

Consent and Release

By applying for privileges or managed care enrollment at National Jewish Health, I hereby:

- Acknowledge that I have read the following notice: Medicare payment to hospitals is based in part on each patient's principal and secondary diagnoses and the major procedures performed on the patient, as attested to by the patient's attending physician by virtue of his or her signature in the medical record. Anyone who misrepresents, falsifies, or conceals essential information required for payment of Federal funds, may be subject to fine, imprisonment or civil penalty under applicable Federal laws;
- Signify my willingness to appear for interviews in regard to my application;
- Authorize the Hospital, its Medical Staff and their representatives to consult with my prior associates and others who may have information bearing on my professional competence, character, health status, ethical qualifications and ability to work cooperatively with others, including previous and current insurance carriers;
- Agree to immediately inform my Department Chairman and the Medical Staff Office of any change in status, or disciplinary actions taken against my professional license(s) or prescriptive authority, or if disciplinary action is taken against me at another facility where I am a member of the medical staff and have clinical privileges, or if any professional liability claims or suits have been filed against me or if I have entered into any settlement;
- Consent to the inspection by the Hospital, its Medical Staff and their representatives of all documents that may be material to an evaluation of my qualifications and competence;
- Consent to the release of such information;
- Release from liability all representatives of the Hospital and its Staff, as well as any third parties or persons outside of NJH who are providing information related to verification of my application, for their acts performed and statements made in good faith and without malice in connection with evaluating my application and my credentials and qualifications;
- Acknowledge I have received, or been given access to, and read the Bylaws and Rules/Regulations of the Medical Staff, and any other manuals and policies relevant to the application process and generally to clinical practice at the Hospital, and agree to be bound by the terms thereof in all matters relating to medical staff membership and clinical privileges and to the consideration of my application for appointment to the Medical Staff and for clinical privileges;
- Acknowledge the provisions of said Medical Staff Bylaws relating to confidentiality and release from liability are express conditions to my application for, and acceptance of, Medical Staff membership and the continuation of such membership and to my exercise of clinical privileges;
- Acknowledge my credentials file may be accessed on occasion by various managed care companies for the purpose of auditing the applicable aspects of any delegated credentialing contract in effect, provided I am enrolled by NJH to participate with that specific managed care plan;
- Acknowledge I have been informed of my right to be informed of the status of my application and to correct erroneous information therein except as otherwise noted on this release;
- Pledge to maintain an ethical practice, to provide for continuous care for my patients, and to refrain from delegating the responsibility or care of my patients to any practitioner not qualified to undertake that responsibility; Acknowledge I, as an applicant for Medical Staff membership and/or privileges, have the burden of producing adequate information for a proper evaluation of my professional, ethical and other qualifications for membership and clinical privileges and for resolving any doubts about such qualifications;
- Acknowledge a physical and/or mental health examination may be required;
- Acknowledge any significant misstatements in or omissions from this application constitute cause for denial of appointment or cause for summary dismissal from the Medical Staff;
- Acknowledge this consent expires 180 days from the date of my signature below.