 - (a) Applications for appointment and clinical privileges (including temporary privileges) or scope of practice;
 - (b) Periodic reappraisals undertaken for reappointment or for increase or decrease in clinical privileges or scope of practice;
 - (c) Proceedings for suspension or reduction of clinical privileges or scope of practice, or for denial or revocation of appointment, or any other disciplinary sanction;
 - (d) Summary suspensions;

- (e) Hearings and appellate reviews;
- (f) Medical care evaluations;
- (g) Utilization reviews;
- (h) Any other hospital, medical staff, department, service or committee activities;
- (i) Matters or inquiries concerning my professional qualification, credentials, clinical competence, character, mental or emotional stability, physical condition, ethics or behavior; and
- (j) Any other matter that might directly or indirectly have an effect on my competence, on patient/client care or on the orderly operation of this or any other hospital or health care facility.

The foregoing shall be privileged to the fullest extent permitted by law. Such privilege shall extend to the hospital and its authorized representatives, and to any third parties.

- (2) I specifically authorize HelpCare Clinic and its authorized representatives to consult with any third party who may have information, including otherwise privileged or confidential information, bearing on my professional qualifications, credentials, clinical competence, character, mental or emotional stability, physical condition, ethics, behavior or any other matter bearing on my satisfaction of the criteria for initial and continued appointment to the medical staff, as well as to inspect or obtain any and all communications, reports, records, statements, documents, recommendations or disclosures of said third parties relating to such questions. I also specifically authorize said third parties to release said information to the HelpCare Clinic and its authorized representatives upon request.
- (3) The term “HelpCare Clinic and its authorized representatives” means the clinic corporation and any of the following individuals who have any responsibility for obtaining or evaluation my credentials, or acting upon my application or conduct in the hospital: the members of the clinic’s Board and their appointed representatives, the Medical Director/Executive Director or his/her designees, other clinic employees, consultants to the clinic, the clinic’s attorney and his partners, associates or designees, and all appointees to the medical staff. The term “third parties” means all individuals, including appointees to the hospital’s medical staff, and appointees to the medical staffs of other hospitals or other physicians or health practitioners, nurses or other government agencies, organizations, associations, partnerships and corporations, whether hospitals, health care facilities or not, from whom information has been requested by the hospital or its authorized representatives or who have requested such information from the hospital and its authorized representatives.

I acknowledge that (1) medical staff appointment and clinical privileges or scope of practice at this clinic are not a right of every licensed professional who make application for the same; (2) my request will be evaluated in accordance with prescribed procedures defined in the clinic and medical staff bylaws, rules and regulations; (3) all medical staff recommendations relative to my application are subject to the ultimate action of the clinic Board, whose decision shall be final; (4) if appointed, my initial appointment and clinical privileges or scope of practice shall be provisional for the time period determined by the Board; (5) I have the responsibility to keep this application current by informing the clinic through the Medical Director/Executive Director of any change in the areas of inquiry contained herein, including but not limited to any change in my professional liability insurance coverage, the filing of a lawsuit against me and any change in my medical staff status at any other hospital; and (6) reappointment and continued clinical privileges or scope of practice remain contingent upon my continued demonstration of professional competence and cooperation, my general support of the hospital as evidenced by admission, treatment and continuous care and supervision of patient/patient/client s for whom I have responsibility and acceptable performance of all responsibilities related thereto as well as other factors deemed relevant by the clinic. Reappointment and continued clinical privileges or scope of practice shall be granted only upon formal application, according to clinic and medical staff bylaws, rules and regulations, and upon final approval of the clinic Board.

I have received and have had an opportunity to read a copy of the bylaws of the clinic and such clinic policies and directives as are applicable to appointees to the clinic staff, including the bylaws and rules and regulations of the medical staff presently in force. I specifically agree to abide by all such bylaws, policies, directives and rules and regulations as are in force during the time I am appointed or reappointed to the medical staff or exercise clinical privileges or scope of practice at the clinic.

If appointed and/or granted clinical privileges or scope of practice, I specifically agree to: (1) refrain from collecting any fees or inducements from clinic patient/patient/client s or personnel (2) refrain from delegating responsibility for diagnosis or care of patient/patient/client s to any other practitioner who is not qualified to undertake this responsibility or who is not adequately supervised; (3) refrain from deceiving patient/patient/client s as to the identity of any practitioner providing treatment or services; (4) seek consultation whenever necessary or required; (5) abide by generally recognized ethical principles applicable to my profession; (6) provide continuous care and supervision as needed to all patient/patient/client s in for whom I have responsibility.

Signature

Date