Practitioner Name:			
		inforn	nowledge that the Company may at its sole discretion share or disclose the nation provided in the credentialing and re-credentialing process to affiliates ubsidiaries or other related entities of Med Cred – Medical Credentialing ces.
		(1)	I release and hold harmless the Company, its authorized representatives and third parties, as defined below, for any actions, recommendations, reports, statements, communications, or disclosures involving me, which are made, taken or received by the Company or its authorized representatives in good faith, relating to matters or inquiries concerning my professional qualifications, credentials, clinical competence, character, mental or emotional stability, physical condition, ethics or behavior; or any other matter that might directly or indirectly have an effect on my competence, on patient care, or on the orderly operation of this health care organization.
(2)	I authorize the Company and its authorized representatives to consult with any third party who may have information bearing on my professional qualifications (credentials). This authorization includes the right to inspect or obtain clinical privileges, documents, recommendations, reports, statements or disclosures relating to such questions. I also authorize said third parties to release this information to the Company and its authorized representatives		
(3)	upon request. The term "Company and its authorized representatives" means any of the following individuals who have any responsibility for obtaining or evaluating my credentials, or acting upon my application: a. Members of the Board and its appointed representatives; b. the Chief Executive Officer or his/her designee; c. all appointees to committees; d. Company employees; e. Consultants to the Company; f. the Company's attorney and members of his/her firm, associates or designee; g.delegated or sub-delegated agency with which the Company contracts for		
(4)	Credentialing purposes. The term "third parties" means the following: a. Government agencies; b. Professional liability insurance carriers; c. Peer references; d. Hospital affiliations; e. Delegated or sub-delegated agency with which the Company contracts for Credentialing purposes.		

SIGNATURE OF APPLICANT DATE

PRINTED NAME