



I was sick, and you cared for me.
Matthew 25:36

Release and Consent for Credentialing

I certify that the information provided in this application is true and complete to the best of my knowledge. By submitting this application to HelpCare Clinic, I authorize HelpCare Clinic and its designees to investigate all statements contained in and attached to this application. HelpCare Clinic or its designees may conduct such investigation to make the initial appraisal and periodic reappraisals to verify my competence, education, background or any other matter that may be relevant to the operations of HelpCare Clinic. I hereby acknowledge that such investigation may include a criminal background check.

I give permission to HelpCare Clinic and its designees to consult with hospital administrators, members of medical staffs of hospitals or clinics, malpractice carriers and any other persons to obtain information regarding any information supplied in or attached to this application, including without limitation, my professional credentials, qualifications and background. This includes release of information that may reasonably be relevant to an evaluation of my professional competency, character, emotional and physical health, moral and ethical qualifications, professional education, training, licensing and other qualifications.

I hereby consent to the release of a certificate of insurance and information about me from my present and past professional liability insurance carrier(s), including information concerning any restrictions on my clinical privileges and any information concerning those cases which have been settled, lost, received judgment or are pending, and to the release of information concerning any professional misconduct proceedings and any malpractice actions involving me in any state, whether such proceedings are closed or still pending, including the substance of the allegations of such proceedings or actions, the ultimate disposition of any such proceedings or actions that have been closed, and any additional information concerning such proceedings or actions as HelpCare Clinic may deem appropriate. To the fullest extent permitted by law, I release providers of such information from any and all liability.

I acknowledge that all information obtained by HelpCare Clinic and its designees as part of the credentialing/re-credentialing process shall be treated as privileged and kept confidential to the extent permitted by law.

I release from any and all liability and agree not to sue HelpCare Clinic and its authorized representatives and any third parties providing information from any and all liability for their acts performed in good faith and without malice in obtaining and verifying information contained in this application and any attachments hereto, evaluating this application and providing any recommendations, reports, statements, communications or other disclosures involving me. This authorization includes the right to inspect or obtain any and all documents, recommendations, reports, statements or disclosures relating to such questions, including but not limited to a criminal background check. I also expressly authorize third parties to release this information to HelpCare Clinic and its authorized representatives.

The term HelpCare shall mean (i) HelpCare Clinic; (ii) members of HelpCare Clinic Board of Directors, its committees, members of its committees and members; (iii) HelpCare Clinic officers, employees, agents and designees including, but not limited to, credentialing verification entities, and each of their respective officers, directors, shareholders, employees and agents, and (iv) consultants to HelpCare Clinic including, but not limited to its attorneys and financial advisors.

The term “third parties” means all individuals and entities from whom information has been requested by HelpCare Clinic or its authorized representatives or who have requested such information from and its authorized representatives including physicians under contract with HelpCare Clinic, appointees to the medical staffs of hospitals or health care facilities, other physicians or healthcare practitioners, nurses, Plains Physicians Organization, Good Samaritan Hospital, Richard H. Young Hospital, UniNet, government agencies, organizations, associations, partnerships and corporations, whether hospitals, health care facilities or not, and data banks.

I understand that this application is not and is not intended to be a contract of employment or any guarantee that I will be a participating provider for HelpCare

Clinic. I agree to provide written notification of changes to this information within thirty (30) days of the change to HelpCare Clinic.

I understand that false or misleading information given in my application or interview(s) may result in rejection of this application or contract termination in the event of acceptance. In addition to rejection of my application or contract termination (as applicable), I understand that HelpCare may take action as it deems appropriate and permitted under applicable law if false or misleading information is given in my application. I also understand that acceptance or rejection of this application is solely within the discretion of HelpCare Clinic.

I have the right to review information obtained by HelpCare Clinic that is used to evaluate this application, where permitted by law and which is not peer review protected. The review must be conducted at the offices of HelpCare Clinic.

I hereby acknowledge and agree by signing this Form that, if I am a participating provider, I shall be bound by all of the terms and conditions of HelpCare Clinic's Bylaws, Credentialing Policies and Procedures, and any other applicable rules, regulations, procedures, and policies.

I agree that a photocopy of this document will serve as a duplicate original.