



RELEASE OF INFORMATION

By applying for appointment/reappointment to the Housestaff of the University of Virginia Health System, I hereby authorize the UVa Medical Center, its Credentials Committee, and their 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, character, and ethical qualifications. I hereby further consent to the inspection by the hospital, its Clinical Staff, and its representatives of all records and documents, including medical records, at other hospitals, that may be material to an evaluation of my professional qualifications and competence to carry out the duties of a Housestaff member, as well as my moral and ethical qualifications and staff membership.

I understand and agree that I, as an applicant for Housestaff membership, 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.

I hereby release from liability all representatives of the Health System and its Clinical Staff for their acts performed in good faith and without malice in connection with evaluating my application and my credentials and qualifications, and I hereby release from any liability all individuals and organizations who provide information to the Health System, or its Clinical Staff, in good faith and without malice concerning my professional competence, ethics, character, and other qualifications for housestaff appointment and clinical privileges, and I HEREBY CONSENT TO THE RELEASE OF SUCH INFORMATION.

It is my understanding that a copy of this Release of Information will be provided to each individual, hospital, or organization where information on my credentials is sought in writing, and that the original of this document shall be kept on file in the Medical Staff and Residency Office of the University of Virginia Medical Center.

Name (please print)

Signature

Date