



**RELEASE OF LIABILITY
AND
PRACTITIONER'S STATEMENT**

By applying for appointment to the medical/dental staff or privileges at Montrose Memorial Hospital, I:

- Signify my willingness to appear for interviews in regard to my application.
- Authorize hospital representatives to consult with others who have been associated with me and/or who may have information bearing on my competence and qualifications.
- Consent to hospital representatives' inspection of all records and documents that may be pertinent to an evaluation of my professional qualifications and competence to carry out the clinical privileges I request, of my physical and mental health status and of my professional ethical qualifications.
- Release from any liability, claims, or damages the hospital and all representatives of the hospital, and any organization, including all representatives of such organization which has delegated credentialing duties to the hospital, for their acts performed in good faith and without malice in connection with my evaluation and my credentials, including but not limited to the review of credentialing and recredentialing records.
- Release from any liability, claims and damages all individuals and organizations who provide information, including otherwise privileged or confidential information, to hospital representatives in good faith and without malice concerning my competence, professional ethics, character, physical and mental health, emotional stability, and other qualifications for staff appointment and clinical privileges.
- Authorize and consent to hospital representatives providing other hospitals, medical associations, licensing boards, health plans, and other organizations concerned with provider performance and the quality and efficiency of patient care with any information relevant to such matters that the hospital may have concerning me, including any credentialing and recredentialing records to the extent allowed by law, and release hospital representatives from liability for so doing, provided that such furnishing of information is done in good faith and without malice.
- Signify that I have read the current medical staff bylaws and hereby agree to abide by their provisions in regard to my application for appointment to the medical/dental staff or privileges at Montrose Memorial Hospital.

Applicant printed name

Applicant Signature

Date _____