

PsychStaffing

APPLICANT'S CONSENT AND RELEASE

I hereby apply for appointment to the medical staff of PsychStaffing and for Clinical Privileges as requested herein. I am willing to make myself available for interviews regarding this application.

For the purposes of this document:

- (a) **The term PsychStaffing means its individual officers, employees, agents, attorneys, trustees, and Medical Staff, and members of trustee and Medical Staff committees, acting within the scope of their functions in reviewing the professional qualifications or activities of Medical Staff members or applicants for appointment to the Medical Staff.**
- (b) The terms "third party" and "third parties" mean all individuals, corporations, or other entities who provide information to PsychStaffing in connection with the professional qualifications or activities of Medical Staff members or applicants for appointment to the Medical Staff.
- (c) The term "good faith" means a rebuttable presumption in honesty and the observance of reasonable standards of fair dealing.

I realize that the burden of producing adequate information for proper evaluation of this application is mine. I agree to provide PsychStaffing with updated information regarding all questions on this application as such information becomes available. I agree to provide additional information as may be requested by PsychStaffing. I understand that failure to provide this information in a timely manner will prevent my application from being evaluated or acted upon.

I certify that information given in or attached to this application is accurate. 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. In the event that appointment or privileges have been granted prior to the discovery of such misrepresentation, misstatement or omission, such discovery may result in immediate termination of such appointment or privileges.

I acknowledge that:

1. I have the responsibility to keep this application current during the appointment process as well as through any appointment or reappointment process by informing PsychStaffing, through the Vice President of Physician Services, or his / her designee, or any change in the areas of inquiry contained herein.
2. Reappointment and continued clinical privileges remain contingent upon my continued demonstration of professional competence and cooperation, as evidenced by admission, treatment, and continuous care and supervision of patients for whom I have responsibility and acceptable performance of all responsibilities related thereto.

I hereby grant authority to PsychStaffing to consult with any third party who may have information, including otherwise privileged or confidential information bearing on my professional qualifications, credentials, clinical competence, mental or emotional stability, physical condition, ethics, behavior, or any other matter bearing on my satisfaction of the criteria for appointment to the Medical Staff. Authority is further granted to permit said third parties to release this information to PsychStaffing or its representatives. I release PsychStaffing from liability for acts performed in good faith in connection with the review of my application, credentials, and qualifications.

Subject to confidentiality of patient records, I hereby consent to the inspection of all records and documents, including personal medical records, that may be material to an evaluation of my application, credentials, and qualifications.

I agree to execute general and specific releases as required by the PsychStaffing.

I further authorize the release by PsychStaffing to other organizations, hospitals, or their medical staffs, and to professional associations of any information concerning my professional qualifications, credentials, clinical competence, mental or emotional stability, physical condition, ethics, behavior, or any other matter bearing on my

qualifications, and release PsychStaffing from liability for acts performed in good faith in the release of such information.

If appointed / reappointed or granted Clinical Privileges, I specifically agree to:

1. Comply fully with HIPAA (Health Insurance Portability and Accountability Act of 1996) and state law and regulation concerning patient information, privacy, security, and data sharing, to include all related requirements, policies and procedures outlined in PsychStaffing's HIPAA-Compliance Plan.
2. Seek consultation or refer care to another qualified professional whenever necessary or required.
3. Abide by the generally recognized ethical principles applicable to my profession.
4. Provide continuous care and supervision as needed to all patients of PsychStaffing for whom I have responsibility.

I release from liability any third parties who provide information to PsychStaffing, in good faith, without malice and in the reasonable belief that such information is warranted by the facts known to the third party concerning by professional qualifications, clinical competence, credentials, mental or emotional stability, physical condition, ethics, behavior, or any other qualifications for staff appointment / reappointment and continuing clinical privileges, and I consent to the release of such information.

APPLICANT'S SIGNATURE _____ DATE _____

PRINTED NAME _____

*Return via e-mail scan to lfavaro@psychstaffing.com or fax to 330-253-5327
Or mail to PsychStaffing c/o Laura Favaro 10 Penfield Ave Akron, OH 44310*