

CONSENT FOR RELEASE OF INFORMATION AND RELEASE FROM LIABILITY

In making application for membership on the Professional/ Medical Staff of the Glacier Community Health Center, Inc., I, the undersigned agree, acknowledge, authorize, consent and release as follows:

- I. I, the undersigned, have read, understand and agree to abide by the Credentials Review and Privileging Plan, Rules & Regulations of the respective institution and the Professional/Medical Staff, as now written and as may be from time to time amended or enacted, and agree to be bound by the terms thereof in all matters relating to consideration of my application without regard to whether or not I am granted employment or clinical privileges: I am familiar with the principles and standards of the Joint Commission on Accreditation of Healthcare Organizations, the guiding principles for practitioner-institution relations of the State medical association or Code of Ethics of the applicable professional Association(s), and I agree to be bound by the terms thereof if I am granted employment or clinical privileges, and I further agree to be bound by the terms thereof without regard to whether or not I am granted employment or clinical privileges in all matters relating to the consideration of my application to the professional/medical staff.
- II. I, the undersigned, acknowledge my obligation to the respective institution to provide continuous care and supervision of my patients, to accept reasonable duties and responsibility as shall be assigned to me by the respective Board.
- III. I, the undersigned, agree to appear for interviews at the respective institution in regard to this application, and authorize the respective institution, the(ir) medical staff and the(ir) representatives to consult with administrators and members of medical staffs of other hospitals or institutions with which I have been associated and with others, including past and present malpractice carriers, who may have information bearing on my professional competence, charter and ethical qualifications.
- IV. I, the undersigned, agree that I shall:
 - a. Refrain from fee-splitting or other inducements relating to patient referral; moreover, I pledge myself to shun unwarranted publicity, dishonest money seeking, and commercialism; to refuse money trades with consultants, practitioners, makers of surgical appliances, or others; to teach the patient his financial duty to the institution and to expect the practitioner to obtain his compensation directly from the institution; to may my fees commensurate with the services rendered and with the patient's rights; and to avoid discrediting my associates by taking unwarranted compensation.
 - b. Refrain from delegating responsibility for diagnoses or care of clinic patients to a medical, dental, or other practitioner who is not qualified to undertake this responsibility and who is not adequately supervised.
 - c. Refrain from deceiving patients as to the identity of any other medical practitioner providing treatment or services;
 - d. Seek consultation whenever necessary; and
 - e. Abide by the generally recognized ethical principles applicable to my profession;
 - f. Have the burden of producing adequate information for proper evaluation of my professional competence, character, ethics and other qualifications and for resolving any doubts about such qualifications.
- V. I, the undersigned, to the fullest extent permitted by law, release from any liability, and extend absolute immunity to the clinic and its authorized representatives for any acts, reports, records, statements, documents, recommendations or disclosures involving me made by the clinic and its authorized representative in the scope of his/her duty as a representative, and further release from any and all liability, to the fullest extent permitted by law, and extend absolute immunity to the clinic or professional/ medical staff or to any other health care facility or organization of health professionals concerning me. The immunity provided by this section shall apply to all acts, communications, disclosures, recommendations and reports made in connection with but not limited to the following:
 - a. Applications for appointment or clinical privileges, including temporary privileges;
 - b. Periodic reappraisals undertaken for reappointment or for increase/decrease in clinical privileges;
 - c. Proceedings for suspension or reduction of clinical privileges or for revocation of professional/medical staff appointment, or any other disciplinary sanction;
 - d. Summary suspension;
 - e. Hearings and appellate reviews
 - f. Medical care evaluations;
 - g. Utilization review;
 - h. Other institutional, medical staff, departmental, service or committee activities relating to the quality of patient care or the professional conduct of any appointee to the medical staff or any individual granted privileges to practice in the institution;
 - i. Matters or inquiries concerning the applicant's or appointee's professional qualifications, credentials, clinical competence, character, mental or emotional stability, physical condition, ethics or behavior; or
 - j. Any other matter that might directly or indirectly have an effect on the individuals competence, on patient care or on the orderly operation of the respective institution(s) or any hospital or health care facility.
- VI. I, the undersigned, specifically authorize the clinic and its authorized representatives to consult with any third party who may have information bearing on my professional qualifications, credentials, clinical competence, character, mental or emotional stability, physical condition, ethics behavior or any other matter. This authorization also covers the right to inspect or obtain any and all communications, reports, records, statements, documents, recommendations or disclosures of said third parties that may be material to such questions. I also specifically authorize said third parties to release said information to the respective clinic and its authorized representative upon request, including but not limited to professional liability findings.
- VII. I, the undersigned, specifically authorize the respective clinic ant is authorized representative to provide other hospitals, medical associations, licensing boards, managed care organizations, and other organizations concerned with the quality and efficiency of patient care with any information relevant to such matters that the respective institution(s) may have concerning me and release the respective institutions(s) and the(ir) authorized representatives from liability from providing such information, provided that the information was furnished in good faith and without malice.
- VIII. I, THE UNDERSIGNED, FULLY UNDERSTAND THAT ANY SIGNIFICANT MISSTATEMENTS IN, OR OMISSIONS FROM, THIS APPLICATION CONSTITUTES CAUSE FOR DENIAL OF APPOINTMENT OR CAUSE FOR SUMMARY DISMISSAL FROM THE PROFESSIONA/MEDICAL STAFF, ALL INFORMATION SUBMITTED BY ME IN THIS APPLICATION IS TRUE TOMY BEST KNOWLEDGE AND BELIEF.
- IX. I have not requested privileges for any procedures for which I am not qualified or certified. Furthermore, I realize that certification by a board does not necessarily qualify me to perform certain procedures. However, I believe that I am qualified to perform all procedures for which I have requested privileges.

Date

Signature